



# About Your Personal Benefit Statement

Your *Personal Benefit Statement* is mailed to you in June if you worked at least 250 covered hours in the previous calendar year and have a valid mailing address on file. The statement shows the employer contributions paid in the previous calendar year based on your collective bargaining agreement.

Take the time to check your Plan coverage on your statement and compare how your employer's contributions add up each year. Keep your statement with past copies in a safe place. Contact your Area Administrative Office if you have questions regarding the hours shown on your statement.

## Personal Benefit Statement Sample

This sample statement can help you understand your Plan coverage. It assumes that this participant has a basic contribution rate of \$2.15 for the calendar year 2015.

*Note: The exact contribution rates for your covered employment are shown in your collective bargaining agreement.*

**Vesting Status** Your *Personal Benefit Statement* shows your vesting status. If you are not vested, this box shows your number of vesting years as of the previous December.

**Plan Coverage** You can see that this participant's basic contribution rate in the previous December was \$2.15 by dividing the monthly contribution shown (\$337.50) by his covered hours worked that month (157 hours). *Note: The exact contribution rates for your covered employment are shown in your collective bargaining agreement.*

**PEER Coverage** On your statement, months with PEER coverage are marked with this "P" symbol (which stands for PEER or the *Program for Enhanced Early Retirement Benefits*). Just because you worked under a PEER contract in some years does not mean you will qualify for PEER benefits when you retire.



**Western  
Conference  
of Teamsters  
Pension Trust**

**B.E. Jackson**  
456 Oak Street  
Anytown, CA 95040

The Trustees of the Western Conference of Teamsters Pension Trust are pleased to provide you with the following information regarding your Plan coverage and eligibility for benefits. Please read the information which follows carefully to ensure that all the personal information is correct and complete. This will enable us to provide a more detailed statement in the future. If you have any questions, contact your Area Administrative Office.

**YOUR PLAN STATUS**  
YOU ARE A VESTED PARTICIPANT

Benefits earned through the Plan's past service rules are included in the Total Accrued Annual Benefit listed below. If you believe you have additional years by virtue of entering the plan as a member of a new group, please contact your Administrative Office. You may request either a complete estimate of your benefits or a list of your Covered Hours by year.

Based on your latest coverage, you should direct your inquiry to:  
Northwest Area Administrative Office  
2323 Eastlake Ave East  
Seattle, WA 98102-3305 (800) 531-1489

### YOUR PLAN COVERAGE

#### Detailed Listing Of Your Plan Coverage For The Year Of 2015

Month	Employer	Hours	Contributions	Month	Employer	Hours	Contributions
JAN	XYZ Company	159.0 <sup>P</sup>	\$341.85	FEB	XYZ Company	150.0 <sup>P</sup>	\$322.50
MAR	XYZ Company	195.0 <sup>P</sup>	\$419.25	APR	XYZ Company	158.0 <sup>P</sup>	\$339.70
MAY	XYZ Company	158.0 <sup>P</sup>	\$339.70	JUN	XYZ Company	194.0 <sup>P</sup>	\$417.10
JUL	XYZ Company	160.0 <sup>P</sup>	\$344.00	AUG	XYZ Company	160.0 <sup>P</sup>	\$344.00
SEP	XYZ Company	160.0 <sup>P</sup>	\$344.00	OCT	XYZ Company	240.0 <sup>P</sup>	\$516.00
NOV	XYZ Company	160.0 <sup>P</sup>	\$344.00	DEC	XYZ Company	157.0 <sup>P</sup>	\$337.50

<sup>P</sup> Indicates months in which you had PEER coverage.

**Overall Total For Year: Hours 2,051 \$4,409.60**



Be sure your Area Administrative Office has your current mailing address so you will receive your *Personal Benefit Statement*.



# About Your Personal Benefit Statement (Continued)

**YOUR PLAN BENEFITS**

**Annual Benefit Earned During 2015**  
Your collectively bargained contributions paid in 2015 of \$4,409.60 increased your annual benefit by: **\$635.00**

**Total Accrued Annual Benefit**  
As of December 31, 2015, you have earned a total annual benefit, payable at age 65, in the amount of: **\$23,102.20**

**Plan Benefits** Your statement shows how much your annual benefit increased due to covered hours in the previous calendar year.

**Total Accrued Annual Benefit** This is the annual benefit you earned based on the total covered hours you worked under the Plan. Note that the amount shown in the example is an annual benefit payable at normal retirement age (usually age 65). Benefits paid under the Plan are paid monthly.

**Participant ID** You may refer to your own confidential Participant ID when calling or writing about benefits (rather than providing your Social Security number).

**IMPORTANT INFORMATION REGARDING YOUR PLAN RECORD**

00000000545385      B.E. Jackson      INDICATE CORRECTIONS IN THE SPACE BELOW

The Trust shows the following information in your record (shown in gray boxes). If any information is incorrect or missing, please print the corrected information in the space provided. A postage paid return envelope and a beneficiary card have been enclosed for your convenience. To name or change your beneficiary, use the enclosed beneficiary card.

**Address:** 456 Oak Street, Anytown, CA 95040      100 Elm Street, 95041

**Date of Birth:** 6/2/50  
**Gender:** MALE  
**Spouse Date of Birth:** 5/10/53  
**Union Initiation Date:** 10/2/71  
**Hire Date 1st Employer:** 10/2/71

← You have named as your beneficiary: **MARY JACKSON**

**Update Your Plan Record** If you discover personal information on your statement that is incorrect or missing, it's your responsibility to notify the Plan by sending back this tear-off card as soon as possible.

**Plan Beneficiary** If you need to change the beneficiary designation shown, you cannot make the change by crossing the name off the card. In order to make a valid change, you must use the Plan's official *Beneficiary Designation Form* and the completed form must be received by your Area Administrative Office prior to your death. An official *Beneficiary Designation Form* and postage-paid return envelope are enclosed with your statement.



Your *Personal Benefit Statement* only shows the hours for which pension contributions were paid. Your collective bargaining agreement may not require your employer to contribute on overtime hours. Or it may have a monthly or yearly maximum on the number of hours that require pension contributions.