



Northern California Tile Industry Trust Funds

Health & Welfare • Vacation & Holiday • Defined Benefit Pension • Defined Contribution Pension

SUMMARY ANNUAL REPORT FOR NORTHERN CALIFORNIA TILE INDUSTRY HEALTH AND WELFARE TRUST FUND

This is a summary of the annual report of the Northern California Tile Industry Health and Welfare Trust Fund, E.I.N. 94-6173454, Plan No. 501, for the year ended December 31, 2024. The annual report has been filed with the Employee Benefits Security Administration, U.S. Department of Labor, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Insurance Information

The plan has contracts with Kaiser Foundation Health Plan, Inc., Reliastar Life Insurance Company, and Vision Service Plan to provide certain benefits incurred under the terms of the plan. The total premiums paid for the plan year ended December 31, 2024 was \$7,830,495.

Because Vision Service Plan is a so called "experience-rated" contract, the premium costs are affected by, among other things, the number and size of claims. Of the total insurance premiums paid for the plan year ended December 31, 2024, the premiums paid under such "experience-rated" contracts were \$70,060 and the total of all benefit claims paid under these experience-rated contracts during the plan year was \$61,025.

Basic Financial Statement

The value of plan assets, after subtracting liabilities of the plan, was \$16,446,007 as of December 31, 2024, compared to \$17,771,165 as of January 1, 2024. During the plan year, the plan experienced a decrease in its net assets of \$1,325,158. This decrease includes unrealized appreciation or depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year, or the cost of assets acquired during the year. During the plan year, the plan had total income of \$9,957,872, including employer contributions of \$8,805,663 participant contributions of \$344,069 and gain from investments of \$808,140.

Plan expenses were \$11,283,030. These expenses included \$782,619 in administrative expenses and \$10,500,411 in benefits paid to or for participants and beneficiaries.

Your Rights To Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. An independent auditor's report;
2. financial information and information on payments to service providers;
3. assets held for investment;
4. transactions in excess of 5% of the plan assets; and
5. insurance information, including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write or call the office of BeneSys, Inc., who is the contract administrator, 7180 Koll Center Parkway, Suite 200, Pleasanton, CA 94566, (925) 208-9999.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report. The charge to cover copying costs given above does not include a charge for the copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan (7180 Koll Center Parkway, Suite 200, Pleasanton, CA 94566) and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

7180 Koll Center Parkway, Suite 200 Pleasanton, CA 94566

P.O. Box 1607 San Ramon, CA 94583

Phone 925.208.9995 • Toll Free 888.208.0250 • Facsimile 925.462-0108

www.bac3tilebenefits.org • staff@bac3tilebenefits.org