

**NEW YORK STATE TEAMSTERS COUNCIL
HEALTH AND HOSPITAL FUND**

SUMMARY ANNUAL REPORT

This is a summary of the annual report of the NEW YORK STATE TEAMSTERS COUNCIL HEALTH AND HOSPITAL FUND, EIN 15-0551885, Plan No. 501, for the year ended December 31, 2004. The annual report has been filed with the Employee Benefits Security Administration as required under the Employee Retirement Income Security Act of 1974 (ERISA).

The Board of Trustees has committed itself to pay certain hospital, surgical, medical, dental, vision, disability, death and other health related claims incurred under the terms of the Plan.

Insurance Information

The Plan has contracts with Excellus Bluecross Blueshield, Highmark Life Insurance Company of New York, Metropolitan Life Insurance Company and Union Labor Life Insurance Company to pay certain health, disability and death claims incurred under the terms of the plan. The total premiums paid for the plan year ended December 31, 2004, were \$4,722,683.

Because the Union Labor Life Insurance contract is a so-called experience-rated contract, the premium costs are affected by, among other things, the number and size of claims. Of the total insurance premiums paid for the plan year ending December 31, 2004, the premiums paid under such experience-rated contract was \$3,059,609, and the total of all benefit claims paid under the experience-rated contract during the plan year was \$2,538,723.

Basic Financial Statement

The value of Plan assets, after subtracting liabilities and obligations of the Plan, was \$130,931,356 as of December 31, 2004, compared to \$138,662,107 as of December 31, 2003. During the year, the Plan experienced a decrease in its net assets of \$7,730,751. This decrease includes unrealized appreciation and depreciation of in the value of the Plan's 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 year, the Plan had a total income of \$124,627,527, including employer contributions of \$108,210,388, participant contributions of \$1,173,097, realized losses of \$6,097,789 from the sale of assets, and earnings from investments of \$20,662,863. Plan expenses were \$130,526,462. These expenses included \$7,856,879 in administrative expenses, \$122,669,583 in benefits paid to participants and beneficiaries. The Plan also transferred \$1,831,816 in employer contributions to the New York State Teamsters Council Prepaid Legal Services Fund.

Your Rights to Additional Information

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

1. An accountant's report;
2. Financial information and information 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 or call the office of the NEW YORK STATE TEAMSTERS COUNCIL HEALTH AND HOSPITAL FUND, P.O. Box 4928, Syracuse, New York 13221-4928, (315) 455-9790. The charge to cover copying costs will be \$.25 per page.

You also have the right to receive from the Board of Trustees, upon request and at no charge, a statement of 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 Trustees, these two statements and accompanying notes will be included as part of that report. The charge to cover copying costs given above does not include a charge for the copying of 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 NEW YORK STATE TEAMSTERS COUNCIL HEALTH AND HOSPITAL FUND, P.O. Box 4928, Syracuse, New York 13221-4928, 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:

Public Disclosure Room, N1513
Employee Benefits Security Administration
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, DC 20210