

BENEFITS TOOLBOX



A publication of
the New York City
District Council
Of Carpenters
Benefit Funds

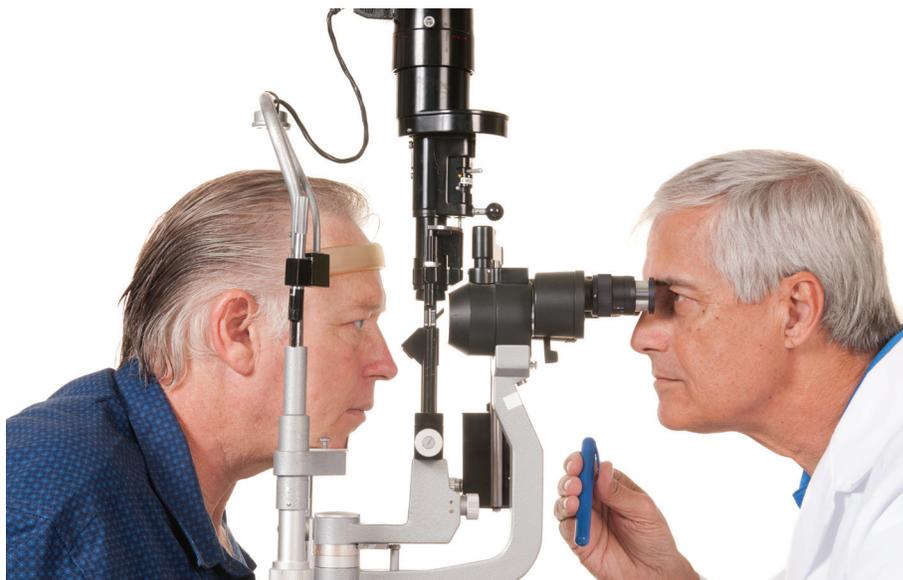
NYCDCC WELFARE FUND RESTORES VISION BENEFITS

Great news! On behalf of the Board of Trustees, the NYCDCC Welfare Fund is pleased to announce that a plan was approved for the restoration of your vision benefits, effective as of January 1, 2015.

Basically, the “switch” that was turned off for your vision benefits in June of 2012 has now been turned back on. What this means is that you now have the same vision coverage you had prior to elimination of the benefits.

Here is a Brief Summary of your Vision Benefits

- Your network providers are **Comprehensive Professional Systems (CPS), (212) 675-5745, and General Vision Services (GVS), (800) 847-4661**. If you choose not to use these network providers, you are still entitled to reimbursement (see third bullet).
- You and your covered dependents are entitled to an eye examination and new glasses or contact lenses once every 12 months.



If you use a participating provider, there are no out-of-pocket costs if the frames and lenses you select are part of the program. If the frames and lenses you select are outside the program, you receive a credit toward your purchase.

- The Fund will pay a participating provider \$125 for an exam, and a pair of frames and lenses. If you use a non-participating provider, the Fund will reimburse you up to \$125 for the same package of services.

- To obtain a list of participating providers, you can contact CPS or GVS at the phone numbers listed in the first bullet.

For more detailed information concerning the restoration of your vision benefits, effective January 1, 2015, be sure to check your mail, and also our website at www.nyccbf.org.

If you have any questions about this benefit change, please feel free to contact the Benefit Funds' Member Services Department at (800) 529-FUND (3863) or (212) 366-7373.

Message from the Executive Director



Happy New Year and welcome to 2015!

It seems as though 2014 rolled by, but left behind in its wake were quite a few good things at the NYCDCC Benefit Funds. The Annuity Fund closed in on \$2 billion in assets and issued \$150 allocations at the end of the year, the Pension Fund remains strong, funded at 92.1% with \$2.5 billion in assets, and the Welfare Fund saw the restoration of dental and vision benefits, as well as a 50% reduction in monthly premiums for retirees.

As we begin 2015, the Trustees continue to work hard in evaluating the Funds and ensuring they provide sustainable benefits for eligible participants, retirees, and their beneficiaries. At the Fund Office, we continue to work, learn and grow, and strive to provide the best possible service to you, the plan participants.

Regulatory changes have continued to impact the Benefit Fund Office in late 2014 and as we enter 2015. One provision of the Affordable Care Act requires that the Welfare Fund report to the government the names and social security numbers of every member, spouse, and dependent with healthcare coverage under the plan. We were required to begin tracking that information on January 1, 2015 and then we must supply it to the Internal Revenue Service in early 2016. This is one way the government will confirm whether or not our participants have health coverage for tax purposes. There is an article entitled "ACA Updates: Social Security Numbers Collection and Excise (Cadillac) Tax" in this issue with more information.

More recently, you may have heard about Congress passing the Multiemployer Pension Reform Act, or MEPRA. This Act continues many of the provisions and remedial approaches established in the Pension Protection Act of 2006 and also includes additional remediation for deeply troubled plans. The good news is the NYCDCC Pension Fund is NOT a deeply troubled plan. At the most recent certification by the Funds' Actuary, it has been certified in the "Green Zone," funded at 92.1%.

As we continue to look for ways to improve communications about your benefits, there are a number of important articles in this edition of the **Benefits Toolbox**. In particular, "Out of Network Doctors and the ER ... What you need to know," is one. If there is one article I most want you to read in this edition, please take the time to read this very important one. All too many of our participants have been caught in this situation and stuck with high dollar balance billing by out-of-network providers.

Also, if you haven't had a chance yet, check out the new and improved website for the Labor Technical College at <https://nyclabortechnicalcollege.org/>! This newly revamped site has a myriad of helpful information related to apprentice and journey-level training.

And finally, there is a new annual feature to the **Benefits Toolbox**, the Welfare Fund Reserve Level. In order for all participants to know the reserve level of the Welfare Fund, this number, prepared by the Fund Actuary, will be reported annually. Please be sure to read this important article.

In 2015, the Benefit Fund Office will continue to keep you informed of issues related to your benefits through the **Benefits Toolbox**, our website, our Facebook page, additional mailings, and in the fall at the Health Fair, held in conjunction with the District Council's Charity Softball Event.

As we move into the New Year, I want to wish everyone all the best for a prosperous, fun, and safe 2015. Enjoy!

Sincerely,

Ryk Tierney

Executive Director
NYCDCC Benefit Funds

The NYCDCC Benefit Funds is on the Web!



- Breaking News
- Benefits Information & FAQs
- Electronic SPDs & SMMs
- Preventive Care & Wellness Section
- Benefits Video Library
- *Benefits Toolbox* Newsletter
- Member Portal & User Guide
- Important Contact Information
- And Much More!

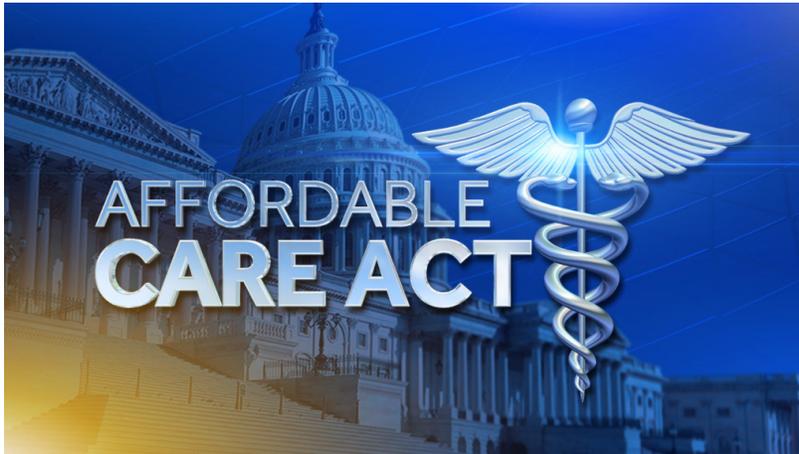
Stay informed about your benefits...
Check us out at www.nycdbf.org!

Please Scan
with Smartphone



ACA Updates:

Social Security Numbers Collection and Excise (Cadillac) Tax



As you know, the implementation of the Affordable Care Act (ACA) has had a significant effect on health care in the United States over the last several years. The new regulations have been far-reaching, with individual, group, and multi-employer plans alike all undergoing changes to conform to the law. However, rather than look back at what has already occurred, let's take a glimpse at what's currently happening and what's on the horizon in the future concerning the ACA. More specifically, we're referring to our recent attempts to collect covered dependents' Social Security numbers to comply with the reporting requirements of the ACA.

Over the past two months, some of you may have received a mailing from the Benefit Funds requesting that you provide Social Security numbers of your covered dependents that we don't have on file. The reason for this request concerns the ACA's "individual mandate" rule. In its simplest terms, the "individual mandate" requires that most individuals participate in a health plan that provides them minimum essential coverage. As of January 2014, individuals are subject to a fine if they do not have

such health coverage. Because of this requirement, multi-employer plans (such as the NYCDCC Welfare Fund) are required to provide certain information to the IRS, including Social Security numbers of all plan participants so that there is proof of these taxpayers having coverage. The Fund is subject to significant fines if it does not comply with these reporting requirements. In the absence of Social Security numbers, the IRS will contact individuals directly to verify coverage. We

urge you to send us your covered dependents' Social Security numbers if you received a mailing and haven't already done so.

Additionally, the upcoming Excise (Cadillac) tax requirement of the ACA is scheduled to become effective in 2018. The Excise tax is a 40 percent tax that will be imposed on the value of health insurance benefits exceeding a certain defined threshold. What does this mean for you? The good news is that the Fund Office does not expect our Plan to exceed these defined values in 2018. The Trustees monitor this, with reports from their consultant, on a regular basis. Therefore, we do not expect to pay any such Excise Tax. However, even if the Fund did have to pay the tax, it would be paid directly by the Fund, not by the plan participants! We repeat, any related Excise Tax would be paid by the Fund, **NOT BY THE PLAN PARTICIPANTS (YOU)**. Of course, if the Fund does have to pay these taxes, it will reduce the amount of money available to maintain your level of coverage. Ultimately, although this tax is still a way off, we wanted to explain it to you and let you know that the Fund does not anticipate exceeding the thresholds at this point in time.

We hope this article helps you understand why certain actions are being taken concerning your health coverage. If you have specific questions about your coverage, you can contact our Member Services Department at (800) 529-FUND (3863) or (212) 366-7373.

OUT-OF-NETWORK DOCTORS AND THE ER...

WHAT YOU NEED TO KNOW

During an emergency situation, you may not be thinking about whether or not the hospital and/or your treating physician are participating providers. In some cases, you may not have the option to select a participating provider due to the nature of the situation. Because of this, the Welfare Fund wants our participants to be as knowledgeable as possible concerning how the plan works in these types of situations and also provide you some helpful tips for how you can handle them.

Under your benefits plan, when you get Emergency Room (ER) services from Out-of-Network providers (providers **NOT** in Empire's network), Empire pays what is called the "Maximum Allowed Amount," less your ER copay amount. All ER visits are subject to a \$200 copay if you are **NOT** admitted to the hospital. ER claims from Out-of-Network providers are processed at the Out-of-Network



rate and are paid at the Maximum Allowed Amount. There may be a difference between what the Out-of-Network provider charged and what Empire paid at the Maximum Allowed Amount. In this case, the provider can "balance bill" you. This means that you are being charged the difference between the Maximum Allowed Amount and the provider's actual charge. Because of this, we always strongly recommend and encourage you to use In-Network providers whenever possible.

Please note that certain services like anesthesiology, pathology, or radiology may be provided by Out-of-Network providers despite the fact

that your treating physician is an In-Network provider. Those providers may bill you separately. That's why it's important to ask if a provider is In-Network whenever possible. If your condition permits you to check in advance, find an ER or doctor in Empire's network by going to **www.empireblue.com**, logging in as a member, and clicking on "Find a Doctor."

If you're not sure you need an ER, one of Empire's nurses may be able to help you decide. Remember, sometimes an Urgent Care Center may be more appropriate than the ER. If possible, call the 24/7 NurseLine at (877) 825-5276 to ask for advice.

Here are more hints and tips concerning ER visits:

- Find out if the ER doctor is participating in Empire's network.
- If s/he is not a participating provider, you can request that one be provided.
- If a participating provider cannot be provided, you can request to speak with the doctor to explain the situation and see if s/he will accept the Out-of-Network rate (OON) as payment in full. Ideally you will want to get the provider's commitment to accept the OON rate as payment in full in writing. However, do not delay treatment or life-saving procedure to do so.
- If it is a true emergency, a participating provider cannot be found, and treatment cannot be delayed, then that OON doctor may be paid at the In-Network (INN) rate; however, as explained above, you may still be subject to balance billing.
- Emergency care is covered in the hospital ER. To be covered as emergency care, the condition must be a medical or behavioral condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson (non-professional), who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in:
 - Placing the health of the person afflicted with such

condition (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy, or in the case of a behavioral condition, placing the health of such person or others in serious jeopardy;

- Serious impairment to such person's bodily functions;
- Serious dysfunction of any bodily organ or part of such person; or

– Serious disfigurement of such person.

- The In-Network rate is paid at 90/10. This means the Fund pays 90% and you are responsible for 10%.
- The Out-of-Network rate is paid at 70/30. This means the Fund pays 70% and you are responsible for 30%.

For more information, you can visit www.empireblue.com, or call Empire directly at (800) 553-9603.

When it Comes to Your Health... Act, Don't Overreact



The NYCDCC Benefit Funds has an important health care tip for you that potentially can save you both time and money. When you find yourself facing a health problem, remember that Emergency Rooms use the

word "emergency" for a reason... You should only go there if you feel that your life is in immediate danger or you have no other options. This is particularly important now, considering Emergency Room costs across the country have risen because patients have made a habit of using hospitals just as they would a normal doctor. To offset rising costs, the NYCDCC Welfare Plan requires Emergency Room visits to have a \$200 co-payment if you are not admitted... That's a significant amount to spend on a non-emergency! However, if you go to an (in-network) Urgent Care Center, your co-payment is only \$20. Who wants to waste time and money at an Emergency Room if you don't have to?

Unnecessary Emergency Room visits are costly to both plan participants and the Welfare Fund. When it comes to your health... Act, don't overreact! Use Urgent Care Centers or your Primary Care Physician for non-life threatening situations.

For more information, you can visit www.empireblue.com or call (800) 553-9603.

How to Properly Report a Change of Address to the Benefit Funds



If you are planning to move, or have just completed a move, it is extremely important that you report your new address to the NYCDCC Benefit Funds right away. Without a correct address, we cannot send you benefits updates and information, or vital financial pieces such as vacation and pension checks. This is why we are asking you to please note the following:

According to the guidelines of the New York City District Council of Carpenters Benefit Funds, all address changes must either be done in person at the Fund Office with a valid photo ID, or by returning an original notarized "Change of Address" form by mail. **Faxed "Change of Address" forms are not acceptable.**

"Change of Address" forms can be found on the Benefit Funds' website at www.nyccbf.org in the "Member Documents" section, or you may contact the Fund Office to have a form mailed to you.

Further questions concerning a change of address can be answered by calling the Member Services Department at (800) 529-FUND (3863) or (212) 366-7373.

COST SAVINGS, INVESTMENT GAINS RESULT IN EXTRA MONEY FOR PARTICIPANTS' ANNUITY ACCOUNTS

Great news! The Board of Trustees of the New York City District Council of Carpenters Annuity Plan was pleased to recently announce that a disbursement of assets from the Plan's administrative account was added to its participants' accounts. Thanks to cost savings and investment gains, the administrative account of the Annuity Plan had grown to the point that excess funds were able to be reallocated to participants.

On or about **December 22, 2014, \$150.00** was added to participants' Annuity Plan accounts and was invested in the same manner as participants currently have their contributions set up. If there were no contribution instructions on file, the disbursement was then placed in the NYC Carpenters Default Balanced 65/35 Fund.

Eligible participants should have also received a mailing from Prudential notifying them of this good news as well. Remember, if you wish to make changes to your Annuity Plan investment options, you may do so at any time by going to www.prudential.com/online/retirement or calling **1-877-PRU-2100** (1-877-778-2100).

NYCDCC Pension Plan Updates and Reminders

The following bulleted list is intended to provide you with updated information concerning the New York City District Council of Carpenters Pension Plan (the “Plan”), including some reminders about the benefits available to you under the Plan. Please keep this information in mind when viewing the Summary Plan Description (“SPD”) that was previously provided to you.

- **The Current Members of the Board of Trustees are as follows:**

- **Union Trustees**

- Joseph Geiger
Co-Chair
 - Paul Capurso
 - Michael Cavanaugh
 - Stephen McInnis
 - John Sheehy
 - Paul Tyznar

- **Employer Trustees**

- David Meberg
Co-Chair
 - Catherine Condon
 - John DeLollis
 - Paul O’Brien
 - Kevin O’Callaghan
 - Michael Salgo

All Trustees can be reached at:

New York City District Council of Carpenters Pension Fund
395 Hudson Street
New York, NY 10014

- **Forms of Pension Payment:**

Please keep in mind that the Plan provides a number of optional forms of payment depending on whether you are married or single. If you are married and satisfy the eligibility requirements for a pension, and regardless of the number of Vesting Credits you have (as long as you have at least 5 Vesting Credits) and regardless of whether you are receiving a Regular Pension, Disability Pension or Pro-Rata Pension, you can receive your pension as a 75% Participant and Spouse Pension, a 50% Participant and Spouse Pension, a Single Life Pension (subject to spousal consent), and the Social Security Level Income Option. If you are single, you can receive your pension as a Single Life Pension and you may also elect the Social Security Level Income Option.

For more information about these different options, please refer to the SPD which is available at <https://nyccbf.com/wp-content/uploads/2014/01/Pension-SPD.pdf>. In addition, you will be provided with detailed information about your options when you apply for a pension.

- **Same Sex Marriages:** For purposes of the Plan, in the event of a same sex marriage, you are considered legally married to your spouse if you were lawfully married in a state or other foreign or domestic jurisdiction whose laws authorize the marriage of two individuals of the same sex, even if you now live in a jurisdiction that does not recognize same sex marriages. This is referred to as the “place of celebration” rule. As long as a same sex marriage satisfies the place of celebration rule, you will be treated as a married participant for all purposes under the Plan.

- **Age 55 & 15 Vesting Credits-Necessity for a Pension**

Application: As you know, if you have reached age 55 and have at least 15 Vesting Credits, two or more of which were earned after 1970, you are entitled to a Regular Pension if your employment ends **and** you file an application with the Pension Fund to receive a pension. If you satisfy the age and credit requirements to receive a pension at age 55 or later, please be sure to file an application as soon as possible. Your pension will **not** increase and you will **not** be eligible for

any increases or retroactive pension payments if you fail to file an application between the ages of 55 and 65. Again, it is in your financial interest to file an application as soon as possible if you satisfy the above requirements and are not working so that you do not miss any payments because the Plan does not pay any retroactive payments or actuarial increases for periods prior to you filing an application. To obtain a pension application, please contact the Fund Office. After age 65, and if you are not working, you will be entitled to an actuarial increase or a lump sum payment but only for payments deferred after age 65 and not for any payments deferred between ages 55 and 65. Please refer to the “Deferred Retirement” section of the SPD for additional information.

- **Automatic Deductions of Monthly Retiree Premiums from Pension Payments:**

Don’t forget, if you are receiving medical coverage through the NYCDCC Welfare Fund, **you can have your premiums automatically deducted from your monthly pension payment.** To receive an authorization form, please contact our Member Services Department at **800-529-FUND (3863) or 212-366-7373.**

If you have any questions, please contact the Member Services Department at 800-529-FUND (3863) or 212-366-7373.



Introducing Accredo, Express Scripts' Specialty Pharmacy

Here at the NYCDCC Benefit Funds, we understand that taking a specialty medication and managing a complex health condition can be stressful. Fortunately, your Pharmacy Benefit Manager, Express Scripts, understands this too. This is why, through Accredo, its specialty pharmacy, Express Scripts offers you the individual care and attention you need from specialist pharmacists and nurses who understand your specific health issues.

Accredo provides specialty pharmacy services tailored to each individual patient through condition-specific Therapeutic Resource Centers, which represent the top drug/disease categories managed by Accredo. Through these Centers, Accredo provides specialized support to help close gaps in care, reduce unnecessary costs, and optimize patient outcomes. Accredo also promotes the safe and effective use of specialty drugs, and provides patients with training, education, and clinical support, among many other important features.

Additionally, Accredo offers adherence-focused Specialty Care Management programs that provide disease-specific clinical support and interventions at no additional cost. An example is the expert clinical support afforded to all Hepatitis C patients, which is especially important given the new, "game-changing," expensive medications that are now on the market. Accredo even has an app specific to managing



Hepatitis C, which affected patients can download for their smartphones. (You can download Accredo Plus C from the iTunes App Store or visit www.accredoplus.com to view screenshots and learn more about the app.)

Specialty Care Management

To encourage adherence (properly taking medications), Accredo's Specialty Care Management programs empower patients, strengthen the patient's relationship with his/her physician, and support the plan of care for complex treatment regimens.

In Accredo's personalized model, highly trained clinicians evaluate each new patient based on the disease state, educate the patient about the drug(s) prescribed, and detail any potential side effects of drug therapy. At the initial assessment, educational needs and potential risk factors for non-adherence are discussed with the patient. The clinician also determines appropriate times for follow-up assessments to evaluate the plan.

Through routine assessments, the clinical team identifies patients who may be experiencing

physical or psychosocial problems. If any problems are identified, the clinical team provides targeted patients with therapy support and proactively communicates with physicians to help them manage these cases.

Overall, Accredo provides patients with proactive, personalized patient care to improve adherence to prescribed therapy, optimize health outcomes, and reduce unnecessary drug and medical costs (such as emergency room visits).

Programs

Accredo's suite of Specialty Care Management programs include:

- Asthma
- Cancer
- Cystic Fibrosis
- Growth Hormone Deficiency
- Hemophilia and Von Willebrand Disease
- Hepatitis C
- Human Immunodeficiency Virus (HIV)
- Immune Disorders
- Multiple Sclerosis
- Pulmonary Arterial Hypertension
- Respiratory Syncytial Virus Prevention
- Rheumatoid Arthritis, Psoriasis, Crohn's Disease
- Transplant

To learn more about Accredo, you can visit www.accredo.com, or call (888) 608-9010. You can also still order and refill prescriptions at www.express-scripts.com.



EXPRESS SCRIPTS®

Express Scripts Changes Formulary for 2015

Beginning January 1, 2015, your "Formulary," which is a list of preferred vs. non-preferred prescription drugs, was changed by Express Scripts. Additionally, beginning April 1, 2015, certain medications will also be completely removed from the Formulary. Any medications that are removed from the Formulary will no longer be covered. As a result, if you want to continue to use these medications, you will be required to pay the full retail price of the prescription if you refill it after April 1. ***However, there is an appeal process- (See below for more details).**

You should note that these changes are being made by Express Scripts with your best interests, as well as those of the Plan, in mind. Each year, Express Scripts seeks out the best medications available and negotiates for the least expensive prices possible. This is why the Formulary often changes year to year. Remember, Formulary changes are **NOT** a change in benefits. You will still be covered under the same prescription rules and co-pays. The only changes that are taking place involve the types of medications that are covered or not covered under the Formulary.

Those of you who were directly affected by these Formulary changes should have already received notification directly from Express Scripts revealing the specific details of these changes and alerting you of your alternative options. For others who were either not affected by these changes, or would simply like to view the list, you can do so by visiting www.express-scripts.com.

*If you have medical proof that you must take a certain prescription drug that is either not covered under the new formulary, or moved to non-preferred status, you do have a right to appeal to Express Scripts. To begin your appeal process, please contact Express Scripts directly by calling the phone number listed on your ID card.

Understanding Important Welfare Coverage Terms



When using your NYCDCC Welfare Fund coverage, it is important to understand the terms that are used in your Summary Plan Description (SPD) and your Explanation of Benefits (EOBs). Three terms that you will often see when using your coverage are “Co-payment,” “Co-insurance,” and “Deductible.” In this article, we are going to define these terms for you and outline how they are related to your coverage.

A “Co-payment” is the fee you pay for office visits and certain covered services when you use network providers. It is a fixed amount, which

you usually pay at the time you receive the service. For the NYCDCC Welfare Fund, your co-payments are \$20 for Primary Care Physicians, \$25 for Specialists, and \$200 for Emergency Room visits (waived if admitted).

“Co-insurance” is your share (a calculated percentage) of the costs of a covered health care service. Many times, your co-insurance will kick in after you pay your deductible. For the NYCDCC Welfare Fund, your co-insurance

is 10% for In-Network usage, and 30% for Out-of-Network usage.

Finally, a “Deductible” is the dollar amount you must pay each calendar year before your plan pays benefits for covered services. In other words, it is the amount you owe for health care services before your coverage takes effect. For the NYCDCC Welfare Fund, your In-Network deductible is \$400/person and \$1000/family, while your Out-of-Network deductible is \$750/person and \$1875/family.

To learn more about these terms and your plan’s coverage, you can refer to your SPD, or call our Member Services Department at (800) 529-FUND (3863).



The NYCDCC Benefit Funds is on Facebook!

Breaking News ■ Tips for Using Health & Prescription Drug Coverage ■ Wellness Tips
Retirement Articles & Advice ■ A More Personal Connection ■ And Much More!



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www.facebook.com/NYCDCCBF

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NYCDCC Welfare Fund Reserve Level

In the July 2014 edition of Benefits Toolbox, we announced the restoration of your dental benefits, as well as a reduction to retiree premiums. More recently, we announced the restoration of vision benefits. As previously reported, the continuation of these benefits is contingent upon the Welfare Fund's "Reserve Level" remaining above seven (7) months. By "Reserve Level," we mean the amount set aside to preserve the financial solvency of the Welfare Fund during poor economic times. More specifically, the term "Reserve" refers to the level of net assets at year-end compared to the following year's projected operating expenses.

When we made mention of this "Reserve Level" in July, we noted that we would keep you informed of the number on an annual basis. Here is your first report:

Based on unaudited financial information as of June 30, 2014,
the NYCDCC Welfare Fund Reserve Level was estimated at

13.7 MONTHS

We will continue to give updates on the NYCDCC Welfare Fund Reserve Level on an annual basis, or sooner if necessary.

Tool Time

Notes and Reminders

Pension Withholdings

Please keep in mind that you may change your current withholding options regarding your monthly benefits from the NYCDCC Pension Plan. If you would like to change your withholding options, please go to the Benefit Funds' website at www.nycCBF.org, download the W-4P form, and submit it to the Fund Office. You may also submit a signed letter indicating your filing status, or specific amount you wish to have withheld.

If you have any questions, please contact the NYCDCC Benefit Funds at (212) 366-7373 or (800) 529-FUND (3863).

Compliance & Ethics Program

Report Misconduct, Fraud, Waste, or Abuse

The New York City District Council of Carpenters Benefit Funds strives to maintain the highest standards of ethics

and conduct in all aspects of our operations. Because of this, the Board of Trustees has adopted and implemented a Compliance and Ethics Program (CEP). The CEP explains the Benefit Funds' policies for how we conduct our business and sets forth standards for everybody who works at the Funds.

Reporting

If you are unsure of whether an action is permitted by applicable law or the Benefit Funds' policies, you should contact the Chief Compliance Officer. All of us are responsible for preventing violations of law and for speaking up if we are aware of or have concerns about inappropriate conduct.

All Benefit Funds members or employees can report any matter that may constitute a breach of applicable laws, rules, regulations or Benefit Funds' policies to Julie Block, the Benefit Funds Chief Compliance

Officer. Reporters can provide their name or remain anonymous. All information will be considered confidential. The Chief Compliance Officer can be contacted via:

Mail:

Julie Block, Chief Compliance Officer
New York City District Council of
Carpenters Benefit Funds
395 Hudson Street, 9th Floor
New York, New York 10014

Work Phone: (212) 366-7533

Confidential Hotline: (646) 484-1665

Email:

jblock@nycCBF.org
Julie@muellerblock.com
complianceandethics@nycCBF.org

Website:

Visit www.nycCBF.org and click on the "Report a Compliance Issue" link located at the bottom of the screen.



NYC District Council of Carpenters Benefit Funds
395 Hudson Street
New York, NY 10014



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New York City District Council of Carpenters Benefit Funds

Contact Information

New York City District Council of Carpenters Benefit Funds
395 Hudson Street, 9th Floor
New York, NY 10014

Member Services Call Center: (800) 529-FUND (3863) or (212) 366-7373

www.nyccbf.org
www.facebook.com/NYCDCCBF

*The information in this newsletter is intended to highlight certain information about your benefits and to provide other information about the Benefit Funds. *Benefits Toolbox* is not a substitute for the official Plan documents which set forth all of the requirements and conditions for benefits. In the event of any inconsistency between *Benefits Toolbox* and the Plan documents, the Plan documents control.