



BRICK MASONS TRUST FUNDS

Bricklayers Local No. 4 Southern California

APRIL 2025

SUMMARY ANNUAL REPORT FOR

BRICK MASONS' HEALTH AND WELFARE TRUST FUND

This is a summary of the annual report of the Brick Masons Health and Welfare Trust Fund, EIN 95-6041102, for the year ended April 30, 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).

The Board of Trustees of Brick Masons Health and Welfare Trust Fund has committed itself to pay certain medical, dental, vision, disability and prescription drug claims incurred under the terms of the plan.

Insurance Information

The plan has contracts with United Concordia Dental Plans of California, Inc., Kaiser Foundation Health Plan, Inc., The Prudential Insurance Company of America, Berkshire Hathaway Specialty Insurance Company, and Blue Shield of California to pay certain medical and dental claims incurred under the terms of the plan. Life insurance and accidental death and dismemberment benefits are provided to plan participants through the Western Health Care Coalition by The Prudential Insurance Company of America. Premiums paid for the plan year ending April 30, 2024, totaled \$6,040,030.

Basic Financial Statement

The value of plan assets, after subtracting liabilities of the plan, was \$10,308,700 as of April 30, 2024, compared to \$9,977,180 as of May 1, 2023. During the plan year the plan experienced an increase in its net assets of \$31,520. This increase 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 \$7,611,873, including employer contributions of \$6,952,118, participant contributions of \$320,924, earnings from investments of 273,010, and other income of \$65,821.

Plan expenses were \$7,280,353. These expenses included \$565,855 in administrative expenses, and \$6,714,498 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:

Mailing Address: P.O. Box 430 • West Covina, CA 91793

1050 Lakes Drive, Suite 120 • West Covina, CA 91790

Phone: (626) 646-1080 • Toll-Free (877) 516-0586 • Fax (626) 931-1368

www.socalbrickmasonsbenefits.org • staff@socalbrickmasonsbenefits.org

1. An accountant's report;
2. Financial information and information on payments to service providers;
3. Assets held for investment;
4. Insurance information, including sales commissions paid by insurance carriers; and
5. Information regarding any common or collective trusts, pooled separate accounts, master trusts or 103-12 investment entities in which the plan participates.

To obtain a copy of the full annual report, or any part thereof, write or call the office of BeneSys, Inc., who is the plan Administrator, at 1050 Lakes Drive, Suite 120, West Covina, California 91790, telephone (626) 646-1090. The charge to cover copying costs will be \$12.00 for the full annual report, or \$.25 per page for any part thereof.

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 at 1050 Lakes Drive, Suite 120, West Covina, CA 91790, and at the U.S. Department of Labor in Washington, DC 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, N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, DC 20210.

This document has been uploaded and is available on the participant website at www.socalbrickmasonsbenefits.org.