

SUMMARY ANNUAL REPORT

FOR

TEAMSTERS INSURANCE PREMIUM REIMBURSEMENT FUND

THIS IS A SUMMARY OF THE ANNUAL REPORT FOR THE TEAMSTERS INSURANCE PREMIUM REIMBURSEMENT FUND, (EMPLOYER IDENTIFICATION NO. 26-6704198, PLAN NO. 501) FOR THE PERIOD JANUARY 1, 2024 TO DECEMBER 31, 2024. 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 VALUE OF PLAN ASSETS, AFTER SUBTRACTING LIABILITIES OF THE PLAN, WAS \$644,883 AS OF DECEMBER 31, 2024 COMPARE TO \$630,934 AS OF JANUARY 1, 2024. DURING THE PLAN YEAR THE PLAN EXPERIENCED AN INCREASE IN ITS ASSETS OF \$13,949. 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 \$65,404. THIS INCOME INCLUDED EMPLOYEE CONTRIBUTIONS OF \$65,404. PLAN EXPENSES WERE \$51,455. THESE EXPENSES INCLUDED \$49,280 IN ADMINISTRATIVE EXPENSES AND \$2,175 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.. FINANCIAL INFORMATION AND INFORMATION ON PAYMENTS TO SERVICE PROVIDERS

TO OBTAIN A COPY OF THE FULL ANNUAL REPORT, OR ANY PART THEREOF, WRITE OR CALL THE OFFICE OF

TEAMSTERS JOINT COUNCIL NO. 83 of
VIRGINIA INSURANCE PREMIUM REIMBURSEMENT FUND

8814 FARGO ROAD
RICHMOND, VA 23229-4673
26-6704198 (EMPLOYER IDENTIFICATION NUMBER)
(804)282-3131

THE CHARGE TO COVER COPYING COSTS WILL BE \$8 FOR THE FULL 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 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 THE MAIN OFFICE OF THE PLAN AT THE ADDRESS NOTED ABOVE 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.