SIGN PICTORIAL AND DISPLAY INDUSTRY TRUST FUNDS

May 2026

To: Retired Participant of Sign, Pictorial & Display Industry Health & Welfare Plan

From: Trustees of the Sign, Pictorial & Display Industry Health & Welfare Trust Fund

Subject: **Retirees Self-Payment Rate Change Effective with June Payment, August Coverage**

The Trust has provided a subsidy for retiree coverage over the years. Even with the subsidy, costs for Retirees' medical benefits increase or decrease annually.

Effective with your June 2026 payment, giving August coverage, the following retiree self-payment rates for medical benefits offered by the Sign, Pictorial & Display Industry Health & Welfare Trust Fund will apply:

SIGN PICTORIAL RETIREE RATES EFFECTIVE WITH YOUR JUNE 2026 PAYMENT

Eligibility	Coverage	Years of Service					
		Less than 10 Years		Between 10 & 20 Years		More than 20 Yrs.	
		Current Rate	New Rate	Current Rate	New Rate	Current Rate	New Rate
Single Coverage	Non-Medicare	$1,042	$1,185	$942	$1,072	$843	$958
	Medicare	$359	$382	$328	$348	$297	$315
Double Coverage	Both Medicare	$668	$713	$606	$647	$544	$581
	One Medicare + One Non-Medicare	$1,350	$1,517	$1,220	$1,370	$1,090	$1,223
	Both Non-Medicare	$2,033	$2,320	$1,835	$2,093	$1,636	$1,866
Family of Three	All Medicare	$976	$1,045	$884	$945	$791	$846
	Two Medicare + One Non-Medicare	$1,491	$1,655	$1,347	$1,495	$1,203	$1,334
	One Medicare + Two Non-Medicare	$2,173	$2,459	$1,961	$2,218	$1,749	$1,977
	All Non-Medicare	$2,856	$3,262	$2,575	$2,941	$2,295	$2,620
Family of Four	Two Medicare + Two Non-Medicare	$1,491	$1,655	$1,347	$1,495	$1,203	$1,334
	One Medicare + Three Non-Medicare	$2,173	$2,459	$1,961	$2,218	$1,749	$1,977
	All Non-Medicare	$2,856	$3,262	$2,575	$2,941	$2,295	$2,620

If you have any questions, please contact the Trust Fund Office at 844-834-9023.

7180 Koll Center Parkway, Suite 200, Pleasanton, CA 94566 • P.O. Box 3420 San Ramon, CA 94583
Phone 925-398-7048 • Toll Free 844-834-9023 • Fax 925-462-0108
www.sign510benefits.org • staff@sign510benefits.org

SIGN PICTORIAL AND DISPLAY INDUSTRY TRUST FUNDS

NEW CONVENIENT MONTHLY PAYMENT OPTION

The Trust Fund is pleased to offer you an optional way to make your monthly retiree medical self-payments. With your authorization, your monthly medical payment will be automatically deducted from your Sign Pictorial & Display monthly pension benefit on a monthly basis. Please fill out the enclosed authorization form if you are interested in setting up an automatic monthly Pension deduction.

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AUTHORIZATION FOR HEALTH AND WELFARE COVERAGE

PENSION DEDUCTION

Please reduce my monthly Pension check in the amount of my monthly Health and Welfare coverage premium in order to continue my benefits through the Sign Pictorial and Display Local 510 Health and Welfare Trust.

The third party has no enforceable right in or to, any plan benefit payment or portion thereof (except to the extent of payments actually received pursuant to the terms of the arrangement).

_____ _____

Participant's Social Security Number Participant's Name – PLEASE PRINT

_____ _____

Participant's Authorized Signature Date

NOTE: If you have specific questions regarding your account, please contact the Benefit Office.

****You must notify the Benefit Office of any changes that would affect your coverage and monthly premium rate. An example would be if you or your spouse becomes eligible for Medicare benefit.****

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