Warehouse Employees Union Local No. 730
Health & Welfare Trust Fund

911 Ridgebrook Road
Sparks, Maryland 21152-9451
Telephone: (800) 730-2241
www.associated-admin.com

8400 Corporate Drive, Suite 430
Landover, Maryland 20785-2361
Telephone: (800) 730-2241
www.associated-admin.com

Agenda

March 3, 2023
(At approximately 11:00 AM)

I. Call to Order

II. Trustee Resignation and Appointment

III. Minutes, Regular Meeting –December 2, 2022

IV. Financial Report – Investment Performance Services

V. Co- Counsel Report

VI. Administrative Manager Report

VII. Invoices

VIII. Participant Appeal

IX. Other Fund Business

X. Next Meeting Date and Location

XI. Adjournment

TATA CONSUMER PRODUCTS

Letter of Resignation

January 24, 2023

Board of Trustees of the
Warehouse Employees Union Local No. 730
& Contributing Companies' Prepaid
Legal Services Fund

Board of Trustees of the
Warehouse Employees Union Local No. 730
Pension Trust Fund

Board of Trustees of the
Warehouse Employees Union Local No. 730
Health and Welfare Trust Fund

Dear All,

This letter is to inform you that I, Hanna Sebhat, have resigned from my position with Tata Consumer Products US and subsequently resigning as a Trustee representing Eight O'Clock Coffee. Please accept this letter of resignation effective February 3rd, 2023. It has been a pleasure working with you all and wish you all the best.

Sincerely,

Hanna Sebhat

Hanna Sebhat

Via Electronic Mail

February 6, 2023

Ms. Alicia Cochran
Associated Administrators, LLC
911 Ridgebrook Road
Sparks, Maryland 22102

Re: Trustee Representing Eight O'Clock Coffee Company

Dear Alicia,

Effective February 6, 2023, the Eight O'Clock Coffee Company wishes to induct Mohamed Kamara as a Trustee in lieu of Hanna Sebhat for the following 3 funds:

1. Prepaid Legal
2. Health & Welfare
3. Pension

The full contact information for Mohamed Kamara is as flows:

Mohamed Kamara
3300 Pennsy Drive
Landover, Maryland 20785
E-mail: Mohamed.kamara@tataconsumer.com

Should you require any additional information, please feel free to reach out to me.

DocuSigned by:
Susan Dondero
CEDD40F3EFDF466...

Susan Dondero
Vice President of Finance
E-mail: Susan.dondero@tataconsumer.com

WAREHOUSE EMPLOYEES UNION

LOCAL NO. 730

AFFILIATED WITH INTERNATIONAL BROTHERHOOD OF TEAMSTERS,
JOINT COUNCIL NO. 55, NATIONAL WAREHOUSE DIVISION
2001 RHODE ISLAND AVENUE, N.E., WASHINGTON, D.C. 20018
PHONE (202) 529-3434 • 1-800-368-2443 • FAX: (202) 529-0389
THE METROPOLITAN AREA OF WASHINTON DC AND VICINITY

RITCHIE BROOKS
PRESIDENT

TYRONE RICHARDSON
VICE PRESIDENT

FRANKLIN MYERS
SECRETARY-TREASURER

JASON LACY
RECORDING SECRETARY

TRUSTEES

EDWARD FLOYD
JOSEPH VENABLE
LARRY HUDSON

February 7, 2023

VIA ELECTRONIC MAIL

Alicia Cochran
Associated Administrators. LLC
911 Ridgebrook Rd.
Sparks, MD 21152
aliciac@associated-admin.com

Dear Ms. Cochran:

As you know, the International Brotherhood of Teamsters recently placed Teamsters Local Union 730 into emergency trusteeship and appointed me to serve as Trustee to administer the affairs of the Local Union while in trusteeship. In addition, we are moving forward with the merger of Local 730 into Teamsters Local 639. As part of this process, I am removing the following individuals as Trustees of the Local 730 Pension, Health and Legal Funds:

Local 730 Pension Trust Fund
1. Tyrone Richardson
2. Jason Lacy

Local 730 Health and Welfare Trust Fund
1. Tyrone Richardson
2. Jason Lacy

Local 730 Prepaid Legal Services Fund
1. Tyrone Richardson
2. Larry Hudson
3. Joe Venable
4. Ritchie Brooks

Ritchie Brooks and Frank Myers will remain as Trustees on the Pension and Health Funds.

In consultation with Local 639 and in the exercise of my authority under the Constitution of the International Brotherhood of Teamsters, I am appointing the following individuals to serve on the noted Board of Trustees:

Local 730 Pension Trust Fund
1. William Davis

Local 730 Health and Welfare Trust Fund
1. William Davis

Local 730 Prepaid Legal Services Fund
1. Frank Myers
2. Scott Clark
3. Wayne Settles

Accordingly, the new Trustees of the Local 730 Pension, Health and Legal Services Funds are as follows:

Local 730 Pension Trust Fund
1. Ritchie Brooks
2 Frank Myers
3. William Davis

Local 730 Health and Welfare Trust Fund
1. Ritchie Brooks
2. Frank Myers
3. William Davis

Local 730 Prepaid Legal Services Fund
1. Frank Myers
2. Scott Clark
3. Wayne Settles

These appointments are effective immediately. Please include the newly appointed Trustees on all future correspondence involving their respective Funds. Messrs. Davis, Clark, Myers and Settles can be reached at the offices of Local 639. Please let me know if you need that contact information. In addition, please supplement any fiduciary and other policies covering the Trustees to reflect these appointments and notify all appropriate individuals of the new appointments.

Should you have any questions, please do not hesitate to contact me. Thank you for your cooperation.

Sincerely,

John Murphy

IBT APPOINTED TRUSTEE OF Local 730

cc: Local 639

Warehouse Employees Union Local No. 730
Health and Welfare Trust Fund

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DRAFT

MINUTES OF THE MEETING OF THE BOARD OF TRUSTEES OF THE WAREHOUSE EMPLOYEES UNION LOCAL NO. 730 HEALTH AND WELFARE TRUST FUND DECEMBER 2, 2022 VIA TELECONFERENCE

The following Trustees were present:

UNION TRUSTEES
T. Richardson- Chairman
J. Lacy

EMPLOYER TRUSTEES
J. Paradis – Secretary
H. Sebhat
F. Stegman

Also present were:

A. Cochran – Associated Administrators, LLC
M. DeLancey – Blank Rome LLP
R. Grant – Associated Administrators, LLC
J. Kimble – Morgan, Lewis & Bockius, LLP
R. Sichel – Investment Performance Services, LLC
J. Timm – The Segal Company
M. Vallario – NFP

I. CALL TO ORDER

A quorum being present, the meeting was called to order.

II. MINUTES

The Trustees reviewed the minutes of the last regular meeting held September 23, 2022.

On MOTION made and seconded, the Trustees voted unanimous approval of the following resolution:

RESOLVED that the minutes of the last regular meeting held on September 23, 2022 are approved as presented.

III. FINANCIAL REPORT

A. Custodian Bank – PNC Bank, NA

Ms. Cochran noted a copy of the PNC Summary of Activity report for the period July 1, 2022 through September 30, 2022 was included in the meeting booklet.

B. Investment Performance Services, LLC ("IPS")

The Trustees welcomed Mr. Rich Sichel of IPS to the meeting.

Mr. Sichel distributed his report titled, "Master Consulting Services Report – September 30, 2022." Mr. Sichel reported that the total market value of assets as of September 30, 2022 was $18,090,725.

C. Quarterly Performance Report

Mr. Sichel reported that as of September 30, 2022, the Fund held 33.0% in Investment Grade Fixed Income, 38.5% in Short Duration High Yield, 9.3% in Real Estate – Core, 2.7% in Real Estate – Value Add, and 16.5% in cash equivalents. He noted Wedge Capital held 5,968,127, Chartwell Investment held $6,959,036, ARA Core Property Fund L.P. held $1,691,329, Boyd Watterson held $496,187, and there was $2,976,046 in the cash account.

D. Asset Allocation

Mr. Sichel noted that the cash allocation is within the targeted policy range. However, since the allocation is on the high end of the range and because there are no immediate needs for extra cash, he recommended the Trustees reallocate money from the cash account as follows: 1) $500,000 from the cash account to Chartwell Investment (Short Duration High Yield) and 2) $600,000 from the cash account to Wedge Capital Management (Investment Grade Fixed Income).

On MOTION made and seconded, the Trustees voted unanimous approval of the following resolution:

> **RESOLVED to follow IPS' recommendation to rebalance the assets by allocating funds as follows: 1) $500,000 from the cash account to Chartwell Investment, 2) $600,000 from the cash account to Wedge Capital Management.**

The Trustees thanked Mr. Sichel for his report and he was excused from the meeting.

IV. COUNSEL REPORT

A. Subrogation Report

Mr. DeLancey reviewed the status of subrogation matters as of December 2, 2022. He stated that there are no cases requiring Trustee action at this time.

B. Green Light Cost Management LLC ("Green Light") Contract – Machine Readable Files

Mr. Kimble reported that the Letter of Agreement and contract between Green Light and the Fund for services related to Machine Readable Files was complete and the contract executed.

C. Cybersecurity Policy Request for Proposal ("RFP")

Mr. DeLancey reviewed the status of the Request for Proposal regarding the cybersecurity guidance for benefit plans issued by the Department of Labor ("DOL"). He noted that there are a broad range of services and proposed quotes from $8,000 to $100,000. Mr. DeLancey said Co-Counsel is reviewing the proposals and will wait for additional vendor responses before presenting a summary to the Trustees.

D. Mental Health Parity and Addiction Equity Act ("MHPAEA")

Mr. Kimble reported that Segal provided a draft MHPAEA report and it is currently under review.

V. ADMINISTRATIVE MANAGER'S REPORT

Ms. Cochran presented the Administrative Manager's Report for the third quarter 2022. The report showed contributions of $1,717,626, interest and dividend income of $144,319, self-payments of $1,823, and miscellaneous income of $105, producing a total income of $1,869,678 for the quarter. Expenses included $635,539 of benefit expenses and $128,712 of operating expenses, producing a total expense of $764,251. This produced a total surplus of $1,105,427 for the quarter ended September 30, 2022. Ms. Cochran noted that contributions were made on behalf of 344 Plan participants.

VI. INVOICES

Ms. Cochran presented a list of invoices dated December 2, 2022 for the Trustees' review. It was noted that there were no additions, deletions, or changes to the list.

On MOTION made and seconded, the Trustees voted unanimous approval of the following resolution:

RESOLVED that the invoices on the list dated December 2, 2022 are approved for payment as presented.

VII. PROVIDER REPORT – Segal

The Trustees welcomed Mr. Josh Timm from Segal Consulting to the meeting.

Mr. Timm reported that Segal obtained pricing for the Price Comparison Tool from Green Light. He stated that Green Light has an implementation fee of $1,000 and a fee of $500 per month. He stated that Segal recommends the Trustees engage Green Light as the vendor for the Price Comparison Tool. Ms. Cochran noted that Green Light provided a sample contract which was provided to Fund Counsel for review.

On MOTION made and seconded, the Trustees voted unanimous approval of the following resolution:

RESOLVED to approve engaging Green Light effective January 1, 2023 to provide services related to the Price Comparison Tool with an implementation fee of $1,000 and a $500 fee per month.

Ms. Cochran discussed the Prescription Drug and Health Care Spending Report, which is effective December 27, 2022 for reporting years 2020 and 2021. She said that Cigna confirmed they will prepare and submit pharmacy data and Associated will prepare and submit the medical data on behalf of the Fund.

The Trustees thanked Mr. Timm for his report and he was excused from the meeting.

VIII. PROVIDER REPORT – NFP (Meltzer Group)

The Trustees welcomed Mr. Matt Vallario of NFP to the meeting. He distributed his report titled "Warehouse Employees Union Local 730 – 2023 Stop Loss Renewal."

A. Stop Loss Renewal

Mr. Vallario noted that the current stop loss policy will expire December 31, 2022. He stated that Ullico, the incumbent carrier, proposed a 5% increase, while the current stop loss trend renewal is running at an 18-20% increase in premium. He said the following carriers declined to provide quotes: Berkshire, HM Life, Sun Life, Swiss Re, Symetra, and Voya.

Mr. Vallario reviewed the proposals submitted by Tokio Marine and Ullico. He noted that Ullico provided two proposals, one with a contract basis of 12/15 and another option with 12/18. He noted for approximately $5,000, the Fund would have an opportunity to submit claims for an additional three month period. Mr. Vallario stated the current policy is on a 12/15 contract basis. He recommended the Trustees renew the policy with Ullico, Option 2, with a $500,000 specific level of coverage, a $50,000 aggregating deductible, and an annual premium of $157,871.

After a discussion, on MOTION made and seconded, the Trustees voted unanimous approval of the following resolution:

RESOLVED to approve the recommendation of NFP and accept the proposed Option 2 stop loss renewal with Ullico for the period January 1, 2023 through December 31, 2023.

The Trustees thanked Mr. Vallario for his report and he was excused from the meeting.

IX. OTHER FUND BUSINESS

A. Cigna PPO Savings Report

The Trustees reviewed a copy of the CIGNA PPO Savings Report for the period January 1, 2022 through September 30, 2022.

B. Notice of Creditable Coverage

Ms. Cochran reported the Notice of Creditable Coverage was mailed to Plan participants on October 3, 2022.

C. Women's Health and Cancer Rights Act ("WHCRA")

Ms. Cochran reported the WHCRA notice was mailed to participants on October 3, 2022.

D. 2023 COBRA Rates

Ms. Cochran reported that Fund Counsel reviewed the 2023 COBRA rates. She said a copy of the updated rates is contained in the meeting booklet for Trustee review.

On MOTION made and seconded, the Trustees voted unanimous approval of the following resolution:

RESOLVED to approve the 2023 COBRA rates as contained in the meeting booklet.

E. Autism/Speech Therapy – INTERIM ACTION

Ms. Cochran reported that between meetings the Trustees approved coverage, effective immediately, for speech therapy for dependents diagnosed with autism. She noted the Trustees approved 26 visits per calendar year. She also noted that the language in the SPD was updated to reflect the coverage.

F. Summary Plan Description ("SPD")

Ms. Cochran reported that the revised SPD was submitted to Doyle and is being reviewed for final formatting.

G. CignaRx Banking Arrangement

Ms. Cochran said that while reviewing Cigna's contract for pharmacy services, Associated became aware that Cigna was depositing price adjustments received after the claim was processed, into the JP Morgan bank account that was set up to fund pharmacy claims. She said this has resulted in an account balance of approximately $70,000. Ms. Cochran advised Cigna that Cigna needs to advise the Fund of any refunds. She said that Cigna only requires that the account maintain a balance of $18,000 to pay pharmacy claims. Ms. Cochran said that the balance of approximately $52,000 will be used to pay pharmacy claims.

H. Telehealth Office Visits

Ms. Cochran stated that the Trustees previously approved coverage for telehealth visits during the COVID-19 pandemic with the same co-pays and coinsurance applicable to office visits.

After a discussion, on MOTION made and seconded, the Trustees voted unanimous approval of the following resolution:

RESOLVED to extend coverage of telehealth office visits through December 31, 2023.

X. NEXT MEETING DATE AND LOCATION

After discussion, the Trustees selected March 3, 2023 as their next regular meeting date immediately following the companion Pension Fund meeting via teleconference.

XI. ADJOURNMENT

There being no further business to come before the Trustees, the meeting was adjourned.

Respectfully submitted,

Jason Paradis

Secretary

WAREHOUSE LOCAL 730 - HEALTH & WELFARE FUND
SUMMARY OF ACTIVITY
OCTOBER 01, 2022 to DECEMBER 31, 2022

	Cash Reserve	Cash in Transit *	Wedge Capital	Chartwell	American Core Realty	Boyd Watterson	TOTAL
Beginning Market Value	$2,549,989	$426,057	$5,968,127	$6,959,036	$1,691,329	$496,187	$18,090,725
Receipts	$1,688,266	$0	$158,764	$204,390	$0	$0	$2,051,421
Disbursements	$1,957,307	$97,145	$78,901	$23,845	$0	$0	$2,157,198
Inter-Account Transfers	$0	$75,000	$600,000	$500,000	$0	$100,000	$1,275,000
Earnings	$3,289	$0	$3,306	$8,472	$96,080	$7,150	$73,863
Ending Market Value	**$2,284,238**	**$403,912**	**$6,651,296**	**$7,648,054**	**$1,595,249**	**$603,337**	**$19,186,085**

WAREHOUSE EMPLOYEES UNION LOCAL 730 FUNDS - CYBERSECURITY RFP

Offeror	Modevity, LLC	StoneTurn Group	Segal	EisnerAmper	PKF O'Connor Davies
Address	100 East Gay Street West Chester, PA 19380	2099 Pennsylvania Ave NW, 6th Floor Washington, DC 20006	180 Howard Street, Suite 1100 San Francisco, CA 94105	One Logan Square 130 North 18th Street, Suite 3000 Philadelphia, PA 19103	2 Bethesda Metro Center Bethesda, MD 20814
Contact	Tom Canova Tomc@modevity.com 610-251-0700	Ray Manna rmanna@stoneturn.com 609-579-2598 Shay Colson	Michael Stoyanovich, CDPSE Vice President / Senior Consultant	Ray Soriano Director, EisnerAmper Digital raymond.soriano@eisneramper.com 786.866.3504	Thomas DeMayo Principal, Cybersecurity and Privacy Advisory 646-449-6353
Background	Est. in 2004. Provides technology and services in the areas of due diligence research, data privacy, cybersecurity, and compliance. Investigative due diligence research capabilities include - Vendor Risk Management as a Service, Investigative Due Diligence 'Deep Dive' Research, Background Investigations and Cybersecurity Assessment Services for ERISA Plan Sponsors. Management team has over 70 years of industry experience in Compliance and Risk Management, Due Diligence Research, Consulting and Technology.	Est. in 2004, StoneTurn serves clients from 15 global offices across five continents. StoneTurn is a proven problem solver for law firms and corporations. StoneTurn has experience providing value to nearly a third of the Fortune Global 500, and serve US federal, US state, local, and foreign government agencies.	Est. in 1939 and headquartered in New York, Segal's first services focused on consulting for group health insurance and soon after WWII, we began offering retirement plan consulting including actuarial services. Segal was asked to help set up the first multiemployer pension plan under the Taft-Hartley Act.	Est. in 2010 with the combination of Eisner LLP and Amper, Politziner & Mattia LLP. Each predecessor firm had been providing audit, tax and advisory services since the mid-1960s. Clients are in all industry sectors and leverage a complete menu of service offerings. Our combined entities include 300 partners and 3,000-plus employees.	PKF O'Connor Davies Cybersecurity and Privacy practice specializes in providing cybersecurity and privacy advisory services and solutions to businesses across all industries and sizes. From large financial institutions and multi-billion dollar private foundations, to small not-for-profits with few staff and IT resources.
Cybersecurity Experience	Modevity analysts are experts in due diligence and open-source research, Cybersecurity requirements and analysis and will be a seamless extension to your team. We utilize a variety of top of the pyramid data sources and tools including Thomson Reuters CLEAR, TransUnion TLO, Pacer, and Sayari for international data and many others including social media platforms.	StoneTurn subject matter experts have decades of experience in the cybersecurity, regulatory, compliance, business intelligence and dispute resolution space. Our team of cybersecurity experts have decades of experience implementing, assessing, and advising clients on the complex and evolving regulatory and cyber threat landscapes for all types of clients including financial institutions, manufacturers, governments, equity firms, and other industries. Our hands-on experience in breach response brings a unique perspective to our engagements that ensures our assessments are timely, effective, and meaningful, ensuring we meet your objectives. Our subject matter experts experience includes retired federal law enforcement, chief information security officers, chief technology officers, and hands on technical practitioners from various sectors including government, finance, healthcare, and technology.	Segal provides assessment services to help our clients comply with security rules under HIPAA. Segal also provides assessment services evaluating our clients' cybersecurity profile in comparison to the NIST Cybersecurity Framework. Additionally, we provide full DOL EBSA assessments. We can and do assess third party vendors' outside cybersecurity attestations (e.g., SOC 2) or certifications (e.g., HITRUST) or via direct questionnaire that we help our clients produce and score. Segal has performed over 600+ of various types of risk assessment projects for corporate, public sector and multiemployer plans around the country since 2005 (including HIPAA/HITECH, "cyber" and now "DOL" related). This specifically includes over 40 HIPAA assessments, over 40 NIST based "cyber" assessments and now, over 50 "DOL" assessments initiated in the past 12 months.	20 years of cybersecurity services. Have performed cybersecurity assessments on companies large and small. EisnerAmper Digital professionals are well-equipped to conduct cybersecurity due diligence on new service providers the Fund is evaluating and monitor existing plan service provider cybersecurity practices. Additionally, EisnerAmper has extensive experience providing Systems and Organizational Controls ("SOC") examination services to a wide range of service providers, including SOC2 exams and SOC for Cybersecurity. Our Assurance Technology and Controls professionals perform well over 100 exams annually using their technical training and have significant knowledge and experience in assessing control risk and auditing and remediating financial and information technology controls across many industries.	•Vendor Due Diligence and Management •Virtual Chief Information Security Officer (vCISO) •Cybersecurity Risk Assessments •Vulnerability Assessments and Scanning •Network and Web Application Penetration Testing •Social Engineering Campaigns •Security Awareness Training •Privacy Assessments •Incident Response Plan Development and Review •Forensic Data Acquisition and Analysis: Server/PC/Laptop/Cloud/Mobile Devices •NIST Information and Cybersecurity Framework Assessments •HIPAA Security Rule Compliance Reviews and Risk Assessments •General Data Protection Regulation (GDPR) Compliance Support •PCI-DSS Gap Analysis and Scope Reduction Assessments •SEC OCIE Cybersecurity Assessments •FFIEC Cybersecurity Assessment •NY DFS Cybersecurity Assessments and Compliance (23 NYCRR Part 500) •ISO 27001 Framework Assessments •Configuration Reviews •Policy and Procedure Development
References	Joseph Peiso, Heritage Insurance Vice President – Compliance 941.928.2065 jpeiso@heritagepci.com Third-Party Vendor Risk Management Program	Michael Schwartz Partner, Chair of White Collar & Government Investigations Practice Group Troutman Pepper Hamilton Sanders LLP Michael.Schwartz@troutman.com 215-981-4494	Suzanne Needham, MBA, CEBS Plan Director, UA Local 393 Benefit Funds 6150 Cottle Road San Jose, CA 95123 Office: 408.754.4828 suzanne@393plandirector.org	General Healthcare Resources Jeff Crater, CFO 610.834.1122 jcrater@ghresources.com	None provided.
	Lisa Bryant Partner, Patton Albertson & Miller 423-414-2100 lisa@pamwealth.com Third-Party Vendor Risk Management Program	Sharon Klein Partner, Chair of Privacy, Security & Data Protection Practice Blank Rome LLP Sharon.Klein@blankrome.com 949-812-6010	Mark J. Murphy, MSIR, AMP Executive Director UFCW Unions and Employers Benefits Administration, LLC 1740 Phoenix Parkway Atlanta, Ga. 30349 Office: 770.997.9910 x4102 mmurphy@ufcwemprfund.org	Jewish Communal Fund Beth Wohlgelernter, SVP COO 646.843.6881 beth@jcfny.org	
		Ezra Church, Partner Morgan, Lewis & Bockius LLP ezra.church@morganlewis.com, 215-963-5710			
Proposed Pricing	$2,500 one time set-up fee; $499.00 monthly fee for 14 vendors. Although the quote is ambiguous, it appears that the $499 fee is per vendor. If this is the case, three months' of work would be about $29,000. Includes: Annual Vendor Questionnaire, (4 f/ups), Annual SOC2 Request / Review, Annual Vendor Scorecard, Vendor Dashboard, Data Repository, New Vendor Set-up and Initial Risk Review, Ongoing Vendor Monitoring	Fixed Fee of $38,500. Estimated 6-8 weeks work.	$2,500 one time administrative fee, plus $1.5K per vendor review and analysis for first 14 vendors. $23,500 for year one. Includes reviewing the vendor population and vendor survey questions, learning about the services provided by each vendor on behalf of the Funds and understanding the information exchanged between the Funds and the vendors; review and analyze the vendor responses and perform the necessary follow up and reporting to the Funds' Counsel and the Trustees as described in the RFP. Year two is priced at $20,000.	Estimated Fees of $25,000 Review of service provider responses to the Fund's DOL Cybersecurity Guidance Questionnaire. Includes observations report and results presentation.	Blended rate of $325/hour. Estimate 2-4 hours per service provider, or 28-56 hours for 14 vendors. $9,750 - $19,500 (Vendor rounds to 30 - 60 hours of work total, over the course of a year).

Offeror	Modevity, LLC	StoneTurn Group	Segal	EisnerAmper	PKF O'Connor Davies
Proposed Solution	Create Custom Vendor Assessment Questionnaire Hand-off Vendor Lists Distribute Vendor Assessment Questionnaire - Annual SOC 2 Report Request, Review and Scoring - Annual TR Clear Vendor Risk Screening Process Dashboard Data Review / Vendor Scorecard Vendor Repository Vendor Alert Monitoring Business Credit Report Screen (Optional, $28 per report)	- Review the service provider responses to confirm the service providers comply with DOL's guidance. - As needed, request and review SP documentation, including reports, polices, procedures, plans, and other relevant information to verify the service provider responses. - Conduct up to two (2) interviews with key SP technical stakeholders per assessed provider (as required). - Obtain audit evidence of compliance for selected DOL Cybersecurity criteria. Executive Summary Report – Client will receive an Executive Summary Report outlining the scope of the engagement, methodology for the assessment, summary of any critical findings, and a maturity ranking for each of the Service Providers assessed. Detailed Assessment Report – Client will receive a detailed assessment report (Excel Spreadsheet) with the compliance status of each control assessed, associated service provider compliance status level (Not Compliant, Partially Compliant, Fully Compliant), and any recommended remediation actions.	Review, analyze and score responses from vendors and ensure that all the questions were responded to; Raise and discuss any issues with Legal Counsel and the Funds' key stakeholders where: – Key additional information is required from the vendor based on the nature of their response; – There is a concern about the response provided by the vendor that could result in potential risk to the Funds and – The information is incomplete, or the vendor has not responded. Provide a report to the Funds that outlines the overall risk profile of the vendor, based on the services being provided to the Funds as well as the information being exchanged with the vendor; Present the report/findings to the Funds' Counsel and Trustees; and Based on our discussions with the Funds' Counsel and the Trustees, Segal will perform any necessary follow-up with the vendors to attain clarification and or additional information required as well as suggest any assurance actions that need to be taken by the vendor(s).	Phase 1 - Planning and scoping the Risk Assessment; Phase 2 - Executing the Assessment; Phase 3 - Reporting observations, recommendations, and remediation approach. - Observations Report – Detailed review of the gaps or issues observed in the Fund's service providers' practices compared to DOL Cybersecurity practices. - Results Presentation – A Technical and Executive level presentation deck outlining the results and recommendations in summary. - Remediation Support – Advisory support upon request for remediation action. This is an optional and separate service as agreed upon with management.	• For each of the information requests issued: o Understand the function of the entity to which the information request has been issued. o Evaluate the risk associated with the entity based on the function and volume of information entrusted with the service provider. o Assign each service provider a risk ranking of High, Moderate or Low. Such a ranking will be used in the determination of the frequency and extent of which the service provider will be assessed. o Based on the risk ranking and relationship, determine if the answers provided by the service providers are sufficient or if a call and additional information will be needed. • Report to the Boards of Trustees the results of our assessments and any concerns that require additional attention. • Define and propose an ongoing service provider due diligence and management process. • Propose any suggested changes to the existing information request.
Notes	Included sample reports.	R. Manna led the FBI's Philadelphia Regional Computer Forensic Laboratory capping a 20-year career with the FBI where he supervised and conducted cyber investigative work and forensic technology support for a wide-range of investigations. Did not take the time to customize their proposal. However, cover letter notes that, "Additionally, we feel like we can develop some economies here with this assessment amongst multiple Funds which will drive down our cost." Included easy to read sample report.	References are from other multi funds and are similarly situated to the Funds.	Late submission. Submission provided as an attachment and as a publicly-available website. Although the submission does not contain confidential information, it is the Funds' information to share, and it is possible others could find it online. Proposes to include email alerts, invitations to events that they sponsor, a free job candidate referral service, and networking and educational opportunities. These are presented as "value-added offerings", but it is unlikely that they present value to the Funds.	

WAREHOUSE EMPLOYEES UNION LOCAL NO. 730
HEALTH AND WELFARE TRUST FUND
SUMMARY SUBROGATION REPORT
March 3, 2023

WAREHOUSE EMPLOYEES UNION LOCAL NO. 730 HEALTH AND WELFARE TRUST FUND
SUBROGATION REPORT FOR TRUSTEE MEETING OF MARCH 3, 2023

PARTICIPANT (DEPENDENT)	ATTORNEY FOR PARTICIPANT	DATE OF ACCIDENT	EMPLOYMENT STATUS	BENEFITS STATUS	CURRENT LIEN AMOUNT[1]	STATUS OF COLLECTION EFFORTS
ACTIVE						
Mohamed Mansaray 8123 Mission Hill Road Jessup, MD 20794 (301) 917-4984	Turner Sothoron McGowan & Cecil LLC 319 Main Street Suite 300 Laurel, MD 20707 (301) 483-9960	10/7/22	Active	Eligible	$20,725.97 (Medical) $5,066.09 (A&S)	• Participant fractured his elbow in a slip and fall outside of a gas station. • Participant's medical treatment is ongoing. He is expected to continue receiving A&S benefits until 3/28/23. • Counsel does not need Trustee action with respect to this matter at this time.

[1] Associated Administrators confirmed the lien amounts contained herein on February 21, 2023.

WAREHOUSE EMPLOYEES UNION
LOCAL NO. 730
HEALTH & WELFARE TRUST FUND

FOURTH QUARTER 2022

ADMINISTRATIVE MANAGER'S REPORT

FOURTH QUARTER 2022
CONTRIBUTIONS AND EXPENSES

INCOME				
EMPLOYER	**RATE**	**HOURS**	**PARTICIPANTS**	**CONTRIBUTIONS**
ADAMS BURCH	$ 10.09	21,318.95	46	$ 215,108
EIGHT O'CLOCK COFFEE	$ 8.50	21,809.00	52	$ 185,377
GIANT RECYCLING	$ 8.50	12,094.08	21	$ 102,800
GIANT WAREHOUSE	$ 8.50	139,510.36	211	$ 1,185,838
UNION LOCAL 730	$ 8.50	552.00	1	$ 4,692
WASHINGTON FOOD	$ 6.00	1,226.00	3	$ 7,356
COBRA			3	$ 8,601
SELF PAY			2	$ 1,120
TOTAL INCOME		**196,510.39**	**339**	**$ 1,710,892**

BENEFIT EXPENSES	**RATE**	**EXPENSE**	**AVG. HRLY COST**	**COMMENT**
CIGNA OONSP	19%	$ 13,833	$ 0.070	
CIGNA HEALTH CARE	$ 29.09	$ 29,702	$ 0.151	
DENTAL	$ 31.58	$ 31,233	$ 0.159	
DISABILITY		$ 23,057	$ 0.117	
DRUG		$ 64,467	$ 0.328	
HEARING GVS/FULLY INSURED	$ 0.29	$ 293	$ 0.001	
LIFE/AD&D-ING	$ 0.21	$ 10,461	$ 0.053	$0.193 LIFE / $0.016 AD&D
MEDICAL		$ 387,313	$ 1.971	
OPTICAL GVS/FULLY INSURED	$ 5.90	$ 5,977	$ 0.030	
STOP LOSS	$ 24.98	$ 25,303	$ 0.129	
SUB TOTAL		$ 591,639	$ 3.009	

OPERATING EXPENSES	**RATE**	**EXPENSE**	**AVG. HRLY COST**	**COMMENT**
ADMINISTRATION	$ 25.46	$ 25,969	$ 0.132	
ADMINISTRATION HIPAA	$ 0.21	$ 214	$ 0.001	
MISCELLANEOUS		$ 77,450	$ 0.394	
SUB TOTAL		$ 103,633	$ 0.527	
TOTAL EXPENSES		**$ 695,272**	**$ 3.536**	

SURPLUS (DEFICIT)		**$ 1,015,620**

AVG. HOURLY INCOME		**$ 8.71**
AVG. HOURLY EXPENSE		**$ 3.54**
SURPLUS (DEFICIT)		**$ 5.17**

FOURTH QUARTER 2022
MISCELLANEOUS EXPENSES

MISCELLANEOUS EXPENSES	AMOUNT	
AMERICAN CORE REALTY INVESTMENT MANAGER FEES	$	4,399
AUDITOR	$	1,326
CHARTWELL INVESTMENT MANAGER FEES	$	8,698
CONSULTING	$	11,653
GREEN LIGHT TECHNOLOGY SERVICES	$	1,500
IFEBP DUES	$	1,360
INVESTMENT PERFORMANCE SERVICES	$	6,250
LEGAL	$	35,497
MEETING	$	350
PNC FEES	$	1,426
POSTAGE	$	638
PRINTING	$	644
WEDGE CAPITAL INVESTMENT MANAGER FEES	$	3,709
TOTAL	**$**	**77,450**

2022
QUARTERLY RECAPS

INCOME	FIRST 2022	SECOND 2022	THIRD 2022	FOURTH 2022	TOTAL
CONTRIBUTIONS	$ 1,621,011	$ 1,604,653	$ 1,717,626	$ 1,701,171	$ 6,644,461
COBRA	$ 6,710	$ 4,872	$ 5,805	$ 8,601	$ 25,988
SELF PAY	$ 4,133	$ 3,071	$ 1,823	$ 1,120	$ 10,147
INTEREST & DIVIDENDS	$ 130,676	$ 141,450	$ 144,319	$ 176,074	$ 592,519
MISCELLANEOUS INCOME	$ 4,873	$ 388	$ 105	$ -	$ 5,366
TOTAL INCOME	**$ 1,767,403**	**$ 1,754,434**	**$ 1,869,678**	**$ 1,886,966**	**$ 7,278,481**
BENEFIT EXPENSES					
CIGNA OONSP	$ 15,693	$ 8,289	$ 22,507	$ 13,833	$ 60,322
CIGNA	$ 31,054	$ 32,258	$ 29,177	$ 29,702	$ 122,191
DENTAL	$ 31,580	$ 32,148	$ 30,727	$ 31,233	$ 125,688
DISABILITY	$ 7,201	$ 9,900	$ 6,000	$ 23,057	$ 46,158
DRUG	$ 33,044	$ 126,770	$ 144,603	$ 64,467	$ 368,884
HEARING GVS/FULLY INSURED	$ 303	$ 300	$ 294	$ 293	$ 1,190
LIFE/AD&D	$ 10,555	$ 10,501	$ 10,387	$ 10,461	$ 41,904
MEDICAL	$ 507,763	$ 282,092	$ 361,233	$ 387,313	$ 1,538,401
OPTICAL	$ 6,319	$ 6,053	$ 5,906	$ 5,977	$ 24,255
STOP LOSS	$ 25,804	$ 25,504	$ 24,705	$ 25,303	$ 101,316
SUBTOTAL	$ 669,316	$ 533,815	$ 635,539	$ 591,639	$ 2,430,309
OPERATING EXPENSES					
ADMINISTRATION	$ 25,978	$ 25,978	$ 26,389	$ 26,183	$ 104,528
MISCELLANEOUS	$ 81,686	$ 94,855	$ 102,323	$ 77,450	$ 356,314
SUBTOTAL	$ 107,664	$ 120,833	$ 128,712	$ 103,633	$ 460,842
TOTAL EXPENSE	**$ 776,980**	**$ 654,648**	**$ 764,251**	**$ 695,272**	**$ 2,891,151**
SURPLUS (DEFICIT)	**$ 990,423**	**$ 1,099,786**	**$ 1,105,427**	**$ 1,191,694**	**$ 4,387,330**
					AVERAGE
AVG HOURLY INCOME	$ 9.88	$ 9.72	$ 9.40	$ 9.60	$ 9.65
AVG HOURLY EXPENSE	$ 4.34	$ 3.63	$ 3.84	$ 3.54	$ 3.84
SURPLUS (DEFICIT)	$ 5.54	$ 6.09	$ 5.56	$ 6.06	$ 5.81
TOTAL PARTICIPANTS	338	336	344	339	339
FUND RESERVE	$ 16,712,387	$ 17,370,568	$ 18,090,725	$ 19,186,085	

2021
QUARTERLY RECAPS

INCOME	FIRST 2021	SECOND 2021	THIRD 2021	FOURTH 2021	TOTAL
CONTRIBUTIONS	$ 1,465,748	$ 1,521,815	$ 1,642,143	$ 1,723,135	$ 6,352,841
COBRA	$ 2,793	$ -	$ 8,273	$ 4,440	$ 15,506
SELF PAY	$ 6,761	$ 4,548	$ 5,676	$ 5,661	$ 22,646
INTEREST & DIVIDENDS	$ 116,077	$ 96,206	$ 101,016	$ 120,446	$ 433,745
MISCELLANEOUS INCOME[1]	$ 4,625	$ -	$ 161	$ 3,667	$ 8,453
TOTAL INCOME	**$ 1,596,004**	**$ 1,622,569**	**$ 1,757,269**	**$ 1,857,349**	**$ 6,833,191**
BENEFIT EXPENSES					
CIGNA OONSP	$ 5,636	$ 6,638	$ 3,879	$ 18,581	$ 34,734
CIGNA	$ 29,405	$ 29,966	$ 29,634	$ 29,291	$ 118,296
DENTAL	$ 31,706	$ 31,991	$ 31,896	$ 31,674	$ 127,267
DISABILITY	$ 10,543	$ 16,457	$ 8,486	$ 25,629	$ 61,115
DRUG	$ (2,628)	$ 195,429	$ 193,027	$ 172,124	$ 557,952
HEARING GVS/FULLY INSURED	$ 5,301	$ 304	$ 300	$ 301	$ 6,206
LIFE/AD&D	$ 10,843	$ 10,940	$ 10,886	$ 10,778	$ 43,447
MEDICAL	$ 397,491	$ 423,211	$ 437,160	$ 498,406	$ 1,756,268
OPTICAL	$ 6,295	$ 7,806	$ 5,292	$ 5,469	$ 24,862
STOP LOSS	$ 23,837	$ 24,576	$ 24,385	$ 24,408	$ 97,206
SUBTOTAL	$ 518,429	$ 747,318	$ 744,945	$ 816,661	$ 2,827,353
OPERATING EXPENSES					
ADMINISTRATION	$ 25,322	$ 25,399	$ 24,793	$ 24,818	$ 100,332
MISCELLANEOUS	$ 32,533	$ 55,024	$ 77,368	$ 54,902	$ 219,827
SUBTOTAL	$ 57,855	$ 80,423	$ 102,161	$ 79,720	$ 320,159
TOTAL EXPENSE	**$ 576,284**	**$ 827,741**	**$ 847,106**	**$ 896,381**	**$ 3,147,512**
SURPLUS (DEFICIT)	**$ 1,019,720**	**$ 794,828**	**$ 910,163**	**$ 960,968**	**$ 3,685,679**
					AVERAGE
AVG HOURLY INCOME	$ 9.05	$ 9.08	$ 9.71	$ 9.79	$ 9.41
AVG HOURLY EXPENSE	$ 3.27	$ 4.63	$ 4.68	$ 4.72	$ 4.33
SURPLUS (DEFICIT)	$ 5.78	$ 4.45	$ 5.03	$ 5.07	$ 5.08
TOTAL PARTICIPANTS	335	336	327	329	332
FUND RESERVE	$ 13,610,265	$ 14,437,775	$ 15,194,966	$ 16,168,209	

[1]Litigation settlements - $3,666.96

FOURTH QUARTER 2022
CONTRACT INFORMATION

COMPANY	PLAN	CURRENT RATES	CURRENT RATE EFF. DATE	NEXT RATE CHANGE DATE	CBA EXPIRATION
ADAMS BURCH	E	$10.09	07-01-22	TBD	06-30-23
EIGHT O'CLOCK COFFEE	E	$8.50	02-01-21	TBD	07-17-27
GIANT RECYCLING	E	$8.50	06-01-22	TBD	06-20-26
GIANT WAREHOUSE	E	$8.50	06-01-22	TBD	05-15-27
UNION LOCAL 730	E	$8.50	06-01-22	TBD	FOLLOWS GIANT WAREHOUSE CBA
WASHINGTON FOOD	E	$6.00	11-01-21	11-01-22	10-31-24

HEALTH AND WELFARE
DELINQUENCY REPORT
As of December 31, 2022

NO DELINQUENCIES

Fund Reserve

Months of Available Fund Reserve			
Expenses			
	Jan - Dec 2021		$ 3,147,512.00
	Jan - Dec 2022		$ 2,891,151.00
	Total		$ 6,038,663.00
	Per Month		$ 251,610.96
Fund Reserve			
	Dec-22		$ 19,186,085.00
	Months of Reserve 12/31/2022		**76.3**
	Months of Reserve 9/30/2022		71.1

Projected Hourly Contribution - Future Expenses
Based on Most Recent 12 Month Data
(October 2022 - September 2023)

Class E	$	4.01

Warehouse Employees Union Local No. 730 Health and Welfare Fund

INVOICES
March 3, 2023

Associated Administrators, LLC

1/18/2023	Mailing New Hire Packets w/ SPD	$ 1,252.50
1/9/2023	Mailing Summary of Benefits and Coverage Notice	$ 227.12

Blank Rome LLP

2/13/2023	Fee for professional services rendered through January 31, 2023	$ 2,059.00
1/11/2023	Fee for professional services rendered through December 31, 2022	$ 5,346.00
12/5/2022	Fee for professional services rendered through November 30, 2022	$ 3,300.00

Chartwell Investment Partners

1/25/2023	Fee for investment services rendered through December 31, 2022	$ 9,101.50

Investment Performance Services, LLC

12/15/2022	Fee for professional services rendered through December 31, 2022	$ 6,250.00

Morgan, Lewis & Bockius, LLP

2/8/2023	Fee for professional services rendered through January 31, 2023	$ 3,275.00
1/10/2023	Fee for professional services rendered through December 31, 2022	$ 11,664.00
12/8/2022	Fee for professional services rendered through November 30, 2022	$ 7,858.00

Novak Francella, LLC

1/4/2023	Fee for Payroll Compliance services rendered through December 2022	$ 1,531.08

Segal Consulting

1/4/2023	Fee for actuarial and consulting services through June 30, 2022 related to the No Surprises Act and Mental Health Parity and Addiction Equity Act	$ 9,275.00
12/5/2022	Fee for actuarial and consulting services through October 31, 2022 related to Mental Health Parity and Addiction Equity Act	$ 11,652.50

Ullico

11/28/2022	Stop Loss Insurance Policy Premiums for December 2022 through February 28, 2023	$ 26,864.05

Wedge Capital Management

1/18/2023	Fee for professional services rendered through December 31, 2022	$ 4,137.22

NAME: **SS#:**
REGARDING:

Warehouse Employees Union Local No. 730 Health & Welfare Trust Fund

EMPLOYER:	Adams Burch	**LOCAL:**	730
PLAN:	E	**STATUS:**	Full Time

ISSUE: Medical – Laboratory Services #M22/127-4802

FUND RULE:
"**IMPORTANT NOTICE:**

CHANGES TO COVERED OUTPATIENT LABORATORY SERVICES

EFFECTIVE JANUARY 1, 2022

Due to the continuing increase in health care costs, the Warehouse Employees Union Local No. 730 Health and Welfare Trust Fund ('Fund') will only cover outpatient laboratory services when performed by Quest Diagnostics® ('Quest') and/or Laboratory Corporation of America Holdings® ('LabCorp') effective January 1, 2022. If you receive outpatient laboratory services with a lab other than Quest or LabCorp after January 1, 2022, the services will not be covered under the Fund and you will be responsible for 100% of the cost."
(Quoted from the letter mailed to the participant on November 15, 2021)

SUMMARY:

Date(s) of Service:	July 6, 2022
Claim(s) Received:	July 21, 2022
Claim(s) Denied:	July 27, 2022
Appeal Received:	December 27, 2022

The **participant's spouse** is appealing for payment of a claim for laboratory services rendered on July 6, 2022 that was denied. The participant's spouse states that she has "a PPO Plan with a triple option, so the services should be covered," and that she does not want to be responsible for this bill.

Effective January 1, 2022, the Fund will only cover outpatient laboratory services when performed by a Quest Diagnostics and/or LabCorp facility. Fund records indicate that a letter was mailed to the participant on November 15, 2021, advising of this change.

Georgetown Pain Management subsequently submitted a claim for an outpatient urine drug screening rendered on July 6, 2022. The claim was denied because the testing was not rendered by a Quest Diagnostics or LabCorp facility.

ACTION: **Approved** ☐ **Denied** ☐ **Tabled** ☐
COMMENTS:

WAREHOUSE LOCAL 730 HEALTH AND WELFARE FUND

January 2022 – December 2022

Savings Results

March 3, 2023

Together, all the way.®

Cigna®

PPO and Out of Network Savings Program
January 2022 – December 2022

In Network	Charges	Network Allowed	Network Savings	%
Inpatient	$119,746	$117,052	$2,694	2.2%
Outpatient	$895,844	$628,524	$267,320	29.8%
Physician	$2,432,120	$1,009,807	$1,422,313	58.5%
Total	**$3,447,710**	**$1,755,383**	**$1,692,327**	**49.1%**

Out of Network Savings Program	Charges	Network Allowed	Network Savings	%
Outpatient	$57,906	$30,254	$27,652	47.8%
Physician	$144,613	$46,690	$97,924	67.7%
Total	**$202,520**	**$76,944**	**$125,576**	**62.0%**

Total Year To Date Savings
January 2022 – December 2022

	Savings
PPO Network Savings	$1,692,327
Out of Network Savings	$125,576
Utilization Management Savings	$68,880
Case Management Savings	$9,207
Outpatient Care Management Savings	$34,823
Total Year To Date Savings	**$1,930,813**

Offered by: Connecticut General Life Insurance Company or Cigna Health and Life Insurance Company.

Novak Francella LLC | CERTIFIED PUBLIC ACCOUNTANTS

January 30, 2023

Board of Trustees
Warehouse Employees Union Local No. 730 Health and Welfare Trust Fund
911 Ridgebrook Road
Sparks, MD 21152-9459

We are pleased to confirm our understanding of the services we are to provide for the Warehouse Employees Union Local No. 730 Health and Welfare Trust Fund (the Plan), for the year ended December 31, 2022 in connection with the Plan's annual reporting obligation under the Employee Retirement Income Security Act of 1974 (ERISA).

Audit Scope and Objectives

We will audit the financial statements of the Plan, which comprise the statements of net assets available for benefits and of benefit obligations as of December 31, 2022 the related statements of changes in net assets available for benefits and of changes in benefit obligations for the year then ended, and the related notes to the financial statements and report on the supplemental schedules of the Plan for the year ended December 31, 2022. The following supplemental information accompanying the financial statements, as applicable, will be subjected to the auditing procedures applied in our audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, in accordance with auditing standards generally accepted in the United States of America (GAAS), and we will report on whether the information is fairly stated in all material respects in relation to the financial statements as a whole:

1. Assets (Held at End of Year) and Assets (Acquired and Disposed of Within Year).
2. Loans or Fixed Income Obligations in Default or Classified as Uncollectible.
3. Leases in Default or Classified as Uncollectible.
4. Reportable Transactions.
5. Nonexempt Transactions.

These financial statements and supplemental schedules are required to be included in the Plan's Form 5500 filing with the Employee Benefits Security Administration (EBSA) of the Department of Labor (DOL). The supplemental schedules are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

The objectives of our audit are to obtain reasonable assurance about whether the Plan's financial statements as a whole are free from material misstatements, whether due to fraud or error, and issue an auditor's report that includes our opinion about whether your financial statements are fairly presented, in all material respects, in conformity with accounting principles generally accepted in the United States of America. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. Misstatements, including omissions, can arise from fraud or error and are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment of a reasonable user made based on the financial statements.

Auditor's Responsibilities for the Audit of the Financial Statements

We will conduct our audit in accordance with auditing standards generally accepted in the United States of America and will include tests of your accounting records and other procedures we consider necessary to enable us to express such an opinion. As part of an audit in accordance with GAAS, we exercise professional judgment and maintain professional skepticism throughout the audit.

We will evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management. We will also evaluate the overall presentation of the financial statements, including the disclosures, and determine whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation. We will plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement, whether from errors, fraudulent financial reporting, misappropriation of assets, or violations of laws or governmental regulations, including prohibited transactions with parties in interest or other violations of ERISA rules and regulations, that are attributable to the Plan or to acts by management or employees acting on behalf of the Plan.

Because of the inherent limitations of an audit, combined with the inherent limitations of internal control, and because we will not perform a detailed examination of all transactions, there is an unavoidable risk that some material misstatements may exist and not be detected by us, even though the audit is properly planned and performed in accordance with U.S. generally accepted auditing standards. In addition, an audit is not designed to detect immaterial misstatements or violations of laws or governmental regulations that do not have a direct and material effect on the financial statements. However, we will inform the appropriate level of management of any material errors, fraudulent financial reporting, or misappropriation of assets that comes to our attention. We will also inform the appropriate level of management of any violations of laws or governmental regulations that come to our attention, unless clearly inconsequential, and will include prohibited transactions in the supplemental schedule of nonexempt transactions as

required by the instructions to Form 5500. Our responsibility, as auditors, is limited to the period covered by our audit and does not extend to any later periods for which we are not engaged as auditors.

We will obtain an understanding of the Plan and its environment, including internal controls, sufficient to identify and assess the risks of material misstatement of the financial statements, whether due to error or fraud, and to design the nature, timing, and extent of further audit procedures responsive to those risks and obtain evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentation, or the override of internal control. An audit is not designed to provide assurance on internal control or to identify deficiencies in internal control. Accordingly, we will express no such opinion. However, during the audit we will communicate to you, and those charged with governance, internal control related matters that are required to be communicated under professional standards.

We will communicate with management and those charged with governance certain matters as required by GAAS, including reportable findings identified during the audit of the Plan as a result of testing relevant plan provisions.

We will also conclude, based on the audit evidence obtained, whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our procedures will include tests of documentary evidence supporting the transactions recorded in the accounts and direct confirmation of investments, benefit obligations, and certain other assets and liabilities by correspondence with financial institutions, actuaries, and other third parties. We will also request written representations from your attorneys as part of the engagement, and they may bill you for responding to this inquiry. At the conclusion of our audit, we will require certain written representations from you about the financial statements and related matters.

In addition, we will perform certain procedures directed at considering the Plan's compliance with applicable Internal Revenue Service (IRS) requirements for tax-exempt status and ERISA plan qualification requirements. However, you should understand that our audit is not specifically designed for and should not be relied upon to disclose matters affecting Plan qualifications or compliance with the ERISA and IRS requirements. If, during the audit, we become aware of any instances of such matters or ways in which management practices can be improved, we will communicate them to you.

Tax Return Preparation

We will prepare the Plan's Form 5500, including required schedules, for the year ended December 31, 2022. After we have completed the Plan's Form 5500 and required schedules, we will authorize the Plan to include our auditor's report on the financial statements and supplemental schedules with the Plan's Form 5500 filing. We may request your assistance in providing certain information and completing certain schedules for this form. We will provide you with advice regarding the preparation of the supporting information. It is your responsibility to provide all of the information required for the preparation of a complete and accurate form, including all required schedules, some of which are prepared and provided by other service providers (such as Schedule A provided by the insurance company). Our work in connection with the preparation of your Form 5500 does not include any procedures designed to discover defalcations or other irregularities, should any exist. You have the final responsibility for the Form 5500 and the required supporting supplemental schedules, and you should review them carefully before you sign them. We will work with you to electronically file this return.

In addition to the Form 5500, we will prepare a Summary Annual Report to be used by the Plan for distribution to participants. Even though we will prepare this form, management is ultimately responsible for the accuracy and completeness of the form. You should review the form carefully before it is distributed.

In addition, we will prepare the Form 990 for the year ended December 31, 2022. Even though we will prepare this form, management is ultimately responsible for the accurate and complete preparation and filing of the form. The Form 990 must be filed electronically with the Internal Revenue Service (IRS); we shall file the Form 990 electronically on the Plan's behalf. An IRS electronic filing signature authorization for exempt organizations form must be completed and you are responsible for returning the form to us before it can be electronically transmitted. You have the final responsibility for the Form 990, and you should review it carefully before you sign the Form 990 and/or signature authorization.

This engagement does not include our commitment to prepare any other tax returns or informational returns for filing. You are responsible for determining what forms are required to be filed with all governmental and regulatory agencies and for the preparation and filing of these forms. If anything comes to our attention that causes us to believe additional forms should be prepared and filed, we will so advise you. If you request that we prepare these forms, and we agree to prepare, a separate arrangement with a separate engagement letter will need to be made. No additional forms are included in the fee arrangement covered by this letter.

Other Services We Will Perform

In addition to the audit services and the services for tax return preparation described above, we will perform the following additional services:

1. Attendance at one meeting of the Trustees to present the results of our audit
2. Preparation of Plan financial statements
3. Other permissible nonattest services as needed

Although our firm has the capabilities to perform many other types of engagements, involving accounting, auditing, planning, and consulting, this engagement does not include our commitment to perform any additional services other than those described above. Should you wish to receive additional services, we would be delighted to discuss them with you and enter into a separate arrangement to provide those services, if we agree to provide the requested services.

Management Responsibilities for the Financial Statements

Our audit of the financial statements does not relieve management or the Board of Trustees of the following responsibilities:

Our audit will be conducted on the basis that you acknowledge and understand your responsibility for designing, implementing and maintaining internal controls relevant to the preparation and fair presentation of the financial statements that are free from material misstatement, whether due to fraud or error, including monitoring ongoing activities; for the selection and application of accounting principles; for establishing an accounting and financial reporting process for determining fair value measurements; for the acceptance of the actuarial methods and assumptions used by the actuary; and for the preparation and fair presentation of the financial statements in conformity with U.S. generally accepted accounting principles. You are also responsible for making all financial records and related information available to us and for the accuracy and completeness of that information. You are also responsible for providing us with (1) access to all information of which you are aware that is relevant to the preparation and fair presentation of the financial statements, (2) additional information that we may request for the purpose of the audit, and (3) unrestricted access to persons within the Plan from whom we determine it necessary to obtain audit evidence. You are also responsible for maintaining a current plan instrument, including all plan amendments; for administering the Plan and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants to determine the benefits due or which may become due to such participants. You are also responsible for providing the information necessary for completion of the Plan's Form 5500 that we are being engaged to prepare on behalf of the Plan.

At the conclusion of our audit, we will require certain written representations from you about the financial statements and related matters.

Your responsibilities include adjusting the financial statements to correct material misstatements and confirming to us in the written management representation letter that the effects of any uncorrected misstatements aggregated by us during the current engagement and pertaining to the latest period presented are immaterial, both individually and in the aggregate, to the financial statements as a whole.

You are responsible for the design and implementation of programs and controls to prevent and detect fraud, and for informing us about all known or suspected fraud affecting the Plan involving (a) Plan management, (b) employees who have significant roles in internal control, and (c) others where the fraud could have a material effect on the financial statements. Your responsibilities include informing us of your knowledge of any allegations of fraud or suspected fraud affecting the Plan received in communications from employees, former employees, regulators, or others. In addition, you are also responsible for identifying and ensuring that the Plan complies with applicable laws and regulations. You are also responsible for the fair presentation of the supplemental schedules and the form and content of the supplemental schedules in conformity with ERISA. You agree to include our report on the supplemental information in any document that contains, and indicates that we have reported on, the supplemental information. You also agree to include the audited financial statements with any presentation of the supplemental information that includes our report thereon.

You agree to assume all management responsibilities for the tax services and any other nonattest services we provide; oversee the services by designating an individual, preferably from senior management, with suitable skill, knowledge, or experience; evaluate the adequacy and results of the services; and accept responsibility for them. Management is also responsible for notifying us in advance of its intent to print our report, in whole or in part, and for giving us the opportunity to review any printed material containing our report before its issuance. Our responsibility, with respect to any additional information in the printed material, does not extend beyond the financial information identified in our report and we have no obligation to perform any procedures to corroborate other information contained in the printed material.

Administration, Fees, and Other

We understand that your personnel will prepare schedules, and analyses, and type all confirmations we request and will locate any invoices or other documents selected by us for testing.

The audit documentation for this engagement is the property of Novak Francella LLC and constitutes confidential information. However, we may be requested to make certain audit documentation available to the DOL pursuant to authority given to it by law. If requested, access to such audit documentation will be provided under the supervision of Novak Francella LLC personnel. Furthermore, upon request, we may provide copies of selected audit documentation to the DOL. The DOL may intend, or decide, to distribute the copies of information contained therein to others, including other governmental agencies. In the event a request by the DOL includes the Plan's confidential information, we shall notify the Plan (in writing) of the request as soon as reasonably possible, but in no event more than five business days following receipt of the request. Additionally, we will coordinate our response with Plan legal counsel in order to provide the Plan with a reasonable opportunity to seek protective relief.

Marcella F. Pascal is the Engagement Director and is responsible for supervising and reviewing the engagement. The timely completion of this engagement is dependent, in part, upon your staff providing the information requested in a timely manner.

Fees for our services will be $16,400 for the audit and for preparation of the Form 5500, Form 990 and the Summary Annual Report. These fees are based on anticipated cooperation from your personnel and the assumption that unexpected circumstances will not be encountered during the audit. If significant additional time is necessary or if unexpected circumstances are encountered, we will discuss this with you and arrive at a new fee estimate before we incur the additional costs. Our invoices for these fees may be rendered as work progresses and are payable on presentation.

Reporting

We will issue a written report upon completion of our audit of the Plan's financial statements. Our report will be addressed to the Board of Trustees of the Plan. Circumstances may arise in which our report may differ from its expected form and content based on the results of our audit. Depending on the nature of these circumstances, it may be necessary for us to modify our opinion or add an emphasis-of-matter or other-matter paragraph to our auditor's report, or if necessary, withdraw from this engagement. If our opinion is other than unmodified, we will discuss the reasons with you in advance. If, for any reason, we are unable to complete the audit or are unable to form or have not formed an opinion, we may decline to express an opinion or withdraw from this engagement.

Electronic Data Communication and Storage

In the interest of facilitating our services to the Plan, we may send confidential Plan data over the Internet, or store confidential Plan electronic data via computer software applications hosted remotely on the Internet or utilize cloud-based storage. We may also use third party service

providers to store or transmit this Plan data, such as providers of tax return preparation software. In using these data communication and storage methods, our firm employs measures designed to maintain data security. We use reasonable efforts to keep such Plan communications and confidential Plan electronic data secure in accordance with our obligations under applicable federal and state laws, regulations, professional standards, and the terms of this engagement letter. We also understand that the Plan may request that we abide by its own security policies and procedures, and, to all reasonable extents, anticipate agreeing to comply with the Plan's security policies and procedures that are not described in this engagement letter. We require that any third party vendor which handles the Plan's information described above do the same.

You recognize and accept that we have no control over the unauthorized interception or breach of any communications or electronic data once it has been transmitted outside of our systems or if it has been subject to unauthorized access while stored outside of our systems, notwithstanding all reasonable security measures employed by us or our third party vendors. We will not disclose information regarding the Plan or its participants ("Plan Information") to parties other than the Plan except as necessary to perform services under this Agreement and with advance written consent from the Plan.

In the event of any disclosure of Plan Information inconsistent with the preceding paragraph, or any unauthorized access by a third party of Plan Information maintained by us, we shall notify the Plan of the disclosure or unauthorized access immediately, and in no event later than ten (10) days after discovery of the disclosure or unauthorized access of Plan Information. Such notice will be in writing and will include all relevant details of the disclosure or unauthorized access, including but not limited to the date on which the disclosure or unauthorized access occurred, the information that was disclosed or accessed, the number of Plan participants and beneficiaries affected, if applicable, the steps being taken to remedy the effects of the disclosure or unauthorized access, and any other information required to be disclosed to the Fund under any applicable state or federal law. We will provide the Plan with new information regarding the disclosure or unauthorized access immediately upon learning or receiving such information. We agree to maintain our own cybersecurity liability insurance policy in an amount that we determine to be commercially reasonable.

Client Portals

To enhance our services to you, we will utilize ShareFile, a collaborative, virtual workspace in a protected, online environment. ShareFile permits real-time collaboration across geographic boundaries and time zones and allows Novak Francella LLC and you to share specific Plan data, engagement information, knowledge, and deliverables (collectively "Plan Specific Data") in a protected environment.

You agree that we have no responsibility for the activities of ShareFile. While ShareFile backs up your Plan Specific Data to a third party server, we recommend that you also maintain your own backup files of these records.

If you decide to transmit your confidential Plan electronic data or information to us in a manner other than a secure portal, you accept responsibility for any and all unauthorized access to such information. If you request that we transmit confidential Plan electronic data or information to you in a manner other than through a secure portal, you agree that we are not responsible for any loss or damage of any nature, whether direct or indirect, that may arise as a result of our sending such information in the manner you request.

Summons or Subpoenas

All Plan information you provide to us in connection with this engagement will be maintained by us on a strictly confidential basis.

If we receive a summons or subpoena which our legal counsel determines requires us to produce documents from this engagement or testify about this engagement, provided that we are not prohibited from doing so by applicable laws or regulations, we agree to inform you of such summons or subpoena as soon as practicable but in no event more than five business days following our receipt of this summons or subpoena. You may, within the time permitted under the summons or subpoena for our firm to respond to any request, initiate such legal action as you deem appropriate, at your sole expense, to attempt to quash, or otherwise limit the scope of, the summons or subpoena. If you take no action within the time permitted for us to respond, or if your action does not result in a judicial order protecting us from supplying the requested information of the summons or subpoena, we may construe your inaction or failure as consent to comply with the request.

If we are not a party to the proceeding in which the information is sought, you agree to reimburse us for our professional time and expenses, as well as the reasonable fees and expenses of our legal counsel, incurred in responding to such requests. This paragraph will survive termination of this Agreement.

We appreciate the opportunity to be of service to the Warehouse Employees Union Local No. 730 Health and Welfare Trust Fund and believe this letter accurately summarizes the significant terms of our engagement. If you have any questions, please let us know. If you agree with the terms of our engagement as described in this letter, please sign the enclosed copy and return it to us to indicate your acknowledgement of, and agreement with, the arrangements for our audit of the financial statements, including our respective responsibilities.

Very truly yours,

MARCELLA F. PASCAL

RESPONSE:

This letter correctly sets forth the understanding of the Warehouse Employees Union Local No. 730 Health and Welfare Trust Fund.

_____
Union Trustee

_____
Employer Trustee

Novak | Francella
LLC | CERTIFIED PUBLIC ACCOUNTANTS

January 23, 2023

To the Trustees of
Warehouse Employees Union No. 730
Health and Welfare, Pension and Prepaid Legal Services Funds
911 Ridgebrook Rd
Sparks, MD 21152

We appreciate the opportunity to submit this understanding of services to be performed by Novak Francella LLC (Novak) in connection with payroll compliance review services for the Warehouse Employees Union No. 730 Health and Welfare, Pension and Prepaid Legal Services Fund (the Funds). This letter will confirm the agreed upon services, (The "Services") and our proposed fee for the Services. Novak and the Funds agree that this letter and the attached Terms and Conditions constitute the consulting arrangement pursuant to which our Services will be provided.

We will perform payroll compliance reviews of the employers contributing to your Funds. We will work with your personnel to coordinate these reviews from an administrative standpoint. We will perform our services in accordance with the AICPA's requirements for the reviews of employee benefit plans and in accordance with the requirements of the Department of Labor. Our services will be based upon the Fund's Agreements and Declarations of Trust, participation agreements and the audit policy promulgated by the Boards of Trustees.

Our procedures are enumerated in our Payroll Compliance Review Program that is enclosed with this letter. We will perform other procedures or changes to our standard forms that are communicated to us by the Fund Administrator

Our hourly rates are $94 for a payroll auditor, $125 for a manager and $160 for a partner, plus any out of pocket expenses.

Electronic Data Communication and Storage

In the interest of facilitating our services to the Funds, we may send confidential Fund data over the Internet, or store confidential Fund electronic data via computer software applications hosted remotely on the Internet or utilize cloud-based storage. In using these data communication and storage methods, our firm employs measures designed to maintain data security. We use reasonable efforts to keep such Fund communications and confidential Fund electronic data secure in accordance with our obligations under applicable federal and state laws, regulations, and professional standards. We also understand that the Fund may request that we abide by its own security policies and procedures. To all reasonable extents, we anticipate agreeing to comply with such policies and procedures. We require that any third party vendor which handles the Fund's information described above to do the same.

You recognize and accept that we have no control over the unauthorized interception or breach of any communications or electronic data once it has been transmitted or if it has been subject to unauthorized access while stored, notwithstanding all reasonable security measures employed by us or our third party vendors. You consent to our use of these electronic devices and applications and submission of confidential client information to third party service providers during this engagement so long as reasonable security measures described above are in place and utilized. Subject to the terms of any applicable contract between the Fund and us, and absent negligence, recklessness, or willful misconduct by us or one of our third party vendors with respect to the Fund information described above, you agree that we will not be held responsible for any breach of such Fund information. If a breach occurs, we will comply with any applicable federal or state law.

Client Portals

To enhance our services to you, we will utilize ShareFile, a collaborative, virtual workspace in a protected, online environment. ShareFile permits real-time collaboration across geographic boundaries and time zones and allows Novak Francella LLC and you to share specific Fund data, engagement information, knowledge, and deliverables (collectively "Fund Specific Data") in a protected environment.

You agree that we have no responsibility for the activities of ShareFile. While ShareFile backs up your Fund Specific Data to a third party server, we recommend that you also maintain your own backup files of these records.

If you decide to transmit your confidential Fund electronic data or information to us in a manner other than a secure portal, you accept responsibility for any and all unauthorized access to such information. If you request that we transmit confidential Fund electronic data or information to you in a manner other than through a secure portal, you agree that we are not responsible for any loss or damage of any nature, whether direct or indirect, that may arise as a result of our sending such information in the manner you request.

Summons or Subpoena

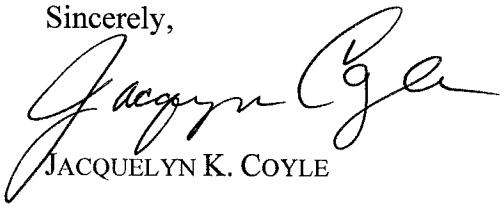
All Fund information you provide to us in connection with this engagement will be maintained by us on a strictly confidential basis.

If we receive a summons or subpoena which our legal counsel determines requires us to produce documents from this engagement or testify about this engagement, provided that we are not prohibited from doing so by applicable laws or regulations, we agree to inform you of such summons or subpoena as soon as practicable. You may, within the time permitted for our firm to respond to any request, initiate such legal action as you deem appropriate, at your sole expense, to attempt to quash, or otherwise limit the scope of, the summons or subpoena. If you take no action within the time permitted for us to respond, or if your action does not result in a judicial order protecting us from supplying the requested information of the summons or subpoena, we may construe your inaction or failure as consent to comply with the request.

If we are not a party to the proceeding in which the information is sought, you agree to reimburse us for our professional time and expenses, as well as the fees and expenses of our legal counsel, incurred in responding to such requests. This paragraph will survive termination of this Agreement.

Once again, we thank you for the opportunity to submit this engagement letter. Please acknowledge your acceptance of the terms of this engagement by signing the confirmation below and returning a copy to us. If you have any questions regarding this letter or the Terms and Conditions, please do not hesitate to contact us.

Sincerely,



JACQUELYN K. COYLE

Accepted by:_____ Date_____

Accepted by:_____ Date_____

Name of Client: Warehouse Employees Union No. 730 Health and Welfare, Pension and Prepaid Legal Services Fund
Date: January 23, 2023

TERMS AND CONDITIONS

The following are the terms and conditions ("Terms and Conditions") on which Novak will provide the Services to you set forth in the Engagement Letter (and any attachments) (the "Engagement Letter") to which these Terms and Conditions are attached. These Terms and Conditions and the Engagement Letter (and any attachments, exhibits, subsequent amendments or addenda thereto) constitute the entire agreement (the "Engagement" or "Agreement") for the provision of the Services to the exclusion of any other express or implied term, whether expressed orally or in writing, including any conditions, warranties and representations and shall supercede all previous engagement letters, undertakings, agreements and correspondence regarding the Services.

Information and Assistance. Our performance of the Services is dependent upon you providing us with such information and assistance as we may reasonably require from time to time. You are responsible for ensuring that all information we may reasonably require is provided on a timely basis and is accurate and complete. You shall also notify us if you subsequently learn that the information provided is incorrect or inaccurate or otherwise should not be relied upon. Any reports issued or conclusions reached by us may be based upon information provided by you on behalf of you.

Reasonable Results. The Services in this Agreement are designed to provide reasonable but not absolute results and because we will not perform a detailed examination of all applicable transactions, all deficiencies may not be detected by us. In addition, these Services are not designed to detect immaterial errors, fraud or other illegal acts . Our responsibility is limited to the period covered by our Services and does not extend to any earlier or later periods.

Additional Services. Either party may request changes to the Services. Any variation to the Engagement, including any variation to fees, Services or time for performance of the Services, shall be separately agreed to and, if agreed, shall form a part of the Agreement to which these Terms and Conditions shall apply.

Term of Engagement. We or you may terminate the Engagement upon written notice to the other party. Upon receipt of such notice, we will stop work. You will be responsible for proper fees and expenses incurred through the date the termination notice is received. The terms of the Engagement that expressly or by implication are intended to survive its termination or expiration will survive and continue to bind all parties.

You agree to indemnify and hold harmless Novak and its personnel from any and all third party claims, liabilities, costs and expenses relating to Services Novak renders under this Engagement Letter, except to the extent finally determined to have resulted from the willful misconduct or fraudulent behavior of Novak relating to such Services.

Representations. Each party represents to the other that such party has all necessary power and authority to execute, deliver and perform this Agreement and to perform and consummate the transactions contemplated hereby that such party duly authorized, executed and delivered by this Agreement. This Agreement constitutes the entire agreement between the parties relating to the subject matter hereof and supersedes all previous agreements between the parties except for those items which by their terms are expressly intended to survive such Agreements including, without limitation, the indemnification provisions thereof, and constitutes a legal, valid, and binding obligation of such party enforceable against such party in accordance with its terms, and that such party's execution and delivery of this Agreement and such party's consummation of the transactions contemplated hereby does not and will not conflict with, require consent under, cause a default under or accelerate the performance of any contract or law to which such party is a party or by which its assets are bound.

Third Party Rights. Nothing in this Agreement is intended to confer any right upon any party other than Novak or you and no third party shall have any rights or remedies under this Agreement.

Assignability. This agreement shall not be assignable by either party without the express written consent of the other party.

Severability. In the event any provision of this Agreement shall be considered illegal or invalid for any reason, said illegality or invalidity shall not affect the remaining provisions hereof, but such provision shall be fully severable and this Agreement shall be construed and enforced as if such illegal or invalid provision had never been inserted therein.

Force Majeure. Any delay in performance due in whole or in part, to the occurrence of any contingency beyond the control of Novak, including but not limited to, war (whether an actual declaration thereof or not), sabotage, insurrection, riot, or other act of civil disobedience, act of public enemy, failure or delay in transportation, act of any government or any agency or subdivision thereof affecting the terms of this Agreement or otherwise, judicial action, labor disputes, accident, fire, explosion, flood, storm, or other act of God, where Novak has exercised reasonable care in prevention thereof, shall be excused for the period of time such contingency occurs plus such additional time as may be reasonably necessary to cure any damage to Novak resulting from such contingency.

PAYROLL COMPLIANCE REVIEW PROGRAM

Field Auditor:		**Type:** Routine	
Client Name:		**Client ER No.:**	
Client No.:		**Job No.:**	
Employer:		**Review Period:**	
Address:			
Contact:		**Phone:**	
Contacts Add (if different above):		**Cell:**	
Email:		**FAX:**	
Field Work Starting Date:		**Field Work Completion Date:**	

This payroll compliance review program for **Routine** audits has been prepared to provide the payroll compliance reviewer an effective tool for planning the review procedures and for supervising and controlling the performance of the review work for Routine audits Development of a payroll compliance review program for each engagement will provide a historical record of the work done as well as information to be used in the report on the payroll compliance review.

This payroll compliance review program is not designed to fit all payroll compliance review engagements. It must be revised whenever the payroll compliance reviewer, in the course of the work, finds that changes and/or additions to the programmed procedures are necessary to complete the payroll compliance review.

A thorough evaluation of the adequacy of the Employer's payroll records should be the starting point of a payroll compliance review. This review helps to determine the degree of reliability that may be placed on the payroll records, and in turn determines the nature and extent of the payroll compliance reviewing procedures to be used and the tests to be conducted during the payroll audit. You are urged to read the payroll compliance review program in its entirety before performing any of the payroll compliance review procedures described in a particular section.

The purpose of this payroll compliance review is to determine if the employer is in compliance with the terms of the Collective Bargaining Agreement with regard to Fund(s) the employer is required to contribute to, and ascertain that the contribution reports are correct.

I PRIOR TO ENTERING THE FIELD

A. Documents provided from Fund for entire audit period requested:

	Received for Audit Period? *Yes/No*	(if no, must include description of alternate documents/procedures)
Contribution reports		
Collective Bargaining Agreements, (including Participation/Owner Operator Agreements)	Participation Agreement?	
Accounts receivable (where applicable)		

B. Correspondence from Fund and /or Novak Francella, LLC:

Contact letter	Date Mailed to ER:
Any special instructions from the Funds	Reference to:
Other correspondence	Reference to:

C.

Funds to be Audited: *All noted in CBA Just Local Funds Selected Funds*	Contribution Based on: *Hours % of Wage Weeks Months Other (specify)*	Probationary Period:	Is Paid Time off Due: *yes, explain if all or just some hours are included*	re Contributions Capped/Maxed: *If yes, explain nature of Capped Maxed*

For Specific Employer CBA's:

Rate Schedule:	**Fund**	**Effective Date**	**Rate**	**Effective Date**	**Rate**	**Effective Date**	**Rate**

D. Novak Francella, LLC correspondence:

Confirmation letter mailed/faxed on	
Other	

auditor_____

reviewer_____

E. **Previously audited? (Y/N)** _____ **Period:** _____
Previous Client & Job #: **Amount Under/Over reported:** _____
Explanation of findings and/or comments:

_____
_____
_____

2 FIELD WORK

A. Document Review:

Document	**Period**	**Records Rec'd (Y w/date/N)**	**If yes, from whom. If No, describe why?**
Federal 941/ W/2's			
PR Tax Returns - State			
Payroll Registers			
Individual Earning Records			
Personnel Files			
Cash Disbursement Journal			
Bank Statements			
Cancelled Checks (Front/Back			
Federal Form 1096 w/1099's			
Contribution reports to other Funds			
Other documents used_____			

B. Corporate/Ownership Information: ***Purpose to Confirm Name and Ownership of Company***

Official Name of Company _____
Type of Tax Entity _____ EIN Number: _____
Date of Incorporation Principal Business Activity: _____
Corporate Officer(s) _____
Name _____ SS # _____
Address _____ % of Ownership: _____

Corporate Officer(s) _____
Name _____ SS # _____
Address _____ % of Ownership: _____

Corporate Officer(s) _____
Name _____ SS # _____
Address _____ % of Ownership: _____

Has the company changed ownership during the audit period:
Yes_____ Date _____ No _____

Documentation must be provided with work papers.

Document Bank Account Name and Number(s): _____

auditor_____

reviewer_____

C. Payroll reconciliation: ***Purpose to Confirm Auditor Received the entire Payroll***

Year/Quarter selected: _____ **Tax Document:** _____

	Payroll	
Gross wages paid		
Adjustments		
Reconciled wages	$ -	$ -

If unable to reconcile above, describe how you determined that you had complete payroll:

D. Type of payroll: _____ Employee sort: _____
(Manual, ADP, QuickBooks etc.) (Alpha, SS#, EE Code)

Pay types (weekly, bi-weekly, semi-monthly, etc.): _____
Cycle (ex: s/s=Sun, p/d=Fri): _____
Weeks used on Employer's Contribution Reports: _____

ALL Departments: _____

E. Review Testing and Results:

Classification (entire payroll) ***Purpose to Confirm the employer is classifying all correctly***

Documents Used: _____
Procedure: _____

Result: _____

Bargaining Unit **(covered department)** ***Purpose is to Confirm all employees working in the covered department have been reported to the Funds***

Documents Used: _____
Procedure: _____

Result: _____

For Unreported Employees, were dues deducted from Pay?
Result: _____

If you did not obtain a copy of the W-2's , Document Name, Address and Social Security number for all EE's performing covered work not reported to Funds.
If unable to obtain, explain: _____

auditor_____

reviewer_____

NOVAK FRANCELLA LLC

PAYROLL COMPLIANCE REVIEW
PROGRAM

Units (hours/wages, weeks & months) ***Purpose is to Confirm the employer is reporting the correct Units to the Funds***

Documents Used: _____

Procedure: _____

_____

_____

_____

Result: _____

_____

For Unreported Units. were dues deducted from Pay?

Result: _____

_____

Owner Operator/Non-Bargaining

Does the ER report OO/Non-Barg EE's: _____

If yes, list all individuals: _____

Is there a Participation Agreement (Y/N): _____

How are hours reported to the Funds: _____

_____

_____

Is it in accordance w/Agreement or Policy: _____

_____

Rates ***Purpose is to Confirm the employer is paying contributions at the correct Rates to the Funds***

Procedure: _____

_____

_____

_____

Result: _____

_____

Cash Disbursements/1099s: ***Purpose is to Confirm the employer is not paying additional wages off of the Payroll Records***

Procedure: _____

_____

_____

_____

Result: _____

_____

If employer claims disbursements are for job/travel expenses: Review receipts, job location, per diem rates used

Procedure: _____

_____

_____

Result: _____

_____

If employer claims work is performed outside Jurisdiction Review:

Verify area where job was performed/Materials delivered via vendor/sales invoices

Procedure: _____

_____

_____

Result: _____

_____

auditor_____

reviewer_____

F. Does the employer use a temporary employment agency or have anyone who is an independent contractor: Yes_____ No_____

Purpose is to Confirm the employer is not using the Temp Agency/ Independent contractor to not pay contributions

Procedure: _____

Result: _____

G. Are there any special instructions from the Fund which needs to be addressed?
Were all issues addressed?

H. Conclude on the findings:

3 PAYROLL COMPLIANCE REVIEW REPORT

A List all exceptions. Provide explanation as to the nature of each exception. Include DOH, term, and eligibility date where applicable. Document rate changes. Provide employee class where applicable.

B. Compute the amount of underpayment and/or overpayment.

4 EXIT INTERVIEW

A. Conduct an exit interview according to the Fund's policy.

B. Employer will receive: 10-day letter _____
No letter _____

C. Employer representative (s) present during exit interview:
Name *Title*

D. Employer's response to exit interview:

auditor_____

reviewer_____

E. **Any additional information/issues relevant to the audit not noted above:**

_____

_____

_____

_____

_____

5 SUBMIT COMPLETED FILE FOR REVIEW

A. Payroll compliance review program completed.

Date January 0, 1900

B. Auditor: _____

6 FILE REVIEW

Reviewer: _____ Date: _____

PTR Review: _____ Date: _____

auditor_____

reviewer_____

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-800-730-2241. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at www.associated-admin.com or call 1-800-730-2241 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	**$800** Individual **/$1,600** Family. Balance billing, excluded services, **Preventive care**, and **deductibles** for specific services do not count toward the **deductible**.	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible. Check your policy or plan document to see when the **deductible** starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the **deductible.**
Are there services covered before you meet your deductible?	Yes. **Preventive care and COVID-19 Testing**	This plan covers some items and services even if you haven't met the deductible amount, but a copayment or coinsurance may apply. For example, this plan covers certain **preventive services** without **cost-sharing** and before you meet your **deductible**. See a list of covered **preventive services** at https://www.healthcare.gov/coverage/preventive-care-benefits/. This plan also covers COVID-19 testing without any cost-sharing.
Are there other deductibles for specific services?	Yes. **$100 deductible** per hospital confinement. There are no other specific **deductibles**	You must pay all of the costs for these services up to the specific deductible amount before this plan begins to pay for these services. You don't have to meet deductibles for specific services. See chart starting on page 2 for other costs for services this plan covers.
What is the out-of-pocket limit for this plan?	Medical in-**network**: **$6,250** Individual / **$12,500** Family Prescription Drugs: **$1,100** Individual/ **$2,200** Family	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	**Premiums**, **balance-billing charges**, health care this plan does not cover, and penalties for failure to obtain pre-authorization for services	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider?	Yes, but only in certain circumstances. See www.cignasharedadministration.com	This plan uses a provider network. You will generally pay less if you use a provider in the plan's network. If you use an out-of-network provider, you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). However,

For more information about limitations and exceptions, see the plan or policy document at www.associated-admin.com

	or call 1-800-768-4695 for a list of **network providers**	balance billing will not apply to emergency services, certain services provided by an out-of-network provider at a network facility, and out-of-network services provided without sufficient notice to you. If possible, check with your provider before you obtain services.
Do you need a referral to see a specialist?	No	You can see the specialist you choose without a referral.

All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	After plan pays $35/visit, you pay 20% **coinsurance** of the Maximum Allowed Amount	After plan pays $35/visit, you pay 20% **coinsurance** of the Maximum Allowed Amount	Maximum of 90 visits/year except for **preventive services.**
	Specialist visit	After plan pays $35/ visit, you pay 20% **coinsurance** of the Maximum Allowed Amount	After plan pays $35/ visit, you pay 20% **coinsurance** of the Maximum Allowed Amount	Maximum of 90 visits/year except for **preventive services.**
	Preventive care/screening/ immunization	No charge	No charge	No **deductible** for **in-network/ out-of-network** visits. You may have to pay for services that are not preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	20% **coinsurance** of the Maximum Allowed Amount	20% **coinsurance** of the Maximum Allowed Amount	**Preauthorization** required for outpatient services.
	Imaging (CT/PET scans, MRIs)	20% **coinsurance** of the Maximum Allowed Amount	20% **coinsurance** of the Maximum Allowed Amount	**Preauthorization** required for outpatient services.
If you need drugs to treat your illness or condition More information about **prescription drug coverage** is available at www.mycigna.com	Generic drugs	$15.00 **copay** per prescription	$15.00 **copay** per prescription	**Preauthorization** required for prescriptions of more than a 34-day supply or 180 tablets. You are responsible for a **copay** and difference in cost if you elect a name brand drug when a generic option is available. Not covered if Wal-Mart or Sam's Club pharmacies are used.
	Preferred brand drugs	$40.00 **copay** per prescription	$40.00 **copay** per prescription	
	Non-preferred brand drugs	$75.00 **copay** per prescription	$75.00 **copay** per prescription	
	Specialty drugs	$75.00 **copay** per	$75.00 **copay** per	

For more information about limitations and exceptions, see the plan or policy document at www.associated-admin.com

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
		prescription	prescription	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% **coinsurance** of the Maximum Allowed Amount	20% **coinsurance** of the Maximum Allowed Amount	**Preauthorization** required for outpatient services.
	Physician/surgeon fees	20% **coinsurance** of the Maximum Allowed Amount	20% **coinsurance** of the Maximum Allowed Amount	**Preauthorization** required for outpatient services.
If you need immediate medical attention	Emergency room care	20% **coinsurance** of the Qualifying Payment Amount	20% **coinsurance** of the Qualifying Payment Amount	Expenses must be incurred within 72 hours of accident or illness. Non-Emergency Illness not covered. The Qualifying Payment Amount (QPA) is based on the median of the in-network rates payable for the same or similar service in the same geographic region, adjusted for inflation. You will never be balance billed for treatment of an Emergency Illness, even if an out-of-network provider charges more than the QPA.
	Emergency medical transportation	20% **coinsurance** of the Qualifying Payment Amount	20% **coinsurance** of the Qualifying Payment Amount	You will never be balance billed for treatment of an Emergency Illness, even if an out-of-network provider charges more than the QPA.
	Urgent care	After plan pays $35/ visit, you pay 20% **coinsurance** of the Qualifying Payment Amount	After plan pays $35/visit, you pay 20% **coinsurance** of the Qualifying Payment Amount	You will never be balance billed for treatment of an Emergency Illness, even if an out-of-network provider charges more than the QPA.
If you have a hospital stay	Facility fee (e.g., hospital room)	20% **coinsurance** of the Maximum Allowed Amount	20% **coinsurance** of the Maximum Allowed Amount	**Preauthorization** for all admissions or benefits required. **$100 deductible** per confinement. Max/**180 days** inpatient medical, surgical, mental health, substance abuse disorder.
	Physician/surgeon fees	20% **coinsurance** of the Maximum Allowed	20% **coinsurance** of the Maximum Allowed Amount	Maximum of 90 visits/year.

For more information about limitations and exceptions, see the plan or policy document at www.associated-admin.com

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
		Amount		
If you need mental health, behavioral health, or substance abuse services	Outpatient services	After plan pays $35/ visit, you pay 20% **coinsurance** of the Maximum Allowed Amount	After plan pays $35/ visit, you pay 20% **coinsurance** of the Maximum Allowed Amount	Maximum of 90 visits/year.
	Inpatient services	20% **coinsurance** of the Maximum Allowed Amount	20% **coinsurance** of the Maximum Allowed Amount	**Preauthorization** for all admissions or benefits required. **$100 deductible** per confinement. Max/**180 days** inpatient medical, surgical, mental health, substance abuse disorder
If you are pregnant	Office visits	Prenatal - No charge/ Postnatal - After plan pays $35/visit, you pay 20% **coinsurance** (of the Maximum Allowed Amount	Prenatal - No charge/ Postnatal - After plan pays $35/visit, you pay 20% **coinsurance** of the Maximum Allowed Amount	Cost Sharing does not apply for **Preventive** prenatal care.
	Childbirth/delivery professional services	20% **coinsurance** of the Maximum Allowed Amount	20% **coinsurance** of the Maximum Allowed Amount	**Preauthorization** required for hospital admissions. **$100 deductible** per hospital confinement.
	Childbirth/delivery facility services	20% **coinsurance** of the Maximum Allowed Amount	20% **coinsurance** of the Maximum Allowed Amount	**Preauthorization** required for hospital admissions. **$100 deductible** per hospital confinement.
If you need help recovering or have other special health needs	Home health care	20% **coinsurance** of the Maximum Allowed Amount	20% **coinsurance** of the Maximum Allowed Amount	**Preauthorization** required.
	Rehabilitation services	Outpatient - 20% **coinsurance** of the Maximum Allowed Amount	Outpatient - 20% **coinsurance** of the Maximum Allowed Amount	**Preauthorization** required. Preauthorization required after Physical and Occupational therapy max/16 visits per year Preauthorization required after Speech therapy max/26 visits per year for dependents diagnosed with autism.

For more information about limitations and exceptions, see the plan or policy document at www.associated-admin.com

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	Habilitation services	Outpatient - 20% **coinsurance** of the Maximum Allowed Amount	Outpatient - 20% **coinsurance** of the Maximum Allowed Amount	**Preauthorization** required.
	Skilled nursing care	Outpatient - 20% **coinsurance** of the Maximum Allowed Amount	Outpatient - 20% **coinsurance** of the Maximum Allowed Amount	**Preauthorization** required.
	Durable medical equipment	20% coinsurance of the Maximum Allowed Amount	Not covered	Must use CareCentrix.
	Hospice services	Inpatient - 20% **coinsurance** plus charges greater than **$3,000**/per period of care. Outpatient - 20% **coinsurance** plus charges greater than **$2,000**/per period of care	Inpatient - 20% **coinsurance** plus charges greater than **$3,000**/per period of care. Outpatient - 20% **coinsurance** plus charges greater than **$2,000**/per period of care	Patient with a life expectancy of six months or less. Certain lifetime limits may apply.
If your child needs dental or eye care	Children's eye exam	$10 **copay**/visit - **in-network provider**	Not covered	Once every 12 months – Group Vision Services.
	Children's glasses	$10 **copay**/visit - **in-network provider**	Not covered	Certain lenses once every 12 months, frames once every 24 months – Group Vision Services.
	Children's dental check-up	No charge - participating **provider**	Not covered	Certain dental procedures are excluded. See benefits guide for details. Dental Health Centers.

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Acupuncture
- Cosmetic surgery (generally excluded with certain exceptions)
- Infertility treatment
- Long-term care
- Non-emergency care when traveling outside the U.S.
- Private-duty nursing
- Routine foot care (Frequency limits apply)
- Weight loss programs

For more information about limitations and exceptions, see the plan or policy document at www.associated-admin.com

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)	
• Bariatric surgery (If deemed medically necessary) • Chiropractic care (Ninth and subsequent visits must be pre-authorized)	• Dental care (Adult) • Hearing aids • Routine eye care (Adult)

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: U.S. Department of Labor Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform.

Does this plan provide Minimum Essential Coverage? Yes.
Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this plan meet the Minimum Value Standards? Yes.
If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

Language Access Services:
Spanish (Español): Para obtener asistencia en Español, llame al 1-800-730-2241.
Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-730-2241.
Chinese (中文): 如果需要中文的帮助，请拨打这个号码 1-800-730-2241.
Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwiijigo holne' 1-800-730-2241.

*To see examples of how this **plan** might cover costs for a sample medical situation, see the next section.*

About these Coverage Examples:

This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

The plan's overall deductible	$800
Specialist coinsurance	20%
Hospital (facility) coinsurance	20%
Other coinsurance	20%

This EXAMPLE event includes services like:
Specialist office visits *(prenatal care)*
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests *(ultrasounds and blood work)*
Specialist visit *(anesthesia)*

Total Example Cost	**$12,700**

In this example, Peg would pay:

Cost Sharing	
Deductibles*	$900
Copayments	$10
Coinsurance	$700
What isn't covered	
Limits or exclusions	$60
The total Peg would pay is	**$1,670**

Managing Joe's type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

The plan's overall deductible	$800
Specialist coinsurance	20%
Hospital (facility) coinsurance	20%
Other coinsurance	20%

This EXAMPLE event includes services like:
Primary care physician office visits *(including disease education)*
Diagnostic tests *(blood work)*
Prescription drugs
Durable medical equipment *(glucose meter)*

Total Example Cost	**$5,600**

In this example, Joe would pay:

Cost Sharing	
Deductibles*	$800
Copayments	$1,000
Coinsurance	$100
What isn't covered	
Limits or exclusions	$20
The total Joe would pay is	**$1,920**

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

The plan's overall deductible	$800
Specialist coinsurance	20%
Hospital (facility) coinsurance	20%
Other coinsurance	20%

This EXAMPLE event includes services like:
Emergency room care *(including medical supplies)*
Diagnostic test (*x-ray*)
Durable medical equipment *(crutches)*
Rehabilitation services *(physical therapy)*

Total Example Cost	**$2,800**

In this example, Mia would pay:

Cost Sharing	
Deductibles*	$800
Copayments	$10
Coinsurance	$300
What isn't covered	
Limits or exclusions	$0
The total Mia would pay is	**$1,110**

*Note: This plan has other deductibles for specific services included in this coverage example. See "Are there other deductibles for specific services?" above. The **plan** would be responsible for the other costs of these EXAMPLE covered services.