

HOW TO READ YOUR MONTHLY BENEFIT STATEMENT



IB.E.W. LOCAL 595 TRUST FUNDS MONTHLY BENEFIT STATEMENT



1 SAMUEL SAMPLE
Participant ID: 0123456789
August 2010

Health and Welfare Status

2 You are eligible for coverage for AUGUST 2010 through OCTOBER 2010.

2,118.12 Previous Dollar Bank Balance (including contributions reported late)
+ 2,398.00 Credited Amount for June 2010 work month
- 1,417.00 Amount used to maintain eligibility for August 2010
3,099.12 Current Dollar Bank Balance

3 You are currently enrolled in: Blue Cross Indemnity Plan, Delta Dental, Prescription Solutions Rx, Family

4 Currently Enrolled:
SAMUEL SAMPLE
STEPHANIE SAMPLE
SYDNEY SAMPLE

07/23/1969
11/04/1971
08/24/2000

Credited Contributions Received on Your Behalf

5 EMPLOYER	WORK MONTH	DATE RECEIVED	HOURS WORKED	HEALTH CARE AMOUNT	* DEFINED BENEFIT AMOUNT	MONEY PURCHASE AMOUNT	VACATION / DUES AMOUNT	HRA AMOUNT
BALANCE FORWARD							715.35	
ABC ELECTRIC	06/01/2010	07/01/2010	220.00	2,398.00	990.36	721.60	646.96	220.00
TOTAL			220.00	\$2,398.00	\$990.36	\$721.60	\$1,362.31	\$220.00

- 1 Name of Participant, Participant ID (assigned by the Trust Fund Office), and the date of the Monthly Benefit Statement.
- 2 Month(s) you are eligible for coverage.
- 3 Participant current coverage enrollment.
- 4 This area lists those enrolled under your coverage and their birth dates. Contact the Trust Fund Office if any information is incorrect or missing. It is important to keep this information accurate to avoid breaks in coverage.
- 5 Your employer and the hours that were reported are listed here. Expect a **two month delay** between when you work and when the hours appear on the Benefit Statement. For example, work you perform in June is reported in July and should be on your August Benefit Statement. Contact the Trust Fund Office if you worked for an employer that is not listed or the information is incorrect.
- 6 For work performed in the West, this amount represents your net vacation amount. For work performed in the East, this amount represents your working dues amount.

Please look on the reverse side of the Monthly Benefit Statement for notices and other important information.

STAFF@IBEW595BENEFITS.ORG

* The amount listed in the Defined Benefit column above is only the accruing portion of your benefit.