

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

**SUMMARY ANNUAL REPORT**

This is a summary of the annual report for New York State Teamsters Council Health and Hospital Fund (the "Plan"), EIN 15-0551885, Plan No. 501, for the Plan year ended December 31, 2008. 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 insurance contracts with Highmark Life Insurance Company of New York, Fort Dearborn Life Insurance Company, and Hartford 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, 2008, were \$4,648,565.

**Basic Financial Statement**

The value of Plan assets, after subtracting liabilities of the Plan, was \$56,575,853 as of December 31, 2008, compared to \$102,445,821 as of December 31, 2007. During the year, the Plan experienced a decrease in its net assets of \$45,869,968. This decrease includes unrealized depreciation 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. A total of 17,754 persons were participants in the Plan at the end of the Plan year.

During the Plan year, the Plan had a total income of \$137,516,566, including employer contributions of \$169,455,125, participant contributions of \$1,434,757, realized (losses) of (\$5,457,265), and earnings from investments of (\$27,976,970), and other income of \$60,919. Plan expenses were \$183,386,534. These expenses included \$9,303,681 in administrative expenses, and \$172,065,850 in benefits paid to participants and beneficiaries. The Plan also transferred \$2,017,003 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 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 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, 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 Board of 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, 151 Northern Concourse, Syracuse, New York 13212, 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