



YEAR 200

armacy, Inc. - S

ript, a provider o
d injectable me
ng complex, on

Plasterers Scholars

Two years a
Scholarship
funds to ass
Masons in th

The Scholarship Foundation is pleased to announce that it is accepting applications for 15 educational scholarships. Each scholarship awarded will be in the amount of \$2,500.00.

Applicants must be:

- 1) Children, stepchildren, adopted children, or other dependent of a *parent or *guardian in good standing with the Plasterers and Cement Masons for at least 6 months of the application date.
- 2) Enrolled as a senior in high school, at a college or university, or scheduled to receive a General Education Diploma ("GED") by the end of either the fall or spring semester of 2007.

Application submittal deadline: April 27, 2007.

Scholarship winners will be notified by mail.

For detailed information on the rules or to receive an application, contact your Local Union office.

**Family members of the Board of Directors and Scholarship Selection Committee are not eligible to apply.*

Retired Participants Prescription Drug Coverage and Medicare Part D

Your prescription drug coverage provided by the Cement Masons Direct Payment Plan is "creditable". This means that the Cement Masons Plan is expected to pay as much in prescription drug coverage as the standard Medicare prescription drug coverage.

IMPORTANT

Enclosed with this issue of the *Cement Mixer* is the Plasterers and Cement Masons Scholarship Foundation

- Scholarship Announcement,
- Rules, and
- Application



Eligibility for Health and Welfare Coverage

Under Cement Masons Active Plan, your employer must report work hours and pay monthly contributions to the Health and Welfare Trust Fund for each hour you work in covered employment. Your paid hours are placed into an “Hour Bank” and your eligibility for Health and Welfare coverage begins the **FIRST** day of the **SECOND** month *after* you have 300 hours in your “Hour Bank.”

	EXAMPLE			
Work Month	May	June	July	July Hour Bank Total (-100) H&W Deduction
Hours Employer Reported & Paid	150	130	160	440 - 100 = 340

For example if your “Hour Bank” totals 340 hours at the end of July, you have accumulated the sufficient number of hours for Health and Welfare eligibility beginning September 1.

Remember that 100 hours are taken from your Hour Bank for each month of Health and Welfare coverage.

Work Month	August	September	October	November Hour Bank Total
Bank Balance (+) Hours Employer Reported and H&W Deduction (-)	340 + 120 - 100	360 + 150 - 100	410 + 120 - 100	430

Note: to continue month-to-month coverage, you must maintain a minimum balance of 300 hours *before* the 100 hour deduction is made for the current month’s eligibility - or you lose eligibility for coverage.

If you lose eligibility for coverage, you can regain it on the first day of the second calendar month following the month your Hour Bank totals 300 hours, *provided* eligibility is regained within 13 months of the loss of eligibility. If you do not regain eligibility within 13 months, you will *forfeit* all hours in your Hour Bank. You must then satisfy the work requirement of 300 hours as you did with initial eligibility. You will become eligible on the first day of the second calendar month after your Hour Bank contains 300 hours.

Exceptions:

- ▶ If your eligibility terminates as a result of entering military service, special reinstatement rights apply.
- ▶ If your eligibility terminates as a result of being disabled and unable to perform any and every duty of your occupation, you may petition the Board of Trustees to reinstate any hours that were forfeited. Your petition must include medical evidence that you were unable to engage in or perform work in the Building and Construction Industry. Evidence may include proof of continuous coverage under State Disability Insurance (SDI) or Workers’ Compensation.

A maximum of 800 hours can be accumulated in your Hour Bank *after* 100 hours are deducted for the current month’s eligibility. For your protection, retain all paycheck stubs. If you find you have more worked hours than hours reported, contact the Trust Fund Office or your Local Union office.



Choosing Medical Coverage That's Right for You



Your decision on which medical plan to choose is an important one. You may want to start by asking yourself a few questions. For example, have there been any changes in your health care needs over the last year? Are you, or is a member of your family now

required to take medications on a regular basis? Compare the prescription drug benefit – does one plan cap (set a maximum on drug benefits) while another does not? Out-of-pocket expenses may be an important consideration also.

What about copayments? If you have children, you probably visit doctors on a regular basis and copayments can add up. Maybe you have a medical condition requiring frequent visits to your doctor, which will involve frequent copayments. Do you prefer the freedom of choosing your own specialist? If so, an HMO may not be the plan for you, as it requires a primary care physician to arrange visits to specialists.

There are many more questions you could ask yourself; these are only a few. Of course, if you and your family are satisfied with your current medical coverage, you need not do anything. Remember, you may change medical plans at any time for a maximum of two times in one calendar year.

Active participants have the following medical plan choices:

Direct Payment Plan

The **Direct Payment Plan** offers you the option to use any doctor. If, however, you select a Preferred Provider Organization (PPO) provider from the most current list of the Prudent Buyer Plan participating providers, you reduce your out-of-pocket costs.

Kaiser Permanente

The **Kaiser Permanente Plan**, a Health Maintenance Organization (HMO), offers hospital and doctor benefits only by Kaiser staff at Kaiser facilities.



Retired participants have the following medical plan choices depending on age and residence:

Direct Payment Plan

Same as Active Plan

Kaiser Permanente

Regular (Non-Medicare) and Senior Advantage (Medicare)

Withholding Tax Certificate

Federal regulations require that all Pensioners receive a Withholding Certificate form. It is your right to start, stop, increase or decrease the amount of tax withheld from your monthly pension benefit at any time.

Your last election of withholding remains in effect until you file a new Withholding Certificate form. If you want to make a change in your withholding, simply complete and sign the Withholding Certificate which will be mailed during the first week in February.

For more information or to request a copy of this form, contact the Pension department or visit www.norcalcementmasons.org to print the form.

Annual Statement by Pensioner or Beneficiary

The Cement Masons Pension Trust Fund for Northern California will **not** request an Annual Statement from Pensioners or Beneficiaries receiving a pension in 2006. This Statement will be mailed in even years only, beginning in 2008.

Should you have questions, please contact the Pension department.



CALENDAR

<i>On or About This Date</i>	<i>We Will Mail</i>	<i>You Should</i>
January 29, 2007	February 2007 Pension Benefit Check	Retain check stub for your records
January 30, 2007	Pensioners: 1099R Tax Form	Retain for tax purposes. If not received, contact the Accounting Department (x624)
February 2, 2007	Annual Tax Notification "Withholding Certificate"	Follow instructions on form, then complete, sign and return ASAP.
February 26, 2007	March 2007 Pension Benefit Check	Retain check stub for your records
March 23, 2007	Statement of Account Work Period: 8/1/06 - 1/31/07 and Summary Annual Report	Verify hours, report discrepancies and retain for your records. Summary Annual Report for your information only, no action is required.
March 28, 2007	April 2007 Pension Benefit Check	Retain check stub for your records

Contacting the Fund Office



Cement Masons Trust Funds
220 Campus Lane
Fairfield, CA 94534-1499



(707) 864 - 3300
or Toll Free
(888) 245 - 5005



Internet Web site:
www.norcalcementmasons.org

The Cement Mixer is published by the Northern California Cement Masons Funds Administration, Inc. Its purpose is to provide you and your family with information about the various benefits available to eligible participants and how to effectively use those benefits. It is not intended as a substitute for official Plan documents. Your rights as a Plan Participant or Beneficiary can only be determined by consulting the Rules and Regulations of the Plans. Please submit any comments or suggestions to the address listed above.

The Cement Mixer
www.norcalcementmasons.org



**Northern California Cement Masons
Funds Administration, Inc.
220 Campus Lane
Fairfield, CA 94534**

PRSR1 STD
U.S. POSTAGE
PAID
PERMIT #89
SAN RAMON CA