

**SUMMARY ANNUAL REPORT FOR
BRICKLAYERS AND ALLIED CRAFT WORKERS WELFARE FUND OF WESTERN PENNSYLVANIA**

This is a summary of the annual report of the BRICKLAYERS AND ALLIED CRAFT WORKERS WELFARE FUND OF WESTERN PENNSYLVANIA, (Employer Identification Number 25-6103466, Plan Number 501), for the plan year 01/01/2024 through 12/31/2024. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Bricklayers And Allied Craft Workers Welfare Fund Of Western Pennsylvania has committed itself to pay certain claims incurred under the terms of the plan.

Insurance Information

The plan has insurance contracts with HIGHMARK INC. to pay all Health, Dental, Vision, and Prescription Drug claims incurred under the terms of the plan. The total premiums paid and self-paid claims for the plan year ending 12/31/2024 were \$13,047,533.

Basic Financial Statement

The value of plan assets, after subtracting liabilities of the plan, was \$18,418,356 as of the end of plan year, compared to \$17,041,083 as of the beginning of the plan year. During the plan year the plan experienced a change in its net assets of \$1,377,273. This change includes unrealized appreciation and 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 \$14,973,256 including employer contributions of \$12,492,210, employee contributions of \$1,083,695 and earnings from investments of \$1,397,351. Plan expenses were \$13,595,983. These expenses included \$548,450 in administrative expenses, \$13,047,533 in benefits paid to 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. Financial information and information on payments to service providers.
2. 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 UNION TRUSTEE, who is a representative of the plan administrator, at 3660 STUTZ DRIVE, SUITE 101, CANFIELD, OH 44406 and phone number, 412-317-6538. The charge to cover copying costs will be \$5.00 for the full annual report, or \$0.25 per page for any part thereof.

You also have the legally protected right to examine the annual report at the main office of the plan: 3660 STUTZ DRIVE, SUITE 101, CANFIELD, OH 44406, 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 N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.