

# TWIN HORSE CRIER

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## Keep the Fund Office Informed of Life Events

Have you recently experienced a life event such as marriage, divorce or the birth or adoption of a child? If so, be sure to update the Funds with the following information, based on the life event:

### Life Event - Marriage

If you've recently gotten married and need to add your spouse to your coverage, submit a dependent form, along with a copy of your marriage certificate. Your spouse's eligibility will begin on the date of marriage, provided you were eligible for benefits at that time.

### Life Event - Divorce

To remove a former spouse from your coverage, you must submit a divorce decree. His or her eligibility will terminate on the date the divorce decree was signed by a judge.

In the event of either marriage or divorce, you should consider updating your Life Insurance beneficiary. Any changes in beneficiary designation must be received in writing, as the Fund does not release or update Life Insurance beneficiary information by phone.

### Life Event - Qualifying Child

To add a child born to you, submit a birth certificate identifying you as the parent or legal paternity documentation, along with a Dependent Form.

If you have adopted a child, you'll need to submit the child's birth certificate and adoption papers, along with a Dependent Form.

To add a stepchild, submit the child's birth certificate and your marriage certificate, along with a Dependent Form.

If you'd like to add child for which you have legal custody, submit the child's birth certificate and a copy of custody papers, along with a Dependent Form.

### Life Event - Death

In the event of death of the participant, dependent spouse or child (in cases where Life Insurance benefits are payable under your Schedule of Benefits), notify the Fund Office as soon as possible. A copy of the death certificate must be submitted to the Fund Office.

If you fail to designate a beneficiary, or your designated beneficiary dies before or within 24 hours of you, Life Insurance benefits will be paid in the following order:

- \* your spouse;
- \* your children;
- \* your mother and/or father;
- \* the executor or administrator of your estate.

### Change of Address

Not only is it necessary to update your change of address with the United States Postal Service, but you should also update your address with the Fund Office. All changes in address must be submitted in writing.

### Find the Forms You Need on Our Website

Dependent forms, Change of Beneficiary forms and Change of Address forms can all be found on our website at [tjc83funds.org/forms.asp](http://tjc83funds.org/forms.asp).

## H&W NEWS

### Clarification on Services not Covered by the Fund

Several appeals were presented in the February Board of Trustees meeting. The following decisions were made:

Charges received from Applied Behavior Analysts are not covered by the Fund.

Genetic testing for the treatment of Attention Deficit Hyperactivity Disorder (ADHD) is not covered by the Fund.

Charges related to infertility testing or the promotion of pregnancy are not covered by the Fund.

### Prescription Drug Prior Authorization and Exclusion List Available on Fund's Website

Certain prescription drugs require authorization by Optum Rx prior to being filled. Authorization is required because these drugs are prescribed to treat specific illnesses, are high in cost, or may be prescribed for conditions for which safety and effectiveness have not yet been proven.

There are also certain prescription drugs that are not covered by the Fund. These drugs are excluded from coverage due to the availability of lower cost alternatives.

A complete listing of excluded drugs and drugs requiring prior authorization can be found on our website at [tjc83funds.org/prescription-drugs.asp](http://tjc83funds.org/prescription-drugs.asp).



## New Rules for Retiree Health Coverage Eligibility

The Board of Trustees approved new rules regarding eligibility for Retiree Health Coverage (Plan ZR) in their February meeting. These rules are effective March 1, 2017.

In order to be eligible for Retiree Health Coverage, you must:

1. Be retired, and
2. Have at least 35 weeks of contributions in 5 of the last 7 years immediately preceding retirement in Plan 12 of the Teamsters Joint Council No. 83 of Virginia Health & Welfare Fund, and
3. Not be eligible for Medicare, and
4. Be at least 57 years of age and have at least 20.0 years of Vesting Service in the Teamsters Joint Council No. 83 of Virginia Pension Fund, OR
5. Be any age and have 25.0 but less than 30.0 years of Vesting Service in the Teamsters Joint Council No. 83 of Virginia Pension Fund, OR
6. Be any age and have at least 30.0 years of Vesting Service in the Teamsters Joint Council No. 83 of Virginia Pension Fund.

If you meet either condition 4 or 5, a maximum of 96 months of coverage is available. If you meet condition 6, coverage is available until meeting any of the termination provisions of Section 2.5 of the Retiree Health Benefits Plan Document.

Please note:

- A preexisting condition clause may apply for a period up to 6 months if you are not covered under this Health & Welfare Fund during the 90 day period immediately prior to retirement. Credible coverage under another health plan can shorten or eliminate the preexisting period if such coverage terminated within 63 days of the Plan ZR effective date.
- If you are ineligible for Plan ZR coverage solely because you retire at age 65 or later, your eligible dependents may still become covered under Plan ZR.
- If you retire with less than 30 years of Benefit Accrual Service in the Teamsters Joint Council No. 83 of Virginia Pension Plan, you will be limited to 96 months (8 years) of access to Retirement Health Benefits. You may come on or off Plan ZR coverage monthly, as desired, provided eligibility under another comprehensive medical program is maintained during the coverage breaks from Plan ZR.
- A Dependent Child must be unmarried and under the age of 19, or if older than 19, a full-time student and younger than age 23. [Retiree Health Benefits Plan Document, Section 1.13]

For questions regarding Retiree Health Coverage, please contact the Pension Department at the Fund Office.

# Reminder Regarding Pre-Certification and Notification Requirements through Hines & Associates

As you may recall, certain procedures require either pre-certification or notification through the Fund's medical consultant, Hines & Associates. A listing of these procedures are also available on our website at [tjc83funds.org/precertification.asp](http://tjc83funds.org/precertification.asp).

## Procedures Requiring Pre-Certification

You can request pre-certification online at [www.precertcare.com](http://www.precertcare.com), or call 1-888-852-8382. You'll need to provide your address, phone number and ID number, along with the name of your doctor and/or hospital, address and phone number, diagnosis and procedure, as well as the date of admission, surgery or service.

Within 5 days of requesting pre-certification, Hines & Associates will send you and your doctor or hospital a personal and confidential letter informing you whether your procedure has been approved. If for some reason you do not receive written notification, contact Hines & Associates directly. If your request for pre-certification is denied, it's likely that there are safer or more conservative options available to you.

Failure to pre-certify any procedures listed below or in-patient admissions will result in a \$500 reduction of the Fund's payment for benefits relating to the procedure or admission.

- Abdominoplasty
- Artificial Intervertebral Disk Implantation
- Arteriovenous (AV) Fistula for Dialysis
- Automated Percutaneous Lumbar Discectomy (APLD)
- Automatic Implantable Cardioverter Defibrillator (AICD) Insertion
- Bariatric (weight loss) surgery
- Biventricular Device Insertion
- Blepharoplasty
- Breast Reduction
- Capsule Camera Endoscopy
- Colonoscopy (virtual)
- Durable medical equipment over \$1,000 (total rental or purchase)
- Education/nutrition class for a new diabetes diagnosis
- Excess skin removal - arms, chest, and legs
- Graphed Access for Dialysis
- Home Health Care, except those requiring notification only
- Hysterectomy
- Intradiscal Electrothermal Annuloplasty (IDET)
- Lithotripsy (Shockwave for Plantar Fasciitis)
- Maxillo-facial surgery
- Nasal surgeries (all)

- Orthopedic Surgeries with Implants
- Orthotics over \$2,000
- Panniculectomy
- Percutaneous Radiofrequency Neurotomy
- Prosthetics over \$2,000
- Sclerotherapy
- Spinal Surgeries (all, excluding injections)
- Uvulopalatopharyngoplasty (UP3/UPPP)
- Varicose Vein Surgery
- Ventral Hernia Repair

## Procedures Requiring Notification

To provide notification, either call Hines & Associates at 1-888-852-8382 or visit their website at [www.precertcare.com](http://www.precertcare.com).

Notification allows Hines to identify patients who may benefit from Case Management. Case Management helps patients who are experiencing a serious illness or injury, or a chronic condition by assigning the patient a nurse to help ensure quality care is received at a cost-effective price.

A penalty of \$500 applied to the Fund's payment for benefits relating to the procedure or admission will also apply if notification is not made for the procedures listed below.

- Biopsies (excluding dermatological)
- CT Angiogram
- CT Calcium Screening
- CT (all related to oncology)
- In home services limited to the following:
  - Hospice
  - Occupational Therapy
  - Physical Therapy
  - Sleep Studies
  - Speech Therapy
- MRI (all related to oncology)
- MRI (heart)
- PET Scan (all related to oncology)
- Occupational Therapy over 20 visits per calendar year
- Physical Therapy over 20 visits per calendar year
- Speech Therapy over 20 visits per calendar year

If you have questions regarding the pre-certification or notification process through Hines & Associates, contact the Fund Office.

**Hines & Associates**  
**888-852-8382**  
**[www.precertcare.com](http://www.precertcare.com)**

# Correction to Short Term Disability Benefit Changes

Changes to the Short Term Disability Benefit, effective January 1, 2017, were announced in the October 2016 edition of this newsletter. Three examples were provided explaining how the benefit is administered. The second example was stated incorrectly and should have been explained as follows:

## Example 2 Corrected

Upon receiving a diagnosis of cancer, Sara's doctor orders her out of work for 8 months. Keep in mind Short Term Disability Benefits and free coverage are limited to 6 months. After being out for 2 months, Sara recovers enough to return to work for 3 weeks, but then is forced to leave employment again due to this particular cancer diagnosis. As she had not used her full 6 months of short term disability available per non-work related injury or illness, her short term disability benefits begin again and are available for the remaining 4 months. If she returns and is then forced to leave employment again for the same illness after having been paid for 6 months of Short Term Disability benefits, no benefits are payable as she has exhausted the full six months. Had she gone out for a different injury or illness, another six months of short term disability and free coverage would be available, provided she is eligible for benefits upon return to Active Service.





## Where to get the proper level of care when you need it now

### What should you do when you need care right away, but it's not an emergency?

The emergency room (ER) might be your first thought, but you also have options that cost less and are quicker than the ER. Let's take a closer look at these options and how to find the best level of care.

#### First call your primary care doctor

This is the doctor you see for most of your care. When you call your doctor, he or she will tell you if you should make an appointment, go to the ER or suggest another place to get care. If you're unable to see your doctor, consider one of the alternatives below. It often takes less time than the ER and costs about the same as a doctor visit. Plus, most are open later in the evening and on the weekend.

### Choose an option that could save time and money

#### LiveHealth Online — \$0 copay for all Plans

When you don't feel well, the last thing you want to do is leave your home to sit in a doctor's office waiting room. Avoid long wait times and receive care from the comfort of your home by using LiveHealth Online. By far the most convenient and cost effective

option, this online tool allows you to video chat with a doctor who can diagnose common problems, like sore throats, infections and the flu. Connect by using your computer's webcam, a smartphone or a tablet and chat with the doctor. Enroll at [livehealthonline.com](https://livehealthonline.com) or download the LiveHealth Online app for iOS or Android. This service is offered free of charge to you and your eligible dependents.

#### Retail health clinic — \$15 - \$20 copay (depending on your Plan)

Another convenient option for care is a retail health clinic, staffed by health care experts who give basic health care services to walk-in patients. You can usually find these clinics in major pharmacies like CVS or Walgreens.

#### Walk-in doctor's office — \$15 - \$20 copay (depending on your Plan)

Equally affordable, consider visiting a walk-in doctor's office. These facilities don't require you to be an existing patient or have an appointment and provide routine care and treat common illnesses.

#### Urgent care center — \$15 - \$20 copay (depending on your Plan)

For services such as X-rays, lab tests and stitches, you may want to visit an urgent care

center. These centers staff doctors who treat conditions that should be examined right away but aren't as severe as emergencies.

### When to use the ER

Always call 911 or go to the ER if you think you could put your health at serious risk by delaying care. Some examples of medical emergencies are:

- \* Any life threatening or disabling condition
- \* Severe shortness of breath
- \* Cut or wound that won't stop bleeding
- \* Sudden or unexplained loss of consciousness
- \* High fever with stiff neck, mental confusion or difficulty breathing
- \* Coughing up or vomiting blood
- \* Major injuries
- \* Possible broken bones

### Locate Participating Providers

To find participating providers in your area with the level of care you need, log on to [anthem.com/findurgentcare](https://anthem.com/findurgentcare).





## Considering Retirement Soon? There's a few things you need to know.

You've worked hard all your life and you're now finally considering retirement. You're ready to travel, spend time with family and enjoy your freedom. You've done the math and you're ready to submit your pension application to the Fund Office for review. But wait, are you sure you know all the facts about receiving pension benefits from the Fund? What if you change your mind and decide to go back to work? Will your pension benefits be affected? Here are a few factors to consider when making that important decision:

If you retire, return to work under Covered Employment, and then retire again, you cannot change your election options chosen when you originally

retired. For example, if you elected either the Joint and Survivor or Contingent Annuitant benefit, no changes can be made to those elections.

Remember, retirement is a decision that shouldn't be taken lightly. Be sure you are well informed before making this decision.

Still have questions? Don't hesitate to call the Fund Office's Pension Department at 804-282-3131 or toll free at 800-852-0806 for more specific information regarding your pension benefits.

## Simplify Your Life with Direct Deposit

Still receiving your pension benefit check in the mail? Why not save yourself a trip to the bank and receive your benefit by direct deposit? Keep reading to learn how direct deposit can benefit you.

When you receive your benefit check via direct deposit, you no longer have to wait in line at the bank to cash your check. There are also no holds on direct deposits, as there often are with checks deposited in ATMs.

You are likely to receive your payment earlier if you use direct deposit as opposed to receiving your check in the mail. All direct deposits are

guaranteed to be in your account on the first business day of the month, whereas paper checks are mailed on the last business day of the prior month and may take several days to be delivered to you.

Direct deposit also prevents the risk of lost or stolen checks, which can result in identity theft.

If you would like to transition to direct deposit, you can download the Electronic Funds Transfer form from our website at [tjc83funds.org/pension-forms.asp](http://tjc83funds.org/pension-forms.asp) or you can request a form be sent to you by contacting the Fund Office.

## Fund Retirees

**The Fund would like to recognize the following Participants on their recent retirement:**

### Local 22

Jerry A. Smith

### Local 29

Winston D. Hensell, Jr.  
Beverly W. Lam  
Willard E. Powell, Jr.  
Jackie B. Shifflett  
Dwight Sortzi

### Local 171

Samuel N. Brubaker, Jr.  
Sterling E. Harris  
Alex W. Koss  
Mark S. Lantz  
David G. McKee  
Farley C. Morris  
Ray L. Spivey III

### Local 322

Mohammed Baqaja  
Ronald P. Bishop  
Edwin K. Burke  
James Chewning  
Rikki L. Dodson  
Richard C. Edwards, Jr.  
Richard Hardy  
Mark E. Henderson  
Berkley W. King  
Janet L. Loveless  
Willie J. Singleton  
Raymond S. Vaughan  
Joseph W. Wetzel

### Local 592

Alvin A. Bates  
Ricky W. Bryant  
Jerry L. Davis  
William D. Domer  
William E. Greene  
Paul A. Hastings  
Diane H. Hoffman  
Linda S. Mawyer  
Larry D. Prichard  
William A. Rogers  
Mary L. Wheeler  
Herman L. Wiggins

### Local 822

Ricky A. Barker  
Stanley D. Gandee  
Marcus L. Litton  
Stephen Martin  
Vincent L. Moniot  
Sean O. Mulligan  
Jeanette R. Spencer  
Vanessa F. West

# Annual Funding Notice for Teamsters Joint Council No. 83 of Virginia Pension Fund

This notice includes important information about the funding status of your multiemployer pension plan (the “Plan”). It also includes general information about the benefit payments guaranteed by the Pension Benefit Guaranty Corporation (“PBGC”), a federal insurance agency. All traditional pension plans (called “defined benefit pension plans”) must provide this notice every year regardless of their funding status. This notice does not mean that the Plan is terminating. It is provided for informational purposes and you are not required to respond in any way. This notice is required by federal law. This notice is for the plan year beginning January 1, 2016 and ending December 31, 2016 (“Plan Year”).

## How Well Funded is Your Plan

The law requires the administrator of the Plan to tell you how well the Plan is funded, using a measure called the “funded percentage”. The Plan divides its assets by its liabilities on the Valuation Date for the plan year to get this percentage. In general, the higher the percentage, the better funded the plan. The Plan’s funded percentage for the Plan Year and each of the two preceding plan years is shown in the chart below. The chart also states the value of the Plan’s assets and liabilities for the same period.

Funded Percentage			
	Plan Year 2016	Plan Year 2015	Plan Year 2014
Valuation Date	January 1	January 1	January 1
Funded Percentage	79.3%	77.1%	74.5%
Value of Assets	\$705,517,906	\$646,450,553	\$609,771,066
Value of Liabilities	\$888,797,654	\$837,456,949	\$817,869,116

## Year-End Fair Market Value of Assets

The asset values in the chart above are measured as of the Valuation Date. They also are “actuarial values”. Actuarial values differ from market values in that they do not fluctuate daily based on changes in the stock or other markets. Actuarial values smooth out those fluctuations and can allow for more predictable levels of future contributions. Despite the fluctuations, market values tend to show a clearer picture of a plan’s funded status at a given point in time. The asset values in the chart below are market values and are measured on the last day of the Plan Year. The chart also includes the year-end market value of the Plan’s assets for each of the two preceding plan years.

	Dec. 31, 2016 Estimated	Dec. 31, 2015	Dec. 31, 2014
Fair Market Value of Assets	\$699,823,409	\$643,448,323	\$615,648,848

## Endangered, Critical, or Critical and Declining Status

Under federal pension law, a plan generally is in “endangered” status if its funded percentage is less than 80 percent. A plan is in “critical” status if the funded percentage is less than 65 percent (other factors may also apply). A plan is in “critical and declining” status if it is in critical status and is projected to become insolvent (run out of money to pay benefits) within 15 years (or within 20 years if a special rule applies). If a pension plan enters endangered status, the trustees of the plan are required to adopt a funding improvement plan. Similarly, if a pension plan enters critical status or critical and declining status, the trustees of the plan are required to adopt a rehabilitation plan. Funding improvement and rehabilitation plans establish steps and benchmarks for pension plans to improve their funding status over a specified period of time.

The plan sponsor of a plan in critical and declining status may apply for approval to amend the plan to reduce current and future payment obligations to participants and beneficiaries.

The Plan was in endangered status in the Plan Year ending December 31, 2016 because the funding percentage was between 65 and 80%. In an effort to improve the Plan’s funding situation, the trustees adopted a Funding Improvement Plan that provides for adjustments to contributions and benefits such that the Plan is projected to emerge from endangered status by January 1, 2024.

You may obtain a copy of the Funding Improvement Plan, any update to such plan and the actuarial and financial data that demonstrate the action taken by the Plan toward fiscal improvement. You may get this information by contacting the plan administrator.

If the Plan is in endangered, critical or critical and declining status for the plan year ending December 31, 2017, separate notification of that status will be provided.

## Participant Information

The total number of participants and beneficiaries covered by the Plan on the valuation date was 7,652. Of this number, 2,398 were current employees, 4,045 were retired and receiving benefits, and 1,209 were retired or no longer working for the employer and have a right to future benefits.

## Funding & Investment Policies

Every pension plan must have a procedure to establish a funding policy for plan objectives. A funding policy relates to how much money is needed to pay promised benefits. The funding policy of the Plan is that it is fully funded by contributions made by employers pursuant to collective bargaining agreements and participation agreements with unions that represent the Plan’s participants.

Pension plans also have investment policies. These generally are written guidelines or general instructions for making investment management decisions. The investment policy of the Plan is to maximize the total rate of return over the long term, subject to preservation of capital, by diversifying the allocation of capital among professional investment managers with various investment styles.

Under the Plan’s investment policy, the Plan’s assets were allocated among the following categories of investments, as of the end of the Plan Year. These allocations are percentages of total assets:

Asset Allocation	Percentage
1. Cash (Interest bearing and non-interest bearing)	1.60
2. U.S. Government securities	5.26
3. Corporate debt instruments (other than employer securities): Preferred All other	1.91 2.62
4. Corporate stock (other than employer securities) Common	22.48



## Annual Funding Notice cont'd

Asset Allocation	Percentage
5. Partnership/joint venture interests	16.21
6. Real estate (other than employer real property)	
7. Loans (other than to participants)	
8. Participant loans	
9. Value of interest in common /collective trusts	36.74
10. Value of interest in pooled separate accounts	
11. Value of interest in 103-12 investment entities	10.83
12. Value of interest in registered investment companies (e.g., mutual funds)	1.04
13. Value of funds held in insurance co. general account (unallocated contracts)	
14. Employer-related investments: Employer securities Employer real property	
15. Buildings and other property used in plan operation	.06
16. Other	1.25

For information about the Plan's investment in any of the following types of investments – common/collective trusts, pooled separate accounts, or 103-12 investment entities – contact Mike McCall at 804-282-3131 or by email at [mmccall@tjc83funds.net](mailto:mmccall@tjc83funds.net).

### Events Having a Material Effect on Assets or Liabilities

By law this notice must contain a written explanation of new events that have a material effect on plan liabilities or assets. This is because such events can significantly impact the funding condition of a plan. For the plan year beginning on January 1, 2017, the Plan expects no material events to have such an effect.

### Right to Request a Copy of the Annual Report

Pension plans must file annual reports with the US Department of Labor. The report is called the "Form 5500". These reports contain financial and other information. You may obtain an electronic copy of your Plan's annual report by going to [www.efast.dol.gov](http://www.efast.dol.gov) and using the search tool. Annual reports also are available from the US Department of Labor, Employee Benefits Security Administration's Public Disclosure Room at 200 Constitution Avenue, NW, Room N-1513, Washington, DC 20210, or by calling 202.693.8673. Or you may obtain a copy of the Plan's annual report by making a written request to the plan administrator. Annual reports do not contain personal information, such as the amount of your accrued benefit. You may contact your plan administrator if you want information about your accrued benefits. Your plan administrator is identified below under "Where to Get More Information".

### Summary of Rules Governing Insolvent Plans

Federal law has a number of special rules that apply to financially troubled multiemployer plans that become insolvent, either as ongoing plans or plans terminated by mass withdrawal. The plan administrator is required by law to include a summary of these rules in the annual funding notice. A plan is insolvent for a plan year if its available financial resources are not sufficient to pay benefits when due for that plan year. An insolvent plan must reduce benefit payments to the highest level that can be paid from the plan's available resources. If such resources are not enough to pay benefits at the level specified by law (see Benefit Payments Guaranteed by the PBGC, below), the plan must apply to the PBGC for financial assistance. The PBGC will loan the plan the amount necessary to pay benefits at the guaranteed level. Reduced benefits may be restored if the plan's financial condition improves.

A plan that becomes insolvent must provide prompt notice of its status to participants and beneficiaries, contributing employers, labor unions representing participants, and PBGC. In addition, participants and beneficiaries also must receive information regarding whether, and how, their benefits will be reduced or affected, including loss of a lump sum option.

### Benefit Payments Guaranteed by the PBGC

The maximum benefit that the PBGC guarantees is set by law. Only benefits that you have earned a right to receive and that cannot be forfeited (called vested benefits) are guaranteed. There are separate insurance programs with different benefit guarantees and other provisions for single-employer plans and multiemployer plans. Your Plan is covered by PBGC's multiemployer program. Specifically, the PBGC guarantees a monthly benefit payment equal to 100 percent of the first \$11 of the Plan's monthly benefit accrual rate, plus 75 percent of the next \$33 of the accrual rate, times each year of credited service. The PBGC's maximum guarantee, therefore, is \$35.75 per month times a participant's credited service.

Example 1: If a participant with 10 years of credited service has an accrued monthly benefit of \$600, the accrual rate for purposes of determining the PBGC guarantee would be determined by dividing the monthly benefit by the participant's years of service (\$600/10), which equals \$60. The guaranteed amount for a \$60 monthly accrual rate is equal to the sum of \$11 plus \$24.75 (.75 x \$33) or \$35.75. Thus, the participant's guaranteed monthly benefit is \$357.50 (\$35.75 x 10).

Example 2: If the participant in Example 1 has an accrued benefit monthly benefit of \$200, the accrual rate for purposes of determining the guarantee would be \$20 (or \$200/10). The guaranteed amount for a \$20 monthly accrual rate is equal to the sum of \$11 plus \$6.75 (.75 x \$9), or \$17.75. Thus, the participant's guaranteed monthly benefit would be \$177.50 (\$17.75 x 10).

The PBGC guarantees pension benefits payable at normal retirement age and some early retirement benefits. In addition, the PBGC guarantees qualified preretirement survivor benefits (which are preretirement death benefits payable to the surviving spouse of a participant who dies before starting to receive benefit payments). In calculating a person's monthly payment the PBGC will disregard any benefit increases that were made under a plan within 60 months before the earlier of the plan's termination or insolvency (or benefits that were in effect for less than 60 months at the time of termination or insolvency). Similarly, the PBGC does not guarantee benefits above the normal retirement benefit, disability benefits, not in pay status, or non-pension benefits, such as health insurance, life insurance, death benefits, vacation pay, or severance pay.

For additional information about the PBGC and the pension insurance program guarantees, go to the Multiemployer Page on PBGC's website at [www.pbgc.gov/multiemployer](http://www.pbgc.gov/multiemployer). Please contact your employer or plan administrator for specific information about your pension plan or pension benefit. PBGC does not have that information. See "Where to Get More Information About Your Plan," below.

### Where to Get More Information

For more information about this notice, you may contact Mike McCall at 804-282-3131 or by email at [mmccall@tjc83funds.net](mailto:mmccall@tjc83funds.net). For identification purposes, the official plan number is 001, the plan sponsor's name is Teamsters Joint Council No. 83 of Virginia Pension Fund and the employer identification number or "EIN" is 54-6097996.

## Fund Office Contact Info

**Phone:**

(804) 282-3131 - local  
800-852-0806 - toll free

**Fax:**

(804) 288-3530

**Web:**

[www.tjc83funds.org](http://www.tjc83funds.org)

**Email questions and  
comments:**

[yourfund@tjc83funds.net](mailto:yourfund@tjc83funds.net)

**Email documents and forms:**

[documents@tjc83funds.net](mailto:documents@tjc83funds.net)

Please be aware that unencrypted, unauthenticated internet e-mail is inherently insecure. Email message may be corrupted, incomplete, or may incorrectly identify the sender. To secure your message, try using a free secure email such as SAFe-mail. If you have questions regarding HIPAA regulations or how to assure the security of your protected health information, please contact the Fund Office.



Teamsters Joint Council No. 83 of Virginia  
Health & Welfare and Pension Funds  
8814 Fargo Road  
Suite 200  
Richmond, VA 23229

## Visit Us on the Web for Access to Your Benefit Information Anytime, Anywhere in the World

Want access to your benefits 24 hours a day, 7 days a week? You got it! Log on to our website at [tjc83funds.org](http://tjc83funds.org) for all the information you're looking for.

You can find just about anything that relates to your health benefits by clicking on the Health & Welfare link. For example, to view your Schedule of Benefits, simply select your employer from the dropdown box. You can also find general information on everything from admission notification requirements, to dental, disability, prescription and vision benefits. Any pertinent forms can be downloaded directly from the site by clicking on the "Forms" link.

If you participate in the Pension plan, click on the Pension link and take a look around. You'll find a link to frequently asked questions (FAQs)



such as how to apply for benefits and how you can receive your pension benefit payment. Also, there's a page here devoted to all the required forms relevant to your Pension benefits. Check out the "Disqualifying Employment" link to learn about employment after retirement.

Looking for a provider directory? Click on "Links" and find the steps to locate a provider in your area for medical, dental, vision and prescription benefits.

The "Publications" link gives you access to recent and archived editions of this newsletter. You can also find information the Fund is required to provide, like Summary Annual Reports and Annual Funding Notices.

Need to call your Local Union or the Fund Office, but don't have the phone number handy? Contact information is just a click away under the "Contacts" link.

Now that you've taken a quick tour of our site, remember, we're always happy to hear from you by phone if you can't find the information you're looking for.