Bakers Union and FELRA
Health and Welfare Fund
Board of Trustees Meeting
December 6, 2023

Bakers Union and FELRA
Health and Welfare Fund

911 Ridgebrook Road
Sparks, MD 21152-9451
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BOARD OF TRUSTEES MEETING
DECEMBER 6, 2023

AGENDA

I. Call to Order

II. Minutes - Regular Meeting held September 13, 2023

III. Fund Auditor –Joe Herishen, Calibre CPA Group, LLC
   A. 2022 Plan Year Annual Audit Report
   B. Audit Engagement Letter

IV. Financial Report - Chris Little, PNC

V. Optum Rx - Holly Agoney, Optum Rx.

VI. Co-Counsel Report

VII. Administrative Managers Report – Third Quarter 2023

VIII. Invoices

IX. Appeal

X. Other Fund Business

XI. 2024 Meeting Dates

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DRAFT

MINUTES OF THE MEETING OF THE BOARD OF TRUSTEES OF THE BAKERS UNION AND FELRA HEALTH AND WELFARE FUND SEPTEMBER 13, 2023 LANDOVER, MARYLAND

The following Trustees were present:

UNION TRUSTEE
L. Jones
G. Oskoian - Chairman

EMPLOYER TRUSTEES
M. Goble
J. Williams

Also present were:
M. DeLancey - Blank Rome, LLP
J. Kimble - Morgan, Lewis & Bockius, LLP
C. Little - PNC Bank, NA
K. Phillips - Associated Administrators, LLC
D. Welch - Associated Administrators, LLC

I. CALL TO ORDER

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

II. MINUTES

The Trustees reviewed the minutes of the regular Board meeting held on June 29, 2023, which were circulated in advance of the meeting.

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

RESOLVED, that the minutes of the regular Board meeting held on June 29, 2023 are approved as presented.

III. FINANCIAL REPORT – PNC BANK, NA – SUMMARY OF ACTIVITY

The Trustees welcomed Mr. Little, of PNC Bank, NA to the meeting.

Mr. Little presented the Summary of Activity Report for the period ending July 31, 2023, a copy of which is attached to and made a part of these minutes as Exhibit A. The report showed a beginning market value of $1,495,060, net contributions and withdrawals that resulted in a gain of $2,981, investment income of $31,401, producing an ending market value of $1,408,452.

Mr. Little presented the portfolio holdings as of July 31, 2023. The Fund holds 19.4% in limited maturity bonds, with a market value of $273,606 and 80.6% in cash with a market value of $1,134,847. Mr. Little noted the one year return was 3.68% and the year to date return was 2.65%. He recommended no changes to the portfolio at this time.

The Trustees thanked Mr. Little for his presentation and he was excused from the remainder of the meeting.

IV. OPTUM Rx

Ms. Welch reviewed the report prepared by Optum Rx titled Plan Performance Report for the period January 2023 to June 2023, a copy of which is attached to and made a part of these minutes as Exhibit B. She reviewed the Plan's drug utilization and costs for the period January 2023 to June 2023. The Plan cost per member per month (pmpm) was $165.21 for the period January 2023 to June 2023 as compared to $114.15 for the period of January 2022 through June 2022. The OptumRx Taft Hartley book of business ("BOB") per member per month cost for the period January 2023 to March 2023 was $126.34. Specialty drugs accounted for 98.6% of the Plan's drug cost. The top twenty traditional and specialty drugs paid by the Plan from January 1, 2023 to June 30, 2023 were reviewed. She also reported the Utilization Management Program savings for January 2023 through June 2023 was $159,600, Vigilant Drug Program savings was $11,096 and Variable Co-payment Program was $8,664.

The top traditional disease state is Diabetes, the top specialty disease state is Inflammatory Conditions. The top 5 disease states accounted for 75% of total plan paid.

V. CO-COUNSEL REPORT

A. Mental Health Parity and Addition Equity Act ("MHPAEA") Comparative Analyses of Non-Quantative Treatment Limitations ("NQTL")

Mr. Kimble reported that Fund Counsel reviewed the MZQ Consulting Service Addendum for completion of the the Mental Health and Addiction Comparative Analysis.

Ms. Welch noted the Trustees signed the MZQ Consulting Service Addendum and weekly meetings have been set up with MZQ Consulting to review the status of the analysis until completed.

B. Consolidated Appropriations Act ("CAA") Gag Clause Prohibition Attestation

Mr. Kimble informed the Trustees that CAA prohibits plans from entering into contracts that contain gag clauses that would prevent the disclosure of cost or quality of care information or data, and certain other information to active or eligible participants, beneficiaries, and enrollees of the plan or coverage, plan sponsors, or referring providers, or restrict the plan or issuer from sharing such information with a business associate, consistent with applicable privacy regulations.

Mr. Kimble noted Plans will be required to submit an annual attestation of compliance with the applicable gag clause provisions to the Department of Labor, Treasury and Health and Human Services. The first attestation will cover the period beginning December 27, 2020 and ending on the date of the attestation. Subsequent annual attestations will be due by December 31 of each year.

Co-Counsel will be reviewing the Plan vendor contracts to assure no gag clauses are in place and working with the Administrative Services Manager to prepare the attestation.

VI. ADMINISTRATIVE MANAGER REPORT

Ms. Welch presented the Administrative Manager Report for the second quarter of 2023. The report showed employer contribution income of $1,020,244, employee payroll deductions of $37,835, interest and dividend income of $3,491, and miscellaneous income of $0, producing a total income of $1,065,283. Expenses included $421,362 for medical benefits, $30,671 for CIGNA premiums, $40,699 for dental premiums, $10,943 for disability benefits, $262,086 for prescription drug benefits, $4,800 for life insurance benefits, $34,301 for stop loss insurance, $5,382 for optical benefits, and $70,704 in operating expenses, producing total expenses of $880,948 and resulting in a surplus of $184,335. Contributions were made on behalf of 411 active participants and that there were no delinquencies.

Ms. Welch noted that as of August 31, 2023, the Fund had $1,406,410.52 in reserves, representing 4.1 months of reserves.

VII. INVOICES

Ms. Welch reviewed a list of invoices dated September 13, 2023. She stated that there were no additions, deletions or changes to the list. The Trustees reviewed the list and determined that all invoices represent proper Fund expenses.

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

RESOLVED, to approve payment of the invoices dated September 13, 2023 as presented.

VIII. OTHER FUND BUSINESS

A. Mental Health Parity and Addition Equity Act ("MHPAEA") Comparative Analyses of Non-Quantative Treatment Limitations ("NQTL")

Ms. Welch reported that the Trustees via email poll on July 21, 2023 unanimously approved to engage MZQ Consulting to complete the Mental Health and Addiction Equity Comparative Analysis for a fee of $9,000.

B. Cybersecurity Vendor Due Diligence Assessment

Ms. Welch presented the Vendor Due Diligence Assessment prepared by PKF O'Connor Davies. PKF O'Connor Davies reviewed the Plan Vendors cybersecurity programs to assure they are in line with the cybersecurity guidance issued by the Department of Labor. PKF O'Connor determined all Plan Vendors have well defined cybersecurity programs and meet all the security requirements specified by the Department of Labor.

C. Summary Annual Report ("SAR")

Ms. Welch presented a copy of the SAR prepared by the Fund Auditor and reviewed by Fund Counsel.

D. Life, Accidental Death and Dismemberment ("AD&D") and Accident and Sickness Benefit Carrier

Ms. Welch noted the Trustees via email poll on July 15, 2023 unanimously approved hiring Boston Mutual as the carrier for the Life Insurance, AD&D and Accident and Sickness Benefit effective October 1, 2023 through September 30, 2025.

E. Delta Dental

Ms. Welch reported the Trustees via email poll on July 14, 2023 unanimously approved the Delta Dental renewal proposal. The proposal included a 6.06% increase in the current premium of $41.11 to $43.60, for the coverage period of September 1, 2023 to August 31, 2025.

F. Patient Centered Outcomes Research Institute ("PCORI")

Ms. Welch reported that the PCORI fee was mailed on July 10, 2023 in the amount of $1,857.

G. Form 5500 and Form 990

Ms. Welch reported that the Fund's Auditor, Calibre, filed the Form 5500 and Form 990 on July 14, 2023.

IX. NEXT MEETING DATE AND LOCATION

After discussion, the Trustees noted that the next regular Board meetings is scheduled held at Ruth's Chris in Odenton, Maryland on Wednesday December 6, 2023 at 12:00 p.m.

X. ADJOURNMENT

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

Respectfully submitted,

Michael Goble

Attachments:

Exhibit A: PNC Capital Advisors Investment Review for Period Ending July 31, 2023
Exhibit B: Optum Rx Plan Performance Report January 2023 through June 2023

BAKERS UNION AND FELRA

HEALTH AND WELFARE FUND

THIRD QUARTER 2023

ADMINISTRATIVE MANAGER'S REPORT

THIRD QUARTER 2023
PLAN 1
CONTRIBUTIONS

EMPLOYER CONTRIBUTIONS

	FT/PT	RATE	PARTICIPANTS	CONTRIBUTIONS
GIANT	FT	$ 1,225.62	81	$ 299,051
SAFEWAY	FT	$ 1,225.62	134	$ 492,699
TOTAL			**215**	**$ 791,750**

EMPLOYEE PAYROLL

GIANT	$ 42.54	95	$ 16,150
SAFEWAY	$ 42.54	195	$ 23,941
TOTAL		**290**	**$ 40,091**

THIRD QUARTER 2023
PLAN 1
EXPENSES

BENEFIT EXPENSES

BENEFIT	RATE	EXPENSE	COMMENT
MEDICAL		$ 392,557	
CIGNA	$ 32.06	$ 20,778	
DELTA DENTAL	$ 41.11	$ 25,716	
DISABILITY		$ 9,371	
OPTUM RX		$ 227,137	1,351 SCRIPTS
LIFE/AD&D	$3.90/.40	$ 3,100	
OPTICAL PROVIDER	$ 5.36	$ 3,425	
STOP LOSS	$ 27.83	$ 23,369	
SUB TOTAL		$ 705,453	

OPERATING EXPENSES

ADMINISTRATION	$ 31.60	$ 20,414	
MISCELLANEOUS		$ 27,243	
SUB TOTAL		$ 47,657	

TOTAL EXPENSES	**$ 753,110**

MISCELLANEOUS EXPENSES

ACCOUNTING	$ 3,572
BONDING AND FIDUCIARY INSURANCE	$ -
CONSULTANTS	$ 6,124
CYBER SECURITY INSURANCE	$ -
IFEBP MEMBERSHIP DUES	$ -
INVESTMENT FEES	$ -
LEGAL	$ 11,207
MEETINGS	$ -
ACA REGULATIONS	$ -
PCORI FEE	$ 1,264
PNC ACCOUNT FEE	$ 302
POSTAGE	$ 171
PRINTING	$ 175
RECORD SEARCH	$ -
SOFTWARE SUPPORT	$ 4,341
TELEPHONE	$ 87
TRANSITIONAL REINSURANCE	$ -

TOTAL MISCELLANEOUS EXPENSES	**$ 27,243**

THIRD QUARTER 2023
PLAN 1
QUARTERLY RECAP

INCOME	FIRST 2023	SECOND 2023	THIRD 2023	FOURTH 2023	TOTAL
EMPLOYER CONTRIBUTIONS	$ 829,744	$ 808,909	$ 791,750	$ -	$ 2,430,403
EMPLOYEE PAYROLL	$ 33,361	$ 37,835	$ 40,091	$ -	$ 111,287
COBRA	$ 4,950	$ 3,713	$ 2,475	$ -	$ 11,138
TOTAL INCOME	**$ 868,055**	**$ 850,457**	**$ 834,316**	$ -	**$ 2,552,828**

	FIRST 2023	SECOND 2023	THIRD 2023	FOURTH 2023	TOTAL
MEDICAL	$ 318,176	$ 380,884	$ 392,557	$ -	$ 1,091,617
CIGNA	$ 22,307	$ 20,580	$ 20,778	$ -	$ 63,665
DENTAL-DENEX	$ 26,434	$ 26,598	$ 25,716	$ -	$ 78,748
DISABILITY	$ 6,114	$ 4,114	$ 9,371	$ -	$ 19,599
DRUG	$ 178,658	$ 214,868	$ 227,137	$ -	$ 620,663
LIFE	$ 3,255	$ 3,110	$ 3,100	$ -	$ 9,465
OPTICAL	$ 3,374	$ 3,302	$ 3,425	$ -	$ 10,101
STOP LOSS	$ 25,773	$ 23,343	$ 23,369	$ -	$ 72,485
OPERATING EXPENSE	$ 34,844	$ 42,571	$ 47,657	$ -	$ 125,072
TOTAL EXPENSE	$ 618,935	$ 719,370	$ 753,110	$ -	$ 2,091,415
SURPLUS (DEFICIT)	**$ 249,120**	**$ 131,087**	**$ 81,206**	$ -	**$ 461,413**

	FIRST 2023	SECOND 2023	THIRD 2023	FOURTH 2023	AVERAGE
TOTAL PARTICIPANTS	225	220	215		220

THIRD QUARTER 2023
PLAN 3
CONTRIBUTIONS

EMPLOYER CONTRIBUTIONS

	FT/PT	RATE	PARTICIPANTS	CONTRIBUTIONS
GIANT	FT	$ 593.00	39	$ 69,974
GIANT	PT	$ 161.42	13	$ 6,456
SAFEWAY	FT	$ 593.00	58	$ 103,182
SAFEWAY	PT	$ 161.42	59	$ 28,410
TOTAL			**169**	**$ 208,022**

THIRD QUARTER 2023
PLAN 3
EXPENSES

BENEFIT EXPENSES

BENEFIT	RATE	EXPENSE	COMMENT
MEDICAL		$ 67,363	
CIGNA	$ 32.06	$ 9,366	
DELTA DENTAL	$ 41.11	$ 12,033	
DISABILITY		$ 7,686	
OPTUM RX		$ 87,298	503 SCRIPTS
LIFE/AD&D	$ 3.90 /.40	$ 1,425	
OPTICAL PROVIDER	$ 5.36	$ 1,613	
STOP LOSS	$ 27.83	$ 10,933	
SUB TOTAL		$ 197,717	

OPERATING EXPENSES

ADMINISTRATION	$ 31.60	$ 16,053	
MISCELLANEOUS		$ 12,796	
SUB TOTAL		$ 28,849	

TOTAL EXPENSES	**$ 226,566**

MISCELLANEOUS EXPENSES

ACCOUNTING	$ 1,678
CONSULTANTS	$ 2,876
CYBER SECURITY INSURANCE	$ -
IFEBP MEMBERSHIP DUES	$ -
LEGAL	$ 5,264
PCORI	$ 593
PNC ACCOUNT FEE	$ 142
PRINTING	$ 82
TELEPHONE	$ 41
TOTAL MISCELLANEOUS EXPENSES	**$ 12,796**

THIRD QUARTER 2023
PLAN 3
QUARTERLY RECAP

INCOME	FIRST 2023	SECOND 2023	THIRD 2023	FOURTH 2023	TOTAL
EMPLOYER CONTRIBUTIONS	$ 221,065	$ 210,332	$ 208,022		$ 639,419
TOTAL INCOME	$ 221,065	$ 210,332	$ 208,022	$ -	$ 639,419

EXPENSES	FIRST 2023	SECOND 2023	THIRD 2023	FOURTH 2023	TOTAL
MEDICAL	$ 594,270	$ 40,478	$ 67,363	$ -	$ 702,111
CIGNA	$ 9,190	$ 10,091	$ 9,366	$ -	$ 28,647
DENTAL-DENEX	$ 11,511	$ 12,004	$ 12,033	$ -	$ 35,548
DISABILITY	$ -	$ 6,829	$ 7,686	$ -	$ 14,515
DRUG	$ 68,737	$ 47,218	$ 87,298	$ -	$ 203,253
LIFE	$ 1,395	$ 1,440	$ 1,425	$ -	$ 4,260
OPTICAL	$ 1,522	$ 1,812	$ 1,613	$ -	$ 4,947
STOP LOSS	$ -	$ 10,958	$ 10,933	$ -	$ 21,891
OPERATING EXPENSE	$ 22,401	$ 26,901	$ 28,849	$ -	$ 78,151
TOTAL EXPENSE	$ 709,026	$ 157,731	$ 226,566	$ -	$ 1,093,323
SURPLUS (DEFICIT)	$ (487,961)	$ 52,601	$ (18,544)	$ -	$ (453,904)

	FIRST 2023	SECOND 2023	THIRD 2023	FOURTH 2023	AVERAGE
TOTAL PARTICIPANTS	179	178	169		175

THIRD QUARTER 2023
PLAN 4
CONTRIBUTIONS

EMPLOYER CONTRIBUTIONS

	FT/PT	RATE	PARTICIPANTS	CONTRIBUTIONS
GIANT	PT	$ 25.72	7	$ 566
SAFEWAY	PT	$ 25.72	21	$ 1,621
TOTAL			**28**	**$ 2,187**

THIRD QUARTER 2023
PLAN 4
EXPENSES

BENEFIT EXPENSES

BENEFIT	RATE	EXPENSE	COMMENT
MEDICAL		$ -	
CIGNA	$ 32.06	$ -	
DELTA DENTAL	$ 41.11	$ 1,926	
DISABILITY	$ -	$ -	
LIFE/AD&D	$ 3.90 /.40	$ 250	
OPTICAL PROVIDER	$ 5.36	$ 247	
SUB TOTAL		$ 2,423	

OPERATING EXPENSES

ADMINISTRATION	$ 31.60	$ 2,686	
MISCELLANEOUS		$ -	
SUB TOTAL		$ 2,686	

TOTAL EXPENSES	**$ 5,109**

THIRD QUARTER 2023
PLAN 4
QUARTERLY RECAP

INCOME	FIRST 2023	SECOND 2023	THIRD 2023	FOURTH 2023	TOTAL
EMPLOYER CONTRIBUTIONS	$ 1,130	$ 1,003	$ 2,187	$ -	$ 4,320
TOTAL INCOME	$ 1,130	$ 1,003	$ 2,187	$ -	$ 4,320

EXPENSES	FIRST 2023	SECOND 2023	THIRD 2023	FOURTH 2023	TOTAL
MEDICAL	$ -	$ -	$ -	$ -	$ -
CIGNA	$ 296	$ -	$ -	$ -	$ 296
DENTAL-DENEX	$ 2,056	$ 2,097	$ 1,926	$ -	$ 6,079
DISABILITY	$ -	$ -	$ -	$ -	$ -
DRUG	$ -	$ -	$ -	$ -	$ -
LIFE	$ 227	$ 250	$ 250	$ -	$ 727
OPTICAL	$ 284	$ 268	$ 247	$ -	$ 799
STOP LOSS	$ -	$ -	$ -	$ -	$ -
OPERATING EXPENSE	$ 1,706	$ 1,232	$ 2,686	$ -	$ 5,624
TOTAL EXPENSE	$ 4,569	$ 3,847	$ 5,109	$ -	$ 13,525
SURPLUS (DEFICIT)	$ (3,439)	$ (2,844)	$ (2,922)	$ -	$ (9,205)

	FIRST 2023	SECOND 2023	THIRD 2023	FOURTH 2023	AVERAGE
TOTAL PARTICIPANTS	15	13	28		19

2023
COMBINED
QUARTERLY RECAP

INCOME	FIRST 2023	SECOND 2023	THIRD 2023	FOURTH 2023	TOTAL
EMPLOYER CONTRIBUTIONS	$ 1,051,939	$ 1,020,244	$ 1,001,959	$ -	$ 3,074,142
EMPLOYEE PAYROLL	$ 33,361	$ 37,835	$ 40,091	$ -	$ 111,287
COBRA	$ 4,950	$ 3,713	$ 2,475	$ -	$ 11,138
INTEREST & DIVIDENDS	$ 8,753	$ 3,491	$ 29,185	$ -	$ 41,429
MISCELLANEOUS INCOME	$ 44,950	$ -	$ 51,140	$ -	$ 96,090
TOTAL INCOME	$ 1,143,953	$ 1,065,283	$ 1,124,850	$ -	$ 3,334,086

EXPENSES	FIRST 2023	SECOND 2023	THIRD 2023	FOURTH 2023	TOTAL
MEDICAL	$ 912,446	$ 421,362	$ 459,920	$ -	$ 1,793,728
CIGNA	$ 31,793	$ 30,671	$ 30,144	$ -	$ 92,608
DENTAL-DENEX	$ 40,001	$ 40,699	$ 39,675	$ -	$ 120,375
DISABILITY	$ 6,114	$ 10,943	$ 17,057	$ -	$ 34,114
DRUG	$ 247,395	$ 262,086	$ 314,435	$ -	$ 823,916
LIFE	$ 4,877	$ 4,800	$ 4,775	$ -	$ 14,452
OPTICAL	$ 5,180	$ 5,382	$ 5,285	$ -	$ 15,847
STOP LOSS	$ 25,773	$ 34,301	$ 34,302	$ -	$ 94,376
OPERATING EXPENSE	$ 58,951	$ 70,704	$ 79,192	$ -	$ 208,847
TOTAL EXPENSE	$ 1,332,530	$ 880,948	$ 984,785	$ -	$ 3,198,263
SURPLUS (DEFICIT)	**$ (188,577)**	**$ 184,335**	**$ 140,065**	**$ -**	**$ 135,823**

	FIRST 2023	SECOND 2023	THIRD 2023	FOURTH 2023	AVERAGE
TOTAL PARTICIPANTS	419	411	412	0	414

FUND RESERVE	$ 1,161,224	$ 1,308,815	$ 1,406,519	$ -

2022
COMBINED
QUARTERLY RECAP

INCOME	FIRST 2022	SECOND 2022	THIRD 2022	FOURTH 2022	TOTAL
EMPLOYER CONTRIBUTIONS	$ 1,099,954	$ 1,104,275	$ 1,080,470	$ 1,074,034	$ 4,358,733
EMPLOYEE PAYROLL	$ 36,937	$ 38,295	$ 39,257	$ 40,306	$ 154,795
COBRA	$ 1,767	$ 4,417	$ 7,246	$ 4,242	$ 17,672
INTEREST & DIVIDENDS	$ 537	$ 980	$ 3,429	$ 9,105	$ 14,051
MISCELLANEOUS INCOME	$ 21,040	$ 20	$ 100,899	$ 43,055	$ 165,014
TOTAL INCOME	$ 1,160,235	$ 1,147,987	$ 1,231,301	$ 1,170,742	$ 4,710,265

EXPENSES	FIRST 2022	SECOND 2022	THIRD 2022	FOURTH 2022	TOTAL
MEDICAL	$ 452,688	$ 438,750	$ 350,658	$ 605,348	$ 1,847,444
CIGNA	$ 35,086	$ 32,477	$ 31,706	$ 32,380	$ 131,649
DENTAL-DENEX	$ 45,838	$ 44,070	$ 42,672	$ 43,782	$ 176,362
DISABILITY	$ 11,457	$ 13,943	$ 7,628	$ 2,257	$ 35,285
DRUG	$ 215,002	$ 217,443	$ 237,977	$ 250,250	$ 920,672
LIFE	$ 4,411	$ 4,420	$ 4,390	$ 4,373	$ 17,594
OPTICAL	$ 6,305	$ 5,783	$ 6,152	$ 6,051	$ 24,291
STOP LOSS	$ 26,578	$ 26,883	$ 26,800	$ 26,577	$ 106,838
OPERATING EXPENSE	$ 72,551	$ 76,959	$ 76,878	$ 69,452	$ 295,840
TOTAL EXPENSE	$ 869,916	$ 860,728	$ 784,861	$ 1,040,470	$ 3,555,975
SURPLUS (DEFICIT)	$ 290,319	$ 287,259	$ 446,440	$ 130,272	$ 1,154,290

	FIRST 2022	SECOND 2022	THIRD 2022	FOURTH 2022	AVERAGE
TOTAL PARTICIPANTS	442	444	432	434	438
FUND RESERVE	$ 681,439	$ 836,144	$ 1,375,297	$ 1,490,791	

OptumRX Pharmacy Rebate received 12/14/22 for - 2Qtr. 2022 - $43,055.00

BAKERS UNION & FELRA	
HEALTH AND WELFARE	
GAIN/LOSS STATEMENT	
Oct-23	
Beginning Bank Balance	**$1,450,558.52**
Contributions	348,333.37
Investments	5,702.33
Other	
TOTAL INCOME	**354,035.70**
EXPENSES:	
Medical Claims	171,552.08
Cigna	9,968.46
Dental	13,903.42
Drug	67,390.10
Disability	2,285.71
Stop Loss	10,932.87
Operating Expenses	12,961.63
Investments (change)	
TOTAL EXPENSES	**$288,994.27**
GAIN/LOSS	**$65,036.43**
Ending Bank Balance	**$1,515,594.95**
Current Months of Reserve	**4.5**
Previous Months Reserve	**4.2**

Bakers Union and FELRA
Health and Welfare Fund
As of October 31, 2023

Fund Reserve

Months of Available Fund Reserve	
Expenses	
January 1 - December 31, 2022	$ 3,555,975.00
January 1 – October 31, 2023	$ 3,794204.47
Total	$ 7,350,179.47
Per Month	$ 334,099.07
Fund Reserve	
As of October 31, 2023	**$ 1,515,594.95**
October 31, 2023	**4.5**
August 31, 2023	**4.1**
July 31, 2022	4.0
June 30, 2023	3.8
March 31, 2023	3.4
January 31, 2023	5.3
September 30, 2022	4.4
August 31, 2022	3.6
July 31, 2022	3.2
May 31, 2022	2.5
April 30, 2022	2.2
March 30, 2022	2.0
February 28, 2022	1.7

	Plan 1	Plan 2	Plan 3	Plan 4
2018	F/T $830	F/T $267	F/T $262 P/T $103	$18.40
2019	F/T $1,082	F/T $334	F/T $593 P/T $128	$24.00
2020	F/T $1,082	F/T $334	F/T $593 P/T $128	$24.00
2021	F/T $1,082	F/T $334	F/T $593 P/T $128	$24.00
June 1, 2021	F/T $ 1,225.62	F/T $ 334.00	F/T $ 593.00 P/T $ 161.42	$ 25.72

Bakers Union and FELRA Health and Welfare Fund

INVOICES

December 6, 2023

Associated Administrators, LLC		
09/25/2023	Administrative Fee for August 2023	$12,892.80
09/25/2023	Doyle Printing 3Q2023	$68.83
10/24/2023	Administrative Fee for September 2023	$13,177.20
10/24/2023	Mailing expenses - Welfare SAR and SMM	$288.40
12/01/2023	Mailing expenses - Open Enrollment	$810.16
Blank Rome, LLP		
09/18/2023	Professional Services Rendered through August 31, 2023	$1,452.00
10/05/2023	Professional Services Rendered through November 30, 2023	$4,026.00
12/04/2023	Professional Services Rendered through November 30, 2023	$2,772.00
Morgan Lewis and Brokius LLP		
10/12/2023	Professional Services Rendered through September 30, 2023	$4,792.50
10/31/2023	Professional Services Rendered through October 31, 2023	$612.00
Calibre CPA Group		
10/30/2023	Progress bill for professional services rendered in connection with the preparation of Forms 5500, SAR, and Form 990 for the year ended December 31, 2022.	$750.10
PKF O'Connor Davies		
10/30/2023	Professional services rendered Vendor due diligence on behalf of the Bakers Union and Felra H&W Fund	$7,800.00

NAME: **SS#:**

Bakers Union and FELRA Health and Welfare Fund

EMPLOYER: Safeway **LOCAL:** 118
PLAN: 3 **STATUS:** Full Time

ISSUE: Eligibility – Request for Reimbursement of Other Health Coverage Premiums #E23/110-0612

FUND RULE:
"**Initial Eligibility**

You will become eligible for benefits based upon the following: [...]

Plan 3 – Initial Eligibility for Full-Time Participants

- Effective January 1, 2015 for Participants who were hired as "Full-Time" employees (as defined under the Collective Bargaining Agreement applicable to such employment), Local 118 Participants hired on or after December 9, 2014 and Local 68 Participants hired on or after November 13, 2014, you are eligible for benefits under the Plan the first of the month following 1,200 hours of service, plus 60 days. This is subject to the Fund's receipt of contributions, when contractually required, made on your behalf by your participating employer, and subject to you completing and filing with the Fund Office the necessary enrollment forms, including any payroll deduction forms. [...]"

(Bakers Union and FELRA Health and Welfare Fund SPD, July 2016, Pages 30-32)

SUMMARY: Appeal Received: May 30, 2023

The **participant** is appealing to be allowed reimbursement in the amount of $2,993.22, for health coverage premiums she paid under another policy, for the period from October 2022 through March 2023.

Fund records indicate the participant initially became eligible for Fund coverage, under Plan 3, effective October 1, 2022. An enrollment packet was mailed to her on January 11, 2023. Completed enrollment and payroll deduction authorization forms were not received. The participant called the Fund office on March 10, 2023 regarding coverage, and another enrollment packet was mailed to her at that time. Completed enrollment and payroll deduction authorization forms were first received from the participant on March 20, 2023, signed and dated March 15, 2023. The participant was enrolled in Fund coverage, retroactively effective October 1, 2022. The participant called the Fund office again on May 8, 2023, regarding reimbursement of health coverage premiums she paid under another policy, since October 2022. The participant's appeal was received on May 30, 2023.

The participant states in summary that she was hired in April 2022 and her store manager told her during the hiring process that her health benefits would begin in 30 days. The participant states that with that information, she accepted the position and left her previous job. The participant states that she later discovered that she would have to wait 11 months, and was forced to acquire outside health coverage. The participant states that around February 2023, she began calling to start the process of getting health coverage through the Union, and later discovered that her eligibility began in October 2022. Lastly, the participant states that she strongly feels she is due reimbursement because of the lack of communication or miscommunication.

Note: The Fund office does not have any record of receiving a phone call from the participant prior to March 10, 2023. The participant's address was loaded on January 6, 2023, and matches the address on her appeal correspondence. No return mail has been received from the post office.

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

May 24, 2023

Associated Administrators
Appeals Department Bakers Union
911 Ridgebrook Road
Sparks, Md. 21152

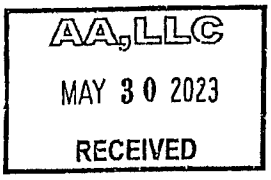
To Whom It May Concern

I am requesting reimbursement for being denied timely access to my health benefits. For clarity I have chosen bullet points to make my request. As unprecedented as this may be, my union, by its existence should be here to protect me.

- .....Hire date, April 2022 to Safeway store # 1596.
- .....Store Manager, Scott Preston, tells me during the hiring process that my health benefits would begin in 30 days.
- .....With THAT information, I accept the position and leave my previous job.
- .....I later have to discover, on my own from Les Jones, that I will have to wait 11 months.
- .....I am forced to acquire outside health care benefits.
- .....At month 10 (February 2023) I begin calling to start the process of getting my health coverage through the union.
- .....Through numerous phone calls, I once again, have to discover on my own that I was actually eligible in October of 2022, which was just 6 months into my hiring.
- .....So, from October 2022 (eligible) until April 2023 (on health care rolls) I was forced to pay out of pocket health care @ $ 498.87 / month, for 6 months. That cost me $ 2,993.22 (documentation enclosed).

It is obvious, through lack of communication, mis-communication or a combination, that I have clearly been denied timely access to my health benefits. I strongly feel as though I am due reimbursement for my out of pocket health care payments. My union was not here to protect me.

Sincerely



FREEDOM LIFE®
INSURANCE COMPANY OF AMERICA
300 Burnett Street, Suite 200, Fort Worth, Texas 76102
800-387-9027

Statement	Page 1 of 3
Statement Date	May 19, 2023
ID #	52X6028760

Plan/Member # & Effective Date: 52X602876F - 06/16/2022 | 52X602876G - 06/16/2022 |

For questions about your payment history, please contact our Customer Care Team at 800-387-9027.
Thank you for being our Customer. We appreciate you!

April 2023

Transaction Date	Payment Applied	Plan/Member Number	Plan Name	Association Membership	Reversal Date	Reason	Payment Amount	Payment Method	Paid To Date
4/18/2023	4/16/2023	52X602876F	HEALTHACCESS II FIXED INDEMNITY		4/26/2023		-$450.17		
4/18/2023	4/16/2023	52X602876G	HEALTHACCESS MEDGUARD- 5 Year Term to age 70 with ADB		4/26/2023		-$48.70		
							$0.00	TOTAL	

March 2023

Transaction Date	Payment Applied	Plan/Member Number	Plan Name	Association Membership	Reversal Date	Reason	Payment Amount	Payment Method	Paid To Date
3/16/2023	3/16/2023	52X602876F	HEALTHACCESS II FIXED INDEMNITY				$450.17		4/16/2023
3/16/2023	3/16/2023	52X602876G	HEALTHACCESS MEDGUARD- 5 Year Term to age 70 with ADB				$48.70		4/16/2023
							$498.87	TOTAL	

February 2023

Transaction Date	Payment Applied	Plan/Member Number	Plan Name	Association Membership	Reversal Date	Reason	Payment Amount	Payment Method	Paid To Date
2/16/2023	2/16/2023	52X602876F	HEALTHACCESS II FIXED INDEMNITY				$450.17		3/16/2023
2/16/2023	2/16/2023	52X602876G	HEALTHACCESS MEDGUARD- 5 Year Term to age 70 with ADB				$48.70		3/16/2023
							$498.87	TOTAL	

January 2023

Transaction Date	Payment Applied	Plan/Member Number	Plan Name	Association Membership	Reversal Date	Reason	Payment Amount	Payment Method	Paid To Date
1/16/2023	1/16/2023	52X602876F	HEALTHACCESS II FIXED INDEMNITY				$450.17		2/16/2023
1/16/2023	1/16/2023	52X602876G	HEALTHACCESS MEDGUARD- 5 Year Term to age 70 with ADB				$48.70		2/16/2023
							$498.87	TOTAL	

December 2022

* The Affordable Care Act ("ACA") generally requires individuals to maintain "minimum essential coverage" or be subject to the payment of the annual shared responsibility payment with the payment of their taxes to the federal government from 2014 – 2018. Congress eliminated the shared responsibility payment in 2019 and beyond for individuals who do not maintain ACA "minimum essential coverage" during 2019 or any year thereafter.

HEALTHACCESS II FIXED INDEMNITY, HEALTHACCESS MEDGUARD- 5 Year Term to age 70 with ADB are considered "excepted benefit plans" under the ACA and are not considered "minimum essential coverage" plans under the ACA.

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INSURANCE COMPANY OF AMERICA
300 Burnett Street, Suite 200, Fort Worth, Texas 76102
800-387-9027

Statement	Page 2 of 3
Statement Date	May 19, 2023
ID #	52X6028760

Plan/Member # & Effective Date: 52X602876F - 06/16/2022 | 52X602876G - 06/16/2022 |

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Thank you for being our Customer. We appreciate you!

2/22

Transaction Date	Payment Applied	Plan/Member Number	Plan Name	Association Membership	Reversal Date	Reason	Payment Amount	Payment Method	Paid To Date
12/16/2022	12/16/2022	52X602876F	HEALTHACCESS II FIXED INDEMNITY				$450.17		1/16/2023
12/16/2022	12/16/2022	52X602876G	HEALTHACCESS MEDGUARD- 5 Year Term to age 70 with ADB				$48.70		1/16/2023
							$498.87	TOTAL	

November 2022

1/22

Transaction Date	Payment Applied	Plan/Member Number	Plan Name	Association Membership	Reversal Date	Reason	Payment Amount	Payment Method	Paid To Date
11/16/2022	11/16/2022	52X602876F	HEALTHACCESS II FIXED INDEMNITY				$450.17		12/16/2022
11/16/2022	11/16/2022	52X602876G	HEALTHACCESS MEDGUARD- 5 Year Term to age 70 with ADB				$48.70		12/16/2022
							$498.87	TOTAL	

October 2022

10/22

Transaction Date	Payment Applied	Plan/Member Number	Plan Name	Association Membership	Reversal Date	Reason	Payment Amount	Payment Method	Paid To Date
10/16/2022	10/16/2022	52X602876F	HEALTHACCESS II FIXED INDEMNITY				$450.17		11/16/2022
10/16/2022	10/16/2022	52X602876G	HEALTHACCESS MEDGUARD- 5 Year Term to age 70 with ADB				$48.70		11/16/2022
							$498.87	TOTAL	

September 2022

Transaction Date	Payment Applied	Plan/Member Number	Plan Name	Association Membership	Reversal Date	Reason	Payment Amount	Payment Method	Paid To Date
9/16/2022	9/16/2022	52X602876F	HEALTHACCESS II FIXED INDEMNITY				$450.17		10/16/2022
9/16/2022	9/16/2022	52X602876G	HEALTHACCESS MEDGUARD- 5 Year Term to age 70 with ADB				$48.70		10/16/2022
							$498.87	TOTAL	

August 2022

AA,LLC
MAY 30 2023
RECEIVED

* The Affordable Care Act ("ACA") generally requires individuals to maintain "minimum essential coverage" or be subject to the payment of the annual shared responsibility payment with the payment of their taxes to the federal government from 2014 – 2018. Congress eliminated the shared responsibility payment in 2019 and beyond for individuals who do not maintain ACA "minimum essential coverage" during 2019 or any year thereafter.

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INSURANCE COMPANY OF AMERICA
300 Burnett Street, Suite 200, Fort Worth, Texas 76102
800-387-9027

Statement Date May 19, 2023

ID # 52X6028760

Plan/Member # & Effective Date: 52X602876F - 06/16/2022 | 52X602876G - 06/16/2022 |

For questions about your payment history, please contact our Customer Care Team at 800-387-9027.
Thank you for being our Customer. We appreciate you!

Transaction Date	Payment Applied	Plan/Member Number	Plan Name	Association Membership	Reversal Date	Reason	Payment Amount	Payment Method	Paid To Date
8/16/2022	8/16/2022	52X602876F	HEALTHACCESS II FIXED INDEMNITY				$450.17		9/16/2022
8/16/2022	8/16/2022	52X602876G	HEALTHACCESS MEDGUARD- 5 Year Term to age 70 with ADB				$48.70		9/16/2022
							$498.87	TOTAL	

July 2022

Transaction Date	Payment Applied	Plan/Member Number	Plan Name	Association Membership	Reversal Date	Reason	Payment Amount	Payment Method	Paid To Date
7/18/2022	7/16/2022	52X602876F	HEALTHACCESS II FIXED INDEMNITY				$450.17		8/16/2022
7/18/2022	7/16/2022	52X602876G	HEALTHACCESS MEDGUARD- 5 Year Term to age 70 with ADB				$48.70		8/16/2022
							$498.87	TOTAL	

June 2022

Transaction Date	Payment Applied	Plan/Member Number	Plan Name	Association Membership	Reversal Date	Reason	Payment Amount	Payment Method	Paid To Date
6/23/2022	6/16/2022	52X602876F	HEALTHACCESS II FIXED INDEMNITY				$450.17		7/16/2022
6/23/2022	6/16/2022	52X602876G	HEALTHACCESS MEDGUARD- 5 Year Term to age 70 with ADB				$48.70		7/16/2022
							$498.87	TOTAL	

* The Affordable Care Act ("ACA") generally requires individuals to maintain "minimum essential coverage" or be subject to the payment of the annual shared responsibility payment with the payment of their taxes to the federal government from 2014 – 2018. Congress eliminated the shared responsibility payment in 2019 and beyond for individuals who do not maintain ACA "minimum essential coverage" during 2019 or any year thereafter.

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MAR 20 2023

AA, LLC

Bakers Union and FELRA
Health and Welfare Fund

911 Ridgebrook Road
Sparks, MD 21152-9451
Telephone: (410) 683-6500
Toll Free: (866) 662-2537
www.associated-admin.com

8400 Corporate Drive, Suite 430
Landover, MD 20785-2361
Telephone: (301) 459-3020
Toll Free: (866) 662-2537
www.associated-admin.com

ENROLLMENT FORM

Participant (Employee) Information

Last Name	First Name	MI	OFFICE USE ONLY Effective	Terminated
Address		Local Union # 118	A.	
			B.	
City:	State	9-digit Zip Code	C.	
Telephone:	Sex: M/F F	Date Employed: 4.22.	Date of Birth:	
Your Social Security Number	Company, Job Classificati Safeway.			

Marital Status: (Married) Single Widowed Divorced Separated

Date of Marriage:

Coverage Desired: (Individual) Parent/Child Husband/Wife Family

Name of any other health insurance covering you including Medicare
Name of Insured: Type of Insurance:

Policy Number: Name of Insurance: Employer:

Name of any other health insurance covering your dependent(s), including Medicare
Name of Insured: Type of Insurance:

Policy Number: Name of Insurance: Employer:

Death Benefits to be paid to (Name/Relationship):
Beneficiary's Address:

MAIL COMPLETED ENROLLMENT FORM AND ALL REQUIRED INFORMATION TO:
BAKERS UNION AND FELRA HEALTH & WELFARE FUND
911 Ridgebrook Road
Sparks, MD 21152
(866) 662-2537

IMPORTANT NOTICE: IF YOU ARE ENROLLING A SPOUSE OR DEPENDENT CHILD(REN), A COPY OF YOUR MARRIAGE LICENSE AND/OR DEPENDENT'S BIRTH CERTIFICATE MUST BE INCLUDED WITH THIS COMPLETED ENROLLMENT FORM IN ORDER TO BE ELIGIBLE FOR COVERAGE.

RECEIVED
MAR 20 2023
AA, LLC

BAKERS UNION AND FELRA HEALTH AND WELFARE FUND

AUTHORIZATION FOR PAYROLL DEDUCTION FOR FUND COVERAGE – SAFEWAY PLAN THREE FULL TIME AND PART TIME

Employee's Name _____ cial Security Number: _____

I understand that as an employee covered by a collective bargaining agreement with Local 118 or Local 68, I can elect health care benefits for myself and dependents by completing the enrollment forms and by authorizing payroll deductions. I understand that the Administrative Manager must receive my application no later than December 15, 2021.

I authorize my employer to deduct the co-payment amount selected below from my earnings. Coverage will remain in effect unless a life event occurs such as the birth of a child or adding a new spouse. Otherwise, changes can be made at open enrollment. Open enrollment occurs in November each year for coverage beginning January 1, 2022. Your enrollment will remain in force until the next open enrollment.

[✓] Health and Welfare Coverage - ~~$9.82~~ $5.00/week.

[ ] I elect to no longer have coverage for the 2022 Plan Year. Please stop withholding the payroll deductions for health care benefits beginning January 1, 2022.

Effective Date of Coverage

The effective date of coverage will be January 1, 2022 if coverage is elected.

Signatur; Date March 15, 2023

If you are adding dependent coverage, complete the enclosed application and be sure to attach the necessary forms of documentation (birth certificate(s), marriage certificate, etc.)

Please keep a copy of this form for your records.

Plan 1 Payroll Deduction 11 1 202:

CALIBRE
CPA GROUP

7501 WISCONSIN AVENUE | SUITE 1200 WEST
BETHESDA, MD 20814
202.331.9880 PHONE | 202.331.9890 FAX

Dawn Welch – Plan Administrator
Bakers Union and FELRA Health
and Welfare Trust Fund
c/o Associated Administrators, LLC
911 Ridgebrook Road
Sparks, MD 21152

December 6, 2023

We are pleased to confirm our understanding of the services we are to provide for the Bakers Union and FELRA Health and Welfare Trust Fund (the "Fund") for the year ended December 31, 2023, in connection with its 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 Fund, which comprise the statements of net assets available for benefits as of December 31, 2023, and the related statements of changes in net assets available for benefits for the year then ended, and disclosures (collectively, the "financial statements"). Also, the following supplementary 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, and we will provide an opinion on it in relation to the financial statements as a whole, in a report combined with our auditor's report on the financial statements:

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 Fund'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 supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Audit Scope and Objectives (continued)

The objectives of our audit are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, 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 GAAS 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 Fund and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement, whether from (1) errors, (2) fraudulent financial reporting, (3) misappropriation of assets, or (4) 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 Fund or to acts by management or employees acting on behalf of the Fund.

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 not be detected by us, even though the audit is properly Funded and performed in accordance with GAAS.

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.

Auditor's Responsibilities for the Audit of the Financial Statements (continued)

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 Fund and its environment, including internal control relevant to the audit, sufficient to identify and assess the risks of material misstatement of the financial statements, whether due to error or fraud, and to design and perform 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 have identified the following significant risks of material misstatement as part of our audit planning:

- Management override of controls
- Improper revenue recognition related to completeness of contributions
- Improper eligibility of participants and participant data
- Benefit claims and premium payments not being paid in accordance with summary of plan benefits

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 Fund'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.

Auditor's Responsibilities for the Audit of the Financial Statements (continued)

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

Auditor's Responsibility for Protection of the Fund's Confidential Information

We, as an accounting firm, have an obligation to comply with applicable professional standards and an obligation to comply with the terms of this engagement letter. Certain professional standards, including AICPA Code of Professional Conduct Section 1.700, "Confidential Client Information Rule," adopted by the American Institute of Certified Public Accountants and similar rules adopted by the boards of accountancy of many states, prohibit the disclosure of client confidential information without client consent, except in limited circumstances. We represent and warrant that we will treat the Fund's confidential information as confidential client information and will protect the Fund's confidential information in accordance with applicable professional standards. We further represent and warrant that, notwithstanding anything herein to the contrary, we shall only use the Fund's confidential information in connection with providing the services described in this engagement letter.

We may, from time to time and depending on the circumstances, use third-party service providers in serving your account. We may share confidential information about you with these service providers but remain committed to maintaining the confidentiality and security of your information. Accordingly, we maintain internal policies, procedures, and safeguards to protect the confidentiality of your personal information. In addition, we will secure confidentiality agreements with all service providers to maintain the confidentiality of your information and we will take reasonable precautions to determine that they have appropriate procedures in place to prevent the unauthorized release of your confidential information to others. In the event that we are unable to secure an appropriate confidentiality agreement, you will be asked to provide your consent prior to the sharing of your confidential information with the third-party service provider. Furthermore, we will remain responsible for the work provided by any such third-party service providers.

We represent and warrant that we have reasonable technical, legal and/or other safeguards, measures, and controls in place to protect the Fund's confidential information from unauthorized disclosure or use, and that all third parties used by us will comply with all applicable laws and regulations regarding confidentiality, privacy, and security of the Fund's confidential data. Information security policies have been implemented that define our approach to the protection of our systems and Fund data

Auditor's Responsibility for Protection of the Fund's Confidential Information (continued)

that comes into our possession or the possession of one of our third-party service providers. We represent and warrant that our information security requirements are consistent with industry standard cybersecurity and data privacy practices for ERISA Fund auditors, that they comply with the "Cybersecurity Program Best Practices" issued by the DOL in April 2021, and that we will ensure that all third parties used to service the Fund shall comply with terms no less onerous than those in this Agreement. We acknowledge and agree that the Fund or its agent may request on a regular basis additional information from us regarding our data privacy and cybersecurity practices and we agree to comply with such requests to the extent they are reasonable and made in good faith.

We shall maintain in force during the full life of this engagement professional liability insurance, errors, and omissions liability insurance, and cyberliability and privacy breach insurance with limits of not less than $1,000,000 per occurrence and $5,000,000 general aggregate. Such insurance shall include coverage for liability arising from the theft, dissemination, and/or use of confidential information, including but not limited to confidential information stored or transmitted in electronic form. We shall notify the Fund promptly in the event of any material change in this coverage. Without limiting our other obligations under this engagement, we represent and warrant that we shall regularly audit (and performed by a qualified, nationally recognized third party), review, test, and otherwise monitor our information security policies, procedures, and safeguards to ensure their continued effectiveness and determine whether adjustments are necessary or appropriate in light of circumstances including changes in law, regulation, technology, or threats or hazards to any of the Fund's confidential information.

If we become aware of any known or suspected information security or privacy related incident or beach of our information management systems which includes confidential information related to this engagement, we will provide notice to you as soon as reasonably possible; use commercially reasonable efforts to address such incident or breach as soon as possible; provide you with regular and relevant updates regarding our investigation of such incident or breach at agreed upon intervals (including what is known at the time, the cause of the incident or breach, and remedial steps and future Funds to prevent recurrence of the same or similar incidents or breaches); and reasonably cooperate with any investigation that the Fund undertakes into the incident or breach.

Other Services

We will prepare the Fund's Form 5500, including required schedules, for the year ended December 31, 2023, based on information provided by you. After we have completed the Fund's Form 5500 and required schedules, we will authorize the Fund to include our auditor's report on the financial statements and supplemental schedules with the Fund's Form 5500 filing.

Other Services (continued)

We will also assist in preparing the financial statements of the Fund in conformity with accounting principles generally accepted in the United States of America based on information provided by you.

We will perform the services in accordance with applicable professional standards, including the Statements on Standards for Tax Services issued by the American Institute of Certified Public Accountants. The other services are limited to the financial statement and Form 5500 services previously defined. We, in our sole professional judgment, reserve the right to refuse to perform any procedure or take any action that could be construed as assuming management responsibilities. We will advise management with regard to the preparation of the Form 5500, but management must make all decisions with regard to those matters.

This engagement does not include our commitment to prepare any other tax turns or information 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, which would cause us to believe that these forms should be prepared and filed, we will so advise you. If you determine that we should also prepare these forms, a separate arrangement will be made. These forms are not included in the fee arrangement covered by this letter.

Although our firm has the capabilities to perform many other types of engagements involving accounting, auditing, Funding, 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.

Responsibilities of Management for the Financial Statements

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 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 appropriate 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 accounting principles generally accepted in the United States of America. You are also responsible for making drafts of financial statements, all financial records, and related information available to us and for the accuracy and completeness of that information (including information from outside of the general and subsidiary ledgers).

Responsibilities of Management for the Financial Statements (continued)

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, such as records, documentation, identification of all related parties, parties in interest, and all related-party and party-in-interest relationships and transactions, and other matters; (2) additional information that we may request for the purpose of the audit; and (3) unrestricted access to persons within the Fund from whom we determine it necessary to obtain audit evidence. You are also responsible for maintaining a current Fund instrument, including all Fund amendments; for administering the Fund and determining that the Fund's transactions that are presented and disclosed in the financial statements are in conformity with the Fund'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 to us, prior to the dating of our report, a draft of the Fund's Form 5500 that is substantially complete. 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 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 taken 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 Fund involving (1) Fund management, (2) employees who have significant roles in internal control, and (3) 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 Fund received in communications from employees, former employees, regulators, or others. In addition, you are responsible for identifying and ensuring that the Fund complies with applicable laws and regulations. You are responsible for the fair presentation of the supplemental schedules and the form and content of the supplemental schedules in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. You agree to include our report on the supplementary information in any document that contains, and indicates that we have reported on, the supplementary information. You also agree to include the audited financial statements with any presentation of the supplementary information that includes our report thereon. You agree to assume all management responsibilities for the actuarial 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.

Engagement Administration, Fees and Other

We understand that your third-party administrator – Associated Administrators, LLC – will assistus in preparing schedules, analyses, and confirmations we request and will locate any invoices or other documents selected by us for testing. The timely completion of this engagement is dependent, in part, upon your staff providing the information in a timely manner.

The audit documentation for this engagement is the property of Calibre CPA Group, PLLC and constitutes confidential information. However, we may be requested to make certain audit documentation available to peer reviewers under the AICPA peer review program, or to the U.S. Department of Labor pursuant to authority given to it by law. If requested, access to such audit documentation by either of such entities noted in the preceding sentence will be provided under the supervision of Calibre CPA Group, PLLC personnel. Peer reviewers under the AICPA peer review program are subject to requirements to maintain confidentiality of client's confidential information. Furthermore, upon request, we may provide copies of selected audit documentation to the U.S. Department of Labor. The U.S. Department of Labor 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 Fund's confidential information, we shall notify the Fund (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, if the Fund's confidential information would be provided in response to such a request, we shall provide the Fund with a reasonable opportunity to seek a protective order to prevent the disclosure of the Fund's confidential information.

Joseph Herishen, CPA, is the engagement partner and is responsible for supervising the engagement and signing the report.

We are establishing a fee cap for the Fiscal Year Audit December 31, 2023, will not exceed $15,850 (a $500 (3%) increase over the prior year). In addition to the audit/ tax fee cap we respectfully requesting a maximum out-of-pocket expense cap of $650 (4%). The total Fee Cap will be $16,500. The out-of- pocket fee cap has been implemented by Calibre due to our inflationary in costs due to regulatory requirements, ever changing cyber-security protocols, subscription fees and software and equipment charges, required to deliver the highest level of service to the Fund. Should the Trustees desire any additional accounting, tax or consulting services rendered outsideof the scope of the annual audit, these services will be billed at the appropriate rate for the personnel used for the engagement, as outlined below.

Engagement Administration, Fees and Other (continued)

Our standard hourly rates are as follows:

Partners	$365.00
Managers	$270.00 to $300.00
Staff Accountants	$155.00 to $269.00
Paraprofessionals	$ 80.00

Our fees for these services will be based on the actual time spent at our standard hourly rates, plus out-of-pocket costs. Our standard hourly rates vary according to the degree of responsibilityinvolved and the experience level of the personnel assigned to your audit. Our invoices for theseservices will be rendered as work progresses.

Reporting

We will issue a written report upon completion of our audit of the Fund's financial statements. Our report will be addressed to the Board of Trustees of the Bakers Union & FELRA Health and Welfare Trust Fund. 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, add a separate section, 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.

We appreciate the opportunity to be of service to the Bakers Union & FELRA 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.

Sincerely,

Calibre CPA Group, PLLC

Calibre CPA Group, PLLC

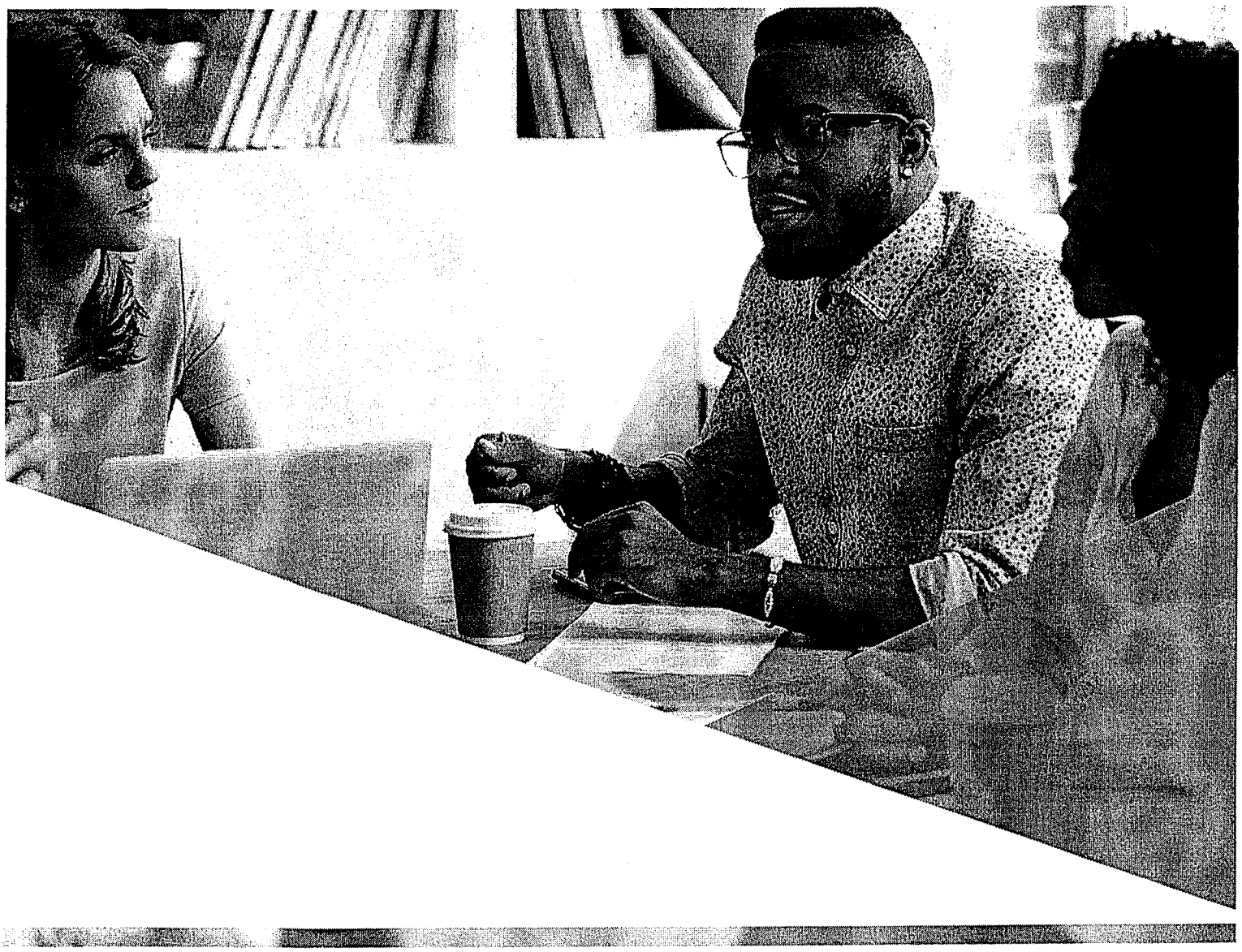
RESPONSE:

This letter correctly sets forth the understanding of Bakers Union & FELRA Health and WelfareTrust Fund.

Signed: _____ Signed: _____

Title: _____ Title: _____

Date: _____ Date: _____



Bakers Union & FELRA Health & Welfare Fund

Cyber Liability Insurance

Policy No. 107560416

October 25, 2023

Segal

Segal

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New York, NY 10001-2402
T 212.251.5000
212.251.5490
segalco.com
CA License No. 0106323

Memorandum

To: Dawn Welch
Associated Administrators

From: Paul Weiss, RPLU
Senior Consultant, Insurance

Date: October 25, 2023

Re: **Cyber Liability Insurance**
Bakers Union & FELRA Health & Welfare Fund
Policy No. 107560416

Thank you for the opportunity to provide a Cyber Liability renewal quotation for your consideration. Travelers, the incumbent carrier provided a submission free renewal and provides the same broad scope of coverage as expiring. We recommend renewal with Travelers based on scope of coverage, admitted policy, reduced premium and continuity. We can support the $2 million limit based on broadened coverage and competitive premium. Other carriers including Beazley, Chubb and Axis advised they cannot provide a competitive quote at this time.

Carrier[1]	Premium	Limit of Liability	Retentions	Renewal Summary
Travelers	$3,267	$1 million Response + 100,000 Notifications + $1 million 1st & 3rd Party Liability Aggregate	100 for Notifications $2,500 All Other Coverages	**INCUMBENT OPTION** – Key decision variables: broad scope of coverage, admitted policy, reduced premium and continuity
	$5,366	$2 million Response + 100,000 Notifications + $2 million 1st & 3rd Party Liability Aggregate		

Additional information is available in the attached sections. If you would like samples of any quoted policy forms or endorsements, please let us know and we will provide them to you.

Please provide Binding instructions by December 27, 2023. Binding instructions received after this date may result in changes or withdrawal of the quoted terms. Once quotations have been released, if we have not received contrary instructions from you, we will bind coverage with the

[1] We received verbal communications from various carriers advising us that they would not be providing quotes because they could not offer better premiums and/or coverages than the current carrier.

recommended insurer in order to avoid a lapse in coverage. Please note that insurance coverage cannot be bound or via email, voicemail, text, or fax unless confirmed by a licensed broker.

If you have any questions, please contact our client team:

- **Broker:**

  Paul Weiss, RPLU
  Senior Consultant, Insurance
  212.251.5195
  pweiss@segalco.com

- **Lead Regional Consultant:**

  Matt Jackson, RPLU, CCIC
  Senior Vice President
  212.251.5387
  mjackson@segalco.com

Table of Contents

Premium & Coverage Summary[1]

	Expiring Terms	Terms	
Description	**Travelers**	**Travelers**	
Policy Summary			
Policy Period	12/29/2022 – 12/29/202	12/29/2023 – 12/29/2024	
Pending & Prior Litigation Date	12/29/2021	12/29/2021	
Retroactive Date	Full Prior Acts Coverage	Full Prior Acts Coverage	
Admitted Status	Admitted	Admitted	
Basic Premium	$4,914	$3,267	$5,366
1st Party Expense & 3rd Party Liability			
Aggregate Limit of Liability[2]	$1 million	$1 million	$1 million
Retention	$2,500	$2,500	
Waiting Period	8 hours	8 hours	
• Accounting Costs Coverage	✓	✓	
• Additional Response Costs	✓	✓	
• Betterment Coverage	✓ $100,000 sublimit, 50% Coinsurance	✓ $100,000 sublimit, 50% Coinsurance	
• Blanket Additional Insured	✓	✓	
• Business Interruption	✓	✓	
• Computer Fraud Coverage	✓ $100,000 Sublimit	✓ $100,000 Sublimit	
• Consequential Reputational Loss	✓ $250,000 Sublimit	✓ $250,000 Sublimit	
• Contingent Bodily Injury carveback	✓	✓	
• Contingent Business Interruption Loss – Malicious Acts	✓ $100,000 Sublimit	✓ $100,000 Sublimit	
• Contingent Business Interruption Loss – Non-Malicious Acts	✓ $100,000 Sublimit	✓ $100,000 Sublimit	
• Criminal Reward Coverage	✓ $25,000 sublimit, $0 retention	✓ $25,000 sublimit, $0 retention	
• Data Protection	✓	✓	
• Funds Transfer Fraud	✓ $100,000 Sublimit	✓ $100,000 Sublimit	

[1] These policy summaries are not an exhaustive list and are not legal interpretations of coverage. Insurance policies are legal contracts that counsel should review.

[2] This limit can also apply as excess over the first party response and/or breach notification limits.

	Expiring Terms	Terms
Description	Travelers	Travelers
• GDPR Coverage	✓	✓
• Media Liability	✓	✓
• No ERISA Exclusion	✓	✓
• Non-Panel Service Provider	x	x
• Personal Device Coverage	✓	✓
• PCI Fines & Penalties	✓	✓
• Public Relations and Crisis Management	✓	✓
• Ransomware/Extortion	✓	✓
• Regulatory Defense/Penalties	✓	✓
• Security & Privacy Liability	✓	✓
• Social Engineering Fraud Loss	✓ $250,000 Sublimit	✓ $250,000 Sublimit
• State Amendatory Endorsement(s)	✓	✓
• System Failure	✓	✓
• Telecommunication Fraud	✓ $250,000 Sublimit	✓ $250,000 Sublimit
• Vendor/Client Payment Fraud Endorsement	✓ $100,000 Sublimit	✓ $100,000 Sublimit
First Party Response – Legal/Forensics		
• Aggregate Limit of Liability	$1 million	$1 million
• Retention	$0	$0
• Forensics	✓	✓
• Legal Expenses	✓	✓
Breach Notification Services		
• Aggregate Limit of Liability	100,000 Notifications	100,000 Notifications
• Retention/Threshold	Required notification of 100 individuals	Required notification of 100 individuals
• Call Center Services	✓	✓
• Required Notifications	✓	✓
• Credit/Identity Monitoring	✓	✓
• Voluntary Notifications	✓	✓

Policy Analyses

Scope of Coverage

Cyber Liability offers many insuring agreements, each of which should be reviewed as they provide specific types of coverage. Many policies include incident response services and expenses (first party) and coverage for liability claims that may subsequently arise (third party), but significant differences exist between insuring agreements.

At this renewal, Travelers provides the same broad scope of coverage as expiring.

Limit of Liability

Travelers offers three separate limits within their policies, which do not affect or dilute one another during a breach event. Travelers aggregates their First Party Coverages and Third-Party Coverages together but separates Breach Notification Services onto a second limit and Forensics/Legal Expenses onto a third.

Lastly, with the inclusion of their Additional Response Costs enhancements, Travelers allows for unused Third-Party limits to apply as excess over the Breach Response and Notification limits. Higher limits may be available on request.

Premium

At the expiring coverage level, Travelers' quoted premium decreased by $1,647 (34%), which is competitive in the current market. The $2 million limit is $452 (9.2%) more than the expiring premium for a $1 million limit.

Continuity

Continuity is a concept addressing the scope of coverage provided by a renewal policy from the incumbent carrier or a new policy from a new carrier. The policy in force when a claim is made will determine whether coverage is or is not provided. When renewing coverage with the incumbent or moving coverage to a new carrier, the insured should determine whether the renewal (or new) policy will provide at least the same scope of coverage as the expiring policy. In particular, a new carrier may wish to limit coverage in some fashion.

To maintain continuity, any additional policy exclusions, new Pending & Prior Litigation / Knowledge dates, and/or new Prior Acts dates should be reviewed.

Carrier Services

Cyber Liability Insurance carriers may also provide various pre- and post-breach services to their policyholders. While these services vary between carriers and may be subject to separate, discounted rates, they can include:

- Online Cyber Security Education including Security Awareness Basics and Security Awareness for Information Technology;
- Network Vulnerability Scans;
- Password Defense services;
- Phishing simulations to test your workforce with a simulated email attack;
- Online portal for policyholders with additional services and information;
- 24-hour hotline and email to report potential breach events.

Subjectivities

This section summarizes the additional information the carrier will require in order to bind coverage. All subjectivities must be received and accepted by the carrier before coverage can be bound.

Travelers

- Nothing is needed at this time.
- Renewal Application if $2 million limit is elected.

Important Note

You, the proposed Insured, represent and warrant that the information provided by you in connection with the application for insurance is complete and accurate through the later of the date that (i) coverage is bound or (ii) coverage becomes effective. You agree to immediately notify Segal, in writing, if any of the information included in the application changes between the date the application for quotation/insurance coverage is submitted and the later of (i) the date of the quotation or the date coverage is bound or (ii) the effective date of coverage. You understand and acknowledge that the quoting insurance carriers may reserve the right to withdraw or amend any outstanding quotations based upon such changes and that Segal will not have any liability whatsoever for the decisions of any quoting insurance carriers based on any such changes.

Supplemental Information

While many insurance policies may follow a similar format, substantial differences exist between carriers. Segal recommends Insureds familiarize themselves with the policy's basic coverage features, especially those that require action on their part, and that counsel review all insurance policies.

Notice of Incident, Claim, or Circumstances

Please carefully review any incident reporting instructions. Failure to timely and properly report a claim may jeopardize coverage for expenses or claims. In addition, you should retain copies of all insurance policies and coverage documents as well as incident reporting instructions after termination of the policies because in some cases you may need to report an incident after termination of a policy.

Disclosure in an application does not meet these terms and conditions. All regulatory audits or investigations should be treated as a claim and noticed to the insurance carrier as soon as the first written communication from a regulatory agency is received.

Notice must be in accordance with the policy's terms and conditions and must be sent to a designated address. All electronic claim notifications to be processed by Segal must be sent to claims@segalco.com. Please copy me on any notification, but Segal is not responsible for the processing of any electronic claim notification if it is not addressed to claims@segalco.com.

Extended Reporting Period

Should consideration be made to move coverage from one carrier to another, or there is a material change in terms and conditions, the Insured may also consider purchasing an Extended Reporting Period, commonly known as an "ERP" or "Tail Coverage." An ERP provides the Insured additional time to report claims or circumstances that occurred up to the date of the policy's expiration. This coverage is available for an additional premium and time period to be determined by the carrier. Some policies may also offer an automatic ERP for no additional premium. Please review your policy for specific terms and conditions.

Insured's Obligation to Notice the Insurer

In addition to an obligation to notice the insurer of any claim or circumstance as soon as practicable, the policy will, or may, obligate the Insured to provide notice to the insurer in other instances.

Services and Compensation

Segal acknowledges that it is a "covered service provider" within the meaning of Section 408(b)(2) of ERISA when providing Services and will disclose any fees and other compensation it receives in accordance with the requirements of with ERISA Section 408(b)(2). Upon request, Segal will provide an annual statement describing the indirect compensation it received in the previous plan year. Client agrees and acknowledges that it has received a copy of this Agreement for review reasonably in advance of entering into this Agreement and that the designation of Segal as a service provider, and any other transactions contemplated by this Agreement, are consistent with and permissible under the plan documents.

A copy of Segal's firm-wide ERISA Section 408(b)(2) fee disclosure is available at http://www.segalco.com/disclosure-of-compensation.

NY Regulation 194

A copy of Segal's firm-wide NY Regulation 194 disclosure is available at http://www.segalco.com/disclosure-of-compensation.

FATCA

The Foreign Account Tax Compliance Act (FATCA) requires the notification of certain financial accounts to the United States Internal Revenue Service. Segal does not provide tax advice so please contact your tax consultant for your obligation regarding to FATCA.

Insurance Carrier Ratings

Insurance brokers rely on financial rating services such as A.M Best and Standard & Poor's. All financial ratings are subject to periodic review and therefore, it is important to obtain ratings from each service. If you need information about the financial statements of any of the insurance companies being proposed so you can make your own assessment of the financial strength of the companies being offered in this proposal, please contact us.

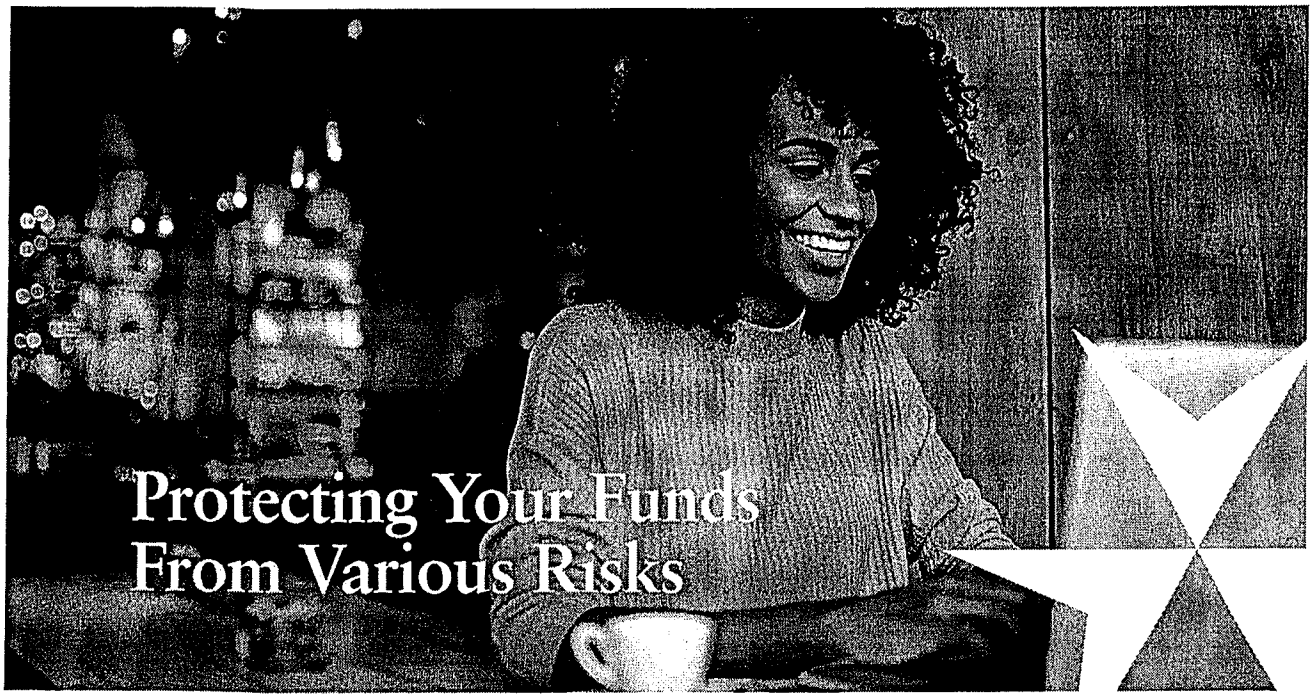
Proposal Advisory

This quote memo is a summary of coverage forms, limits of insurance, endorsements and other terms and conditions of the carrier quotations. Please review quotes and policies with legal counsel for specific terms, conditions, limitations and exclusions that will govern in the event of a loss.

This quote memo does not amend, or otherwise affect, the provisions of coverage of any resulting insurance policy issued by any insurance company to you. It is your responsibility to check the policy or policies being purchased for accuracy.

This proposal is not a representation that coverage does or does not exist for any particular claim or loss under any policy. Coverage depends on the applicable provisions of the actual policy issued, the facts and circumstances involved in each claim or loss, and any applicable law.

In evaluating your exposures for loss, we have depended upon the information provided by you. If there are other areas that you think need to be evaluated prior to binding coverage, please bring these items to our attention as soon as possible.



Benefits funds and their trustees have various risk exposures because of the many functions they perform. One of the mechanisms to help manage risk is the purchase of insurance protection that permits the transfer of fund and trustee risk to an insurance carrier.

Core products for funds of all types

Fiduciary liability insurance

Protects Plans and trustees from allegations of breach of fiduciary duty and certain administrative errors

Fidelity bond

Protection from costs associated with employee dishonesty, theft and third party crime losses

Cyber liability insurance

Protects funds from costs associated with cyber risks

Employment practices liability insurance (EPLI)

Protection for allegations of employment wrongdoing

Does the fund own property, host events, and conduct travel?

Property & casualty insurance

Protects and provides liability in case the fund is found legally responsible causing injuries or damages to others

Event cancellation insurance

Protects from unforeseen losses related to hosting events

Travel accident insurance

Protects for losses due to accidental death and dismemberment during business travel

Does the fund provide service to others?

Miscellaneous E&O insurance

Protects against allegations of errors and omissions

Employed lawyers insurance

Protects a funds' in-house attorneys from legal advice allegations

Medical professional insurance

Protects for allegations of wrongful practices and services

Retiree representatives insurance

Errors and omissions protection designed for MPRA retiree representatives

Does the fund manage training facilities?

Educators liability insurance

Protects against claims alleging improper or insufficient training

Directors and officers insurance

Protects for various operational exposures related to managing a training facility

Media liability insurance

Protects against various personal injury allegations

Student accident insurance

Responds to injury of students, volunteers or participants

To learn more

about Segal's insurance brokerage services, visit our website at www.segalco.com or contact Diane McNally, Senior Vice President, Senior Consultant and Principal at 212.251.5146, dmcnally@segalco.com.

Segal

Segal Select Insurance Services, Inc. is a subsidiary of The Segal Group, Inc.
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Segal 10