



**INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYEES LOCAL 6
FRINGE BENEFIT FUNDS**

Managed for the Trustees by:
TIC MIDWEST

December 2024

**SUMMARY ANNUAL REPORT
IATSE LOCAL NO 6 HEALTH AND WELFARE FUND**

This is a summary of the annual report for the IATSE LOCAL NO 6 HEALTH AND WELFARE FUND, (Employer Identification No. 43-0791005, Plan No. 501) for the period June 1, 2022 to May 31, 2023. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

INSURANCE INFORMATION

The plan has contracts with EYE MED VISION CARE ON BEHALF OF FIDELITY SECURITY LIFE INSURANCE COMP, DELTA DENTAL OF MISSOURI, HARTFORD LIFE AND ACCIDENT, HARTFORD LIFE AND ACCIDENT, and UNITEDHEALTHCARE INSURANCE COMPANY to pay the following types of claims incurred under the terms of the plan.

All MEDICAL, DENTAL, PHARMACY, DISABILITY, VISION, LIFE claims

The total premiums paid for the plan year beginning June 1, 2022 and ending May 31, 2023 were \$1,429,878.

The value of plan assets, after subtracting liabilities of the plan, was \$4,226,894 as of May 31, 2023 compare to \$3,682,786 as of June 1, 2022. During the plan year the plan experienced an increase in its assets of \$544,108. 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 \$2,158,555. This income included employer contributions of \$1,958,492, employee contributions of \$76,374, realized gains of \$10,921 from the sale of assets and earnings from investments of \$112,768. Plan expenses were \$1,614,447. These expenses included \$141,934 in administrative expenses and \$1,472,513 in benefits paid to 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. Assets held for investment;
3. Transactions in excess of 5 percent of the plan assets; and
4. Insurance information including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write or call the office of the Plan Administrator:

IATSE LOCAL NO. 6 HEALTH AND WELFARE FUND
C/O Kavita Prasad
6525 Centurion Drive
Lansing, MI 48917
517-327-2154

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 that report. These portions of the report are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the Plan Administrator:

IATSE LOCAL NO. 6
6525 Centurion Drive
Lansing, MI 48917

and at the U.S. Department of Labor in Washington, D.C., 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: U.S. Department of Labor, Employee Benefits Security Administration, Public Disclosure Room, 200 Constitution Avenue, NW, Suite N-1513, Washington, D.C. 20210.

PAPERWORK REDUCTION ACT STATEMENT

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)