



SERVICE EMPLOYEES INTERNATIONAL UNION

**SERVICE EMPLOYEES 32BJ NORTH BENEFIT FUNDS**  
140 HUGUENOT STREET, NEW ROCHELLE, NY 10801-5210  
TEL: 1-914-637-7000 FAX: 1-914-637-2138

*Trustees*  
KYLE BRAGG  
JUDITH I. PADOW  
RICHARD W. BERGER  
EUGENE S. REISMAN

November 2007

Dear Participant:

The enclosed notices are federally mandated and are intended to provide you with information concerning the expenses and funding of the Service Employees 32BJ North Benefit Funds for year ending December 31, 2006. Also enclosed is information about your right to certain health services, your prescription drug coverage and Medicare and your right to privacy regarding your health information. The notices are listed below:

- Summary Annual Report for the Service Employees 32BJ North Health Benefit Fund
- Summary Annual Report for the Service Employees 32BJ North Training Fund
- Summary Annual Report for the Service Employees 32BJ North Legal Fund
- Summary Annual Report for the Service Employees 32BJ North Pension Fund
- Annual Funding Notice for the Service Employees 32BJ North Pension Fund
- Women's Health and Cancer Rights Act Notice (WHCRA)
- Notice of Your Prescription Drug Coverage and Medicare (Medicare, Part D)
- Health Insurance Portability and Accountability Act Reminder Notice (HIPPA)

Depending on the collective bargaining agreement that covers you at work, you may have been covered by one or more of these Funds for the period January 1, 2006 to December 31, 2006.

If you have any questions about these notices, please follow the instructions located on the last page of each notice or call Member Services at 914-637-7000.

Very truly yours,

A handwritten signature in cursive script that reads 'Karen Leitson'.

Karen Leitson  
Director of Administration

11/28/2007



SERVICE EMPLOYEES INTERNATIONAL UNION

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140 HUGUENOT STREET, NEW ROCHELLE, NY 10801-5210  
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Noviembre de 2007

*Trustees*  
KYLE BRAGG  
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Estimado(a) participante:

Los avisos que se adjuntan se exigen a nivel federal y tienen el objetivo de brindarle información con respecto a los gastos y al financiamiento del Service Employees 32BJ North Benefit Funds para el año que finalizó el 31 de diciembre de 2006. También se adjunta información sobre su derecho a ciertos beneficios de salud, su cobertura para medicamentos con receta y de Medicare, y su derecho a la privacidad concerniente a su información de salud. Los avisos se enumeran a continuación:

- Resumen del Informe Anual para el Service Employees 32BJ North Health Benefit Fund
- Resumen del Informe Anual para el Service Employees 32BJ North Training Fund
- Resumen del Informe Anual para el Service Employees 32BJ North Legal Fund
- Resumen del Informe Anual para el Service Employees 32BJ North Pension Fund
- Informe Anual para el Service Employees 32BJ North Pension Fund
- Aviso sobre la Ley de Salud de la Mujer y Derechos sobre el Cáncer (*Women's Health and Cancer Rights Act, WHCRA*)
- Informe sobre su cobertura de medicamentos con receta y Medicare (Medicare, Parte D)
- Aviso recordatorio sobre la Ley de Portabilidad y Responsabilidad de los Seguros de Salud (HIPAA)

Según el acuerdo colectivo de trabajo que lo cubre en su trabajo, usted puede haber estado cubierto por uno o más de estos Fondos durante el período desde el 1 de enero de 2006 hasta el 31 de diciembre de 2006.

Si tiene alguna pregunta acerca de estos informes, siga las instrucciones que se detallan en la última página de cada uno o comuníquese con el Centro de servicios para afiliados al 914-637-7000.

Muy atentamente,

A handwritten signature in cursive script that reads 'Karen Leitson'.

Karen Leitson  
Directora de Administración

11/28/2007

**Please read this notice carefully. It contains information about your current prescription drug coverage provided by the Service Employees 32BJ North Health Benefit Fund and new prescription drug coverage made available January 1, 2006 for people eligible for Medicare. It also tells you where to find more information to help you make decisions about your prescription drug coverage.**

**Para recibir una copia de este paquete en español, por favor  
llame el departamento de servicios de miembros  
(914) 637-7000.**

## **Women's Health and Cancer Rights Act Notice**

### **Coverage for Breast Reconstruction in Connection with a Mastectomy**

Under federal law, group health plans, insurers, and HMOs that provide medical and surgical benefits in connection with a mastectomy must provide benefits for certain reconstructive surgery. If you are a participant or eligible dependent under the Service Employees 32BJ North Health Benefit Fund (the Fund), and are currently receiving, or, in the future, receive benefits under a Plan provided by the Fund in connection with a mastectomy, you are entitled to coverage for the following benefits and services (in a manner determined in connection with the attending physician and the patient) in the event that you elect breast reconstruction:

- reconstruction of the breast on which the mastectomy has been performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- prostheses and treatment of physical complications at all stages of the mastectomy, including lymphedemas.

Coverage for the mastectomy-related services or benefits required under the Women's Health and Cancer Rights Act will be subject to the same annual deductibles, coinsurance and co-payments provisions that apply with respect to other medical or surgical benefits provided under your Plan.

If you have any questions about your coverage for mastectomy or breast reconstructive surgery, please contact the Fund Office by calling the Health Services Department at (866) 230-3225.

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### **HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT REMINDER NOTICE**

In keeping with the requirements of the Health Insurance Portability and Accountability Act (HIPAA), the Service Employees 32BJ North Health Benefit Fund has a strict privacy policy regarding your health information. To receive a copy of the policy:

**Call Member Services at:**

1-914-637-7000

**Write to us at:**

Service Employees 32BJ North Health Benefit Fund  
140 Huguenot Street  
New Rochelle, New York 10801-5210

## **Important Notices from the SERVICE EMPLOYEES 32BJ NORTH HEALTH BENEFIT FUND About Your Prescription Drug Coverage and Medicare**

### **CREDITABLE COVERAGE NOTICE**

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage under the Service Employee 32BJ North Health Benefit Fund, Tri-State Preferred North Plan and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. The Segal Company, actuary and consultant for the Service Employees 32BJ North Health Benefit Fund, has determined that the prescription drug coverage offered by the Service Employees 32 BJ North Health Benefit Fund under the Tri-State Preferred North Plan is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage pays and is considered Creditable Coverage.

You may have heard about Medicare's new prescription drug coverage, and wondered how it would affect you. The Segal Company, actuary and consultant for the Service Employees 32BJ North Health Benefit Fund, has determined that your prescription drug coverage with the Service Employees 32BJ North Health Benefit Fund under the Tri-State Preferred North Plan is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage will pay.

**Because your existing coverage is, on average, at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay extra if you later decide to enroll in a Medicare drug plan.**

You can join a Medicare prescription drug plan when you first become eligible for Medicare and each year from November 15<sup>th</sup> through December 31<sup>st</sup>. This may mean that you may have to wait to join a Medicare drug plan and that you may have to pay a higher premium (penalty) if you join later. You may pay that higher premium as long as you have Medicare prescription drug coverage. However, if you lose creditable coverage, through no fault of your own, you will be eligible for a sixty (60) day Special Enrollment Period (SEP) because you lost creditable coverage to join a Part D plan. In addition, if you lose or decide to leave employment with a covered employer; you will be eligible to join a Part D plan at that time using an Employer Group Special Enrollment period. If

11/28/2007

you drop your coverage with the Service Employees 32BJ North Health Benefit Fund under the Tri-State Preferred North Plan and enroll in a Medicare prescription drug plan, you and your dependents may not be able to get this coverage back later. You should compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area.

The Tri-State Preferred North Plan provides for a prescription drug benefit with a \$7 co-payment for generic drugs and \$22 co-payment for brand name drugs retail and a \$14 co-payment for generic drugs and \$44 co-payment for brand name drugs via mail order. In addition, your current coverage pays for other health expenses, in addition to prescription drugs, and you will still be eligible to receive all of you current health and prescription drug benefits if you choose to enroll in a Medicare prescription drug plan.

You should also know that if you drop or lose your coverage with the Service Employees 32BJ North Health Benefit Fund under the Tri-State Preferred North Plan and don't enroll in Medicare prescription drug coverage after your current coverage ends, you may pay more to enroll in Medicare prescription drug coverage later. If you go 63 continuous days or longer without prescription drug coverage that's at least as good as Medicare's prescription drug coverage, your monthly premium will go up at least 1% per month for every month that you did not have that coverage. For example, if you go nineteen months without coverage, your premium may consistently be at least 19% higher than what most other people pay. You'll have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until next November to enroll.

**For more information about this notice or your current prescription drug coverage...**

Contact our office at 914-637-7000.

NOTE: You will receive this notice each year. You will also get it if this coverage through the Service Employees 32BJ North Health Benefit Fund changes. You may also request a copy.

**For more information about your options under Medicare prescription drug coverage...**

- Visit [www.medicare.gov](http://www.medicare.gov) for personalized help,
- Call your State Health Insurance Assistance Program (see your copy of the "Medicare & You" handbook for their telephone number), or
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

More detailed information about Medicare plans that offer prescription drug coverage is also available in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans.

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA). For more information about this extra help, visit SSA online at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Date: December 1, 2007  
Sender/Contact: Service Employees 32BJ North Health Benefit Fund  
Address: 140 Huguenot Street  
New Rochelle, NY 10801-5210  
Phone Number: (914) 637-7000

**Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and whether or not you are required to pay a higher premium (a penalty).**

### **NON-CREDITABLE COVERAGE NOTICE**

Please read this notice carefully, and keep it where you can find it. This notice has information about your current prescription drug coverage with the Service Employees 32BJ North Health Benefit Fund (Plan B) and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or a PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some may also offer more coverage for a higher monthly premium,
2. The Segal Company, actuary and consultant for the Service Employees 32BJ North Health Benefit Fund has determined that the prescription drug coverage offered by the Service Employees 32BJ North Health Benefit Fund under Plan B is, on average for all plan participants, NOT expected to pay out as much as the standard Medicare prescription drug coverage pays and is considered Non-Creditable Coverage. This is important, because most likely, you will get more help with your drug costs if you join a Medicare drug plan, than if you only have prescription drug coverage from the Service Employees 32BJ North Health Benefit Fund.

3. You have decisions to make about Medicare prescription drug coverage that may affect how much you pay for that coverage, depending on if and when you join. Read this notice carefully - it explains your options.

You might want to consider enrolling in Medicare prescription drug coverage. You can keep your coverage from the Service Employees 32BJ North Health Benefit Fund. You can keep the coverage regardless of whether it is as good as a Medicare drug plan.

**However, because the coverage you have with the Service Employees 32BJ North Health Benefit Fund under Plan B is on average for all plan participants, NOT at least as good as standard Medicare prescription drug coverage, you may pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

You can join a Medicare drug plan when you first become eligible for Medicare and each year from November 15<sup>th</sup> through December 31<sup>st</sup>. This may mean that you may have to wait to join a Medicare drug plan and that you may pay a higher premium (a penalty) if you join later. You may pay that higher premium (a penalty) as long as you have Medicare prescription drug coverage. However, if you lose or decide to leave coverage under the Service Employees 32BJ North Health Benefit Fund; you will be eligible to join a Part D plan at that time using an Employer Group Special Enrollment Period.

#### **You need to make a decision.**

If you decide to join a Medicare prescription drug plan, your Service Employees 32BJ North Health Benefit Fund coverage will not be affected unless you choose to drop this coverage. If you chose to drop your coverage under the Service Employees 32BJ North Health Benefit Fund, be aware that you and your dependents may not be able to get this coverage back.

If you wait to enroll, your monthly premium for a Medicare prescription drug plan could be much higher. If you go 63 days or longer without prescription drug coverage that is at least as good as Medicare's prescription drug coverage, your premium will go up at least 1% per month for every month that you did not have that coverage. You will have to pay this higher premium as long as you have Medicare prescription drug coverage. For example, if you go nineteen months without coverage, your premium will always be at least 19% higher than what most other people pay. In addition, you may have to wait until the following November to join.

The Plan B Program provides a prescription drug benefit with a \$7 co-payment for generic drugs and a \$22 co-payment for brand drugs with a \$500 annual maximum. In addition, your current coverage pays for other health expenses, in addition to prescription drugs. In addition, you will still be eligible to receive all of you current health and prescription drug benefits if you enroll in a Medicare prescription drug plan.

When you make your decision, you should also compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area.

**For more information about this notice or your current prescription drug coverage...**

Contact our office at 914-637-7000.

NOTE: You will receive this notice each year. You will also get it if this coverage through Service Employees 32BJ North Health Benefit Fund changes. You may also request a copy.

**For more information about your options under Medicare prescription drug coverage...**

- Visit [www.medicare.gov](http://www.medicare.gov) for personalized help,
- Call your State Health Insurance Assistance Program (see your copy of the “Medicare & You” handbook for their telephone number), or
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

More detailed information about Medicare plans that offer prescription drug coverage is in “Medicare & You” handbook. You will receive a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare-approved prescription drug plans. You’ll get a copy of the handbook in the mail.

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA). For more information about this extra help, visit SSA online at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800- 772-1213 (TTY 1-800-325-0778).

Date:	December 1, 2007
Sender/Contact:	Service Employees 32BJ North Health Benefit Fund
Address:	140 Huguenot Street New Rochelle, NY 10801-5210
Phone Number:	(914) 637-7000

# **Annual Funding Notice**

## **Service Employees 32BJ North Pension Plan**

### **Introduction**

This notice, which federal law requires all multiemployer plans to send annually, includes important information about the funding level of the Service Employees 32BJ North Pension Plan (the “Plan”), E.I.N. 13-1819138 Plan Number 002. This notice also includes information about rules governing insolvent plans and benefit payments guaranteed by the Pension Benefit Guaranty Corporation (the “PBGC”), a federal agency. This notice is for the period beginning January 1, 2006 and ending December 31, 2006 (the “Plan Year”).

### **Plan’s Funding Level**

The Plan’s “funded current liability percentage” for the Plan Year was 68.80%. In general, the higher the percentage, the better funded the Plan. The funded current liability percentage, however, is not indicative of how well a plan will be funded in the future or if it terminates. Whether this percentage will increase or decrease over time depends on a number of factors, including how the plan’s investments perform, what assumptions the plan makes about rates of return, whether employer contributions to the fund increase or decline, and whether benefits payments from the fund increase or decline.

### **Plan’s Financial Information**

The market value of the Plan’s assets as of January 1, 2006 was \$221,229,046. The total amount of benefit payments for the Plan Year was \$14,363,360. The ratio of assets to benefit payments is 15.4:1. This ratio suggests that the Plan’s assets could provide for approximately 15 years of benefit payments in annual amounts equal to what was paid out in the Plan Year. However, the ratio does not take into account future changes in total benefit payments or plan assets.

### **Rules Governing Insolvent Plans**

Federal law has a number of special rules that apply to financially troubled multiemployer plans. Under so-called “plan reorganization rules,” a plan with adverse financial experience may need to increase required contributions and may, under certain circumstances, reduce benefits that are not eligible for the PBGC’s guarantee (generally, benefits that have been in effect for less than 60 months). If a plan is in reorganization status, it must provide notification that the plan is in reorganization status and that, if contributions are not increased, accrued benefits under the plan may be reduced or an excise tax may be imposed (or both). The law requires the plan to furnish this notification to each contributing employer and the labor organization.

Despite the special plan reorganization rules, a plan in reorganization nevertheless could become insolvent. A plan is insolvent for a plan year if its available financial resources are not sufficient to pay benefits when due for the plan year. An insolvent plan must reduce benefit payments to the highest level that can be paid from the plan’s

available financial resources. If such resources are not enough to pay benefits at a level specified by law (see Benefit Payments Guaranteed by the PBGC below), the plan must apply to the PBGC for financial assistance. The PBGC, by law, will loan the plan the amount necessary to pay benefits at the guaranteed level. Reduced benefits may be restored if the plan's financial condition improves.

A plan that becomes insolvent must provide prompt notification of the insolvency to participants and beneficiaries, contributing employers, labor unions representing participants, and the PBGC. In addition, participants and beneficiaries also must receive information regarding whether, and how, their benefits will be reduced or affected as a result of the insolvency, including loss of a lump sum option. This information will be provided for each year the plan is insolvent.

### **Benefit Payments Guaranteed by the PBGC**

The maximum benefit that the PBGC guarantees is set by law. Only vested benefits are guaranteed. Specifically, the PBGC guarantees a monthly benefit payment equal to 100% of the first \$11 of the Plan's monthly benefit accrual rate, plus 75% of the next \$33 of the accrual rate, times each year of credited service. The PBGC's maximum guarantee, therefore, is \$35.75 per month times a participant's years of credited service.

*Example 1:* If a participant with 10 years of credited service has an accrued monthly benefit of \$500, the accrual rate for purposes of determining the PBGC guarantee would be determined by dividing the monthly benefit by the participant's years of service ( $\$500/10$ ), which equals \$50. The guaranteed amount for a \$50 monthly accrual rate is equal to the sum of \$11 plus  $\$24.75$  ( $.75 \times \$33$ ), or \$35.75. Thus, the participant's guaranteed monthly benefit is \$357.50 ( $\$35.75 \times 10$ ).

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

In calculating a person's monthly payment, the PBGC will disregard any benefit increases that were made under the Plan within 60 months before the earlier of the plan's termination or insolvency. Similarly, the PBGC does not guarantee pre-retirement death benefits to a spouse or beneficiary (e.g., a qualified pre-retirement survivor annuity) if the participant dies after the plan terminates, benefits above the normal retirement benefit, disability benefits not in pay status, or non-pension benefits, such as health insurance, life insurance, death benefits, vacation pay or severance pay.

**Where to Get More Information**

For more information about this notice, you may contact the following individual:

Ms. Nina Terrell

101 Avenue of the Americas, 14<sup>th</sup> Floor

New York, NY 10013

(212) 388-2049

For more information about the PBGC and multiemployer benefit guarantees, go to PBGC's web site, [www.pbgc.gov](http://www.pbgc.gov) or call the PBGC toll-free at 1-800-400-7242 (TTY/TDD users may call the Federal relay service toll free at 1-800-877-8339 and ask to be connected to 1-800-400-7242).

**Additional Information About the  
Annual Funding Notice  
for  
SERVICE EMPLOYEES 32BJ NORTH PENSION FUND**

**This sheet includes additional information intended to make the Annual Funding Notice required by the government easier to understand for participants in the Service Employees 32BJ North Pension Fund.**

**Frequently Asked Questions:**

1. Q: Why did I receive this notice? Does it mean our Pension Fund is in trouble?

A: New government rules require the Pension Fund to issue you this notice; our Pension Fund is not in trouble. The content and wording of this notice have been mandated by the government. All multiemployer pension funds are now required to issue similar notices annually.
2. Q: The notice says the “funded current liability percentage” for the Plan Year was 68.80%. What does this mean?

A: The calculation required by this notice compared the cost of providing promised benefits versus the current value of the assets held by the Pension Fund. This figure, called the “funded current liability percentage,” assumes the Fund’s investments will have a rate of return similar to that of bonds. As of January 1, 2006, that yield was 5.77%.

For its own long-term planning purposes, the Fund assumes annual investment returns of 7.0%. Using an investment return assumption of 7.0%, the funded percentage is 84.87%
3. Q: The notice says, “This ratio suggests that the Plan’s assets could provide for approximately 15 years of benefit payments...” Does this mean the Fund will run out of money in 15 years?

A: No. The calculation required for the notice assumes that there will be no more employer contributions and no income from investments. In fact, employer contributions will continue and there will be investment returns. The Trustees intend that the Fund continues indefinitely.

## **Summary Annual Report Service Employees 32BJ North Pension Fund 2006**

This is a summary of the annual report for the Service Employees 32BJ North Pension Fund, EIN 13-1819138, for the period January 1, 2006 to December 31, 2006. The annual report has been filed with the Department of Labor, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

### ***Basic Financial Statement***

Benefits under the plan are provided by a trust fund. Plan expenses were \$17,229,445. These expenses included \$2,866,085 in administrative expenses, and \$14,363,360 in benefits paid to participants and beneficiaries. A total of 12,149 persons were participants in or beneficiaries of the plan at the end of the plan year, although not all of these persons had yet earned the right to receive benefits.

The value of plan assets, after subtracting liabilities of the plan, was \$235,603,409 as of December 31, 2006, compared to \$214,814,619 as of January 1, 2006. During the plan year, the plan experienced an increase in its net assets of \$20,788,790. This increase includes unrealized appreciation or depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. The plan had total income of \$38,018,235, including employer contributions of \$12,983,662, gains of \$1,578,585 from the sale of assets, earnings from investments of \$23,355,268 and other income of \$100,720. Employees do not contribute to the plan.

### ***Minimum Funding Standards***

Our actuary's statement shows that enough money was contributed to the plan to keep it funded in accordance with minimum funding standards of ERISA. The actuary's statement also shows that the current value of Plan assets covers 68.8% of the current value of plan liabilities as of January 1, 2006.

### ***Your Rights to Additional Information***

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. an accountant's report;
2. financial information and information on payments to service providers;
3. assets held for investment;
4. fiduciary information, including nonexempt transactions between the plan and parties-in-interest (that is, persons who have certain relationships with the plan);
5. transactions in excess of 5% of plan assets; and
6. actuarial information regarding the funding of the plan.

To obtain a copy of the full annual report, or any part thereof, write the Compliance Office, 101 Avenue of the Americas, New York, New York 10013-1991 or call (212) 539-2778. The charge to cover copying costs will be \$17.50 for the full annual report, or \$0.25 per page for any part thereof.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of the report. The charge to cover copying costs given above does not include a charge for copying these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the Compliance Office of the plan, 101 Avenue of the Americas, New York, New York 10013-1991 and at the U.S. Department of Labor in Washington, DC or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

## **Summary Annual Report Service Employees 32BJ North Health Benefit Fund 2006**

This is a summary of the annual report of the Service Employees 32BJ North Health Benefit Fund, EIN 13-1699839, a defined-benefit welfare plan, for the period January 1, 2006 to December 31, 2006. The annual report has been filed with the Department of Labor, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

The Board of Trustees of the Service Employees 32BJ North Health Benefit Fund has committed itself to pay certain health and life insurance claims incurred under the terms of the plan.

The Plan has contracts with Aetna Life Insurance Company and First Rehabilitation Life Insurance Company of America to pay certain life insurance claims and disability claims incurred under the terms of the plan. Total premiums paid for the plan year ending December 31, 2006 were \$415,183.

### ***Basic Financial Statement***

The value of plan assets, after subtracting liabilities of the plan, was \$19,204,752 as of December 31, 2006 compared to \$13,734,045 as of January 1, 2006. During the plan year, the plan experienced an increase in its net assets of \$5,470,707. This increase includes unrealized appreciation or depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. During the plan year, the plan had total income of \$31,618,867, including employer contributions of \$29,592,265, employee contributions of \$100,112, realized gains of \$25,359 from the sale of assets, earnings from investments of \$1,045,437 and other income of \$855,694. Plan expenses were \$26,148,160. These expenses included \$1,958,333 in administrative expenses, and \$24,189,827 in benefits paid for participants and beneficiaries.

### ***Your Rights to Additional Information***

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. an accountant's report;
2. financial information and information on payments to service providers;
3. assets held for investment;
4. transactions in excess of 5% of plan assets; and
5. insurance information including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write the Compliance Office, 101 Avenue of the Americas, New York, New York 10013-1991 or call (212) 539-2778. The charge to cover copying costs will be \$12.50 for the full annual report, or \$0.25 per page for any part thereof.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of the report. The charge to cover copying costs given above does not include a charge for copying these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the Compliance Office of the plan, 101 Avenue of the Americas, New York, New York 10013-1991 and at the U.S. Department of Labor in Washington, DC or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N1513, Employee Benefits Security

Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

**Summary Annual Report**  
**Service Employees 32BJ North Legal Services Fund**  
**2006**

This is a summary of the annual report of the Service Employees 32BJ North Legal Services Fund, EIN 13-3122838, a defined-benefit welfare plan, for the period January 1, 2006 to December 31, 2006. The annual report has been filed with the Department of Labor, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

The Board of Trustees of the Service Employees 32BJ North Legal Services Fund has committed itself to pay for certain legal service benefits under the terms of the plan.

***Basic Financial Statement***

The value of the plan assets, after subtracting liabilities of the plan, was \$477,844 as of December 31, 2006 compared to \$317,398 as of January 1, 2006. During the plan year, the plan experienced an increase in its assets of \$160,446. This increase includes unrealized appreciation or depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. During the plan year, the plan had total income of \$419,268, including employer contributions of \$411,935, earnings from investments of \$4,764 and other income of \$2,569. Plan expenses were \$258,822. These expenses included \$87,244 in administrative expenses, and \$171,578 in benefits paid for participants and beneficiaries.

***Your Rights to Additional Information***

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included, in that report:

1. an accountant's report;
2. financial information and information on payments to service providers; and
3. assets held for investment.

To obtain a copy of the full annual report, or any part thereof, write the Compliance Office, 101 Avenue of the Americas, New York, New York 10013-1991 or call (212) 539-2778. The charge to cover copying costs will be \$5.00 for the full annual report, or \$0.25 per page for any part thereof.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a

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statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of the report. The charge to cover copying costs given above does not include a charge for copying these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the Compliance Office of the plan, 101 Avenue of the Americas, New York, New York 10013-1991 and at the U.S. Department of Labor in Washington, DC or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

## **Summary Annual Report Service Employees 32BJ North Training Fund 2006**

This is a summary of the annual report of the Service Employees 32BJ North Training Fund, EIN 13-3481814, a defined-benefit welfare plan, for the period January 1, 2006 to December 31, 2006. The annual report has been filed with the Department of Labor, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

The Board of Trustees of the Service Employees 32BJ North Training Fund has committed itself to pay for certain training program benefits under the terms of the plan.

### ***Basic Financial Statement***

The value of plan assets, after subtracting liabilities of the plan, was \$950,704 as of December 31, 2006 compared to \$963,710 as of January 1, 2006. During the plan year, the plan experienced a decrease in its net assets of \$13,006. This decrease includes unrealized appreciation or depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. During the plan year, the plan had total income of \$576,726, including employer contributions of \$455,600, earnings from investments of \$34,056 and other income of \$87,070. Plan expenses were \$589,732. These expenses included \$86,099 in administrative expenses, and \$503,633 in benefits paid for participants.

### ***Your Rights to Additional Information***

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. an accountant's report;
2. financial information and information on payments to service providers; and
3. assets held for investment.

To obtain a copy of the full annual report, or any part thereof, write the Compliance Office, 101 Avenue of the Americas, New York, New York 10013-1991 or call (212) 539-2778. The charge to cover copying costs will be \$5.50 for the full annual report, or \$0.25 per page for any part thereof.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of the report. The charge to cover copying costs given above does not include a charge for copying these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the Compliance Office of the plan, 101 Avenue of the Americas, New York, New York 10013-1991 and at the U.S. Department of Labor in Washington, DC or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.