



CEMENT MASONS AND PLASTERERS LOCAL 797 BENEFIT FUNDS

8311 W. Sunset Road, Suite 250 • Las Vegas, NV 89113
P.O. Box 400008 • Las Vegas, NV 89140
Phone (702) 415-2190 • Fax (702) 257-5361

SUMMARY ANNUAL REPORT FOR THE CEMENT MASONS AND PLASTERERS HEALTH AND WELFARE PLAN

This is a summary of the annual report for the Cement Masons and Plasterers Health and Welfare Plan (the "Plan"), Employer Identification Number 88-6010564, Plan No. 501 for the period July 1, 2023 to June 30, 2024 (the "Plan Year"). The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

The Board of Trustees of the Cement Masons and Plasterers Health and Welfare Plan has committed itself to pay certain medical, dental, prescription, vision, and disability claims incurred under the terms of the Plan.

Insurance Information

The Plan has contracts with Humana Insurance Company to pay certain medical claims, Alpha Dental of Nevada, Inc. to pay certain dental claims, Vision Service Plan to pay certain vision claims, Symetra Life Insurance Company to pay certain life insurance and AD&D claims, and Companion Life Columbia SC to pay certain stop-loss claims incurred under the terms of the Plan. The total premiums paid for the Plan Year were \$757,690.

Basic Financial Statement

The value of Plan assets, after subtracting liabilities of the Plan, was \$15,719,582 as of June 30, 2024, compared to \$14,980,886 as of July 1, 2023. During the year, the Plan experienced an increase in its net assets of \$738,696. This increase 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 \$9,284,783 including employer contributions of \$8,019,450, employee contributions of \$38,716, earnings from investments of \$1,117,641 and other income of \$108,976. Plan expenses were \$8,546,087. These expenses included \$685,372 in administrative expenses and \$7,860,715 in benefits paid 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.

- An accountant's report
- Financial information and information on payments to service providers
- Assets held for investment
- Transaction in excess of five percent (5.0%) of Plan assets
- Insurance information
- Information regarding the common/collective trust in which the Plan participates

Your Rights to Additional Information (Continued)

To obtain a copy of the full annual report, or any part thereof, write or call the office of BeneSys Administrators, the third-party administrator, 8311 W. Sunset Rd, Suite 250, Las Vegas, NV 89113, telephone (702) 415-2190. The plan administrator may make a reasonable charge to cover copying, mailing and other costs.

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 noted 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, BeneSys Administrators, 8311 W. Sunset Road, Suite 250, Las Vegas, NV 89113, 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. The annual report is also available online at the Department of Labor website www.efast.dol.gov.

Requests to the Department should be addressed to:

Public Disclosure Room, N-1513
Employee Benefits Security Administration
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, DC 20210

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See [44 U.S.C. 3507](https://www.gpo.gov/fdsys/pkg/44 USC 3507). Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See [44 U.S.C. 3512](https://www.gpo.gov/fdsys/pkg/44 USC 3512).

The public reporting burden for this collection of information is estimated to average less than one minute per notice (approximately 3 hours and 11 minutes per plan). Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of the Chief Information Officer, Attention: Departmental Clearance Officer, 200 Constitution Avenue, N.W., Room N-1301, Washington, DC 20210 or email DOL_PRA_PUBLIC@dol.gov and reference the OMB Control Number 1210-0040.

OMB Control Number 1210-0040 (expires 03/31/2026)