

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

- A This return/report is for: [X] a multiemployer plan [ ] a multiple-employer plan... B This return/report is: [ ] a single-employer plan [ ] a DFE... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [X] Form 5558 [ ] automatic extension... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here... [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan: TEAMSTERS LOCAL UNION NO. 671 HEALTH SERVICES AND INSURANCE PLAN
1b Three-digit plan number (PN): 501
1c Effective date of plan: 06/24/1954
2a Plan sponsor's name (employer, if for a single-employer plan): BRD OF TRUSTEES-TEAMSTERS LOCAL 671 HEALTH SERVICES INSURANCE PLAN
2b Employer Identification Number (EIN): 06-0691728
2c Plan Sponsor's telephone number: 860-243-0671
2d Business code (see instructions): 484110

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include Anthony Lepore (02/09/2026) and Jeffrey Isaacs (02/13/2026).

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	2008
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	1320
	<b>6a(2)</b>	1433
	<b>6b</b>	685
	<b>6c</b>	
	<b>6d</b>	2118
	<b>6e</b>	
	<b>6f</b>	
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	20

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:  
4A 4B 4D 4E 4F 4L 4Q 4U

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

<b>a Pension Schedules</b>	<b>b General Schedules</b>
(1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)
(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)
(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>3</u>
(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)
(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

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**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

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**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....  Yes  No

If "Yes" is checked, complete lines 11b and 11c.

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**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) .....  Yes  No

**11c** Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

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**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

For calendar plan year 2024 or fiscal plan year beginning **07/01/2024** and ending **06/30/2025**

<b>A</b> Name of plan <b>TEAMSTERS LOCAL UNION NO. 671 HEALTH SERVICES AND INSURANCE PLAN</b>		<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BRD OF TRUSTEES-TEAMSTERS LOCAL 671 HEALTH SERVICES</b>		<b>D</b> Employer Identification Number (EIN) <b>06-0691728</b>

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**THE UNION LABOR LIFE INSURANCE COMPANY**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>13-1423090</b>	<b>69744</b>	<b>C3991</b>	<b>1284</b>	<b>07/01/2024</b>	<b>06/30/2025</b>

**2 Insurance fee and commission information.** Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

<b>(a)</b> Total amount of commissions paid <b>0</b>	<b>(b)</b> Total amount of fees paid <b>0</b>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

**Part II Investment and Annuity Contract Information**  
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

**c** Premiums due but unpaid at the end of the year ..... **6c**

**d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... **6d**  
 Specify nature of costs ▶

**e** Type of contract: (1)  individual policies (2)  group deferred annuity  
 (3)  other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1)  deposit administration (2)  immediate participation guarantee  
 (3)  guaranteed investment (4)  other ▶

<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
	(6) Total additions .....	<b>7c(6)</b>
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	
<b>e</b> Deductions:		
	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
(5) Total deductions .....	<b>7e(5)</b>	0
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>	

**Part III Welfare Benefit Contract Information**  
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a**  Health (other than dental or vision)
- b**  Dental
- c**  Vision
- d**  Life insurance
- e**  Temporary disability (accident and sickness)
- f**  Long-term disability
- g**  Supplemental unemployment
- h**  Prescription drug
- i**  Stop loss (large deductible)
- j**  HMO contract
- k**  PPO contract
- l**  Indemnity contract
- m**  Other (specify) **▶ AD&D**

**9** Experience-rated contracts:

<b>a</b>	Premiums: (1) Amount received .....	<b>9a(1)</b>	
	(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>	
	(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>	
	(4) Earned ((1) + (2) - (3)) .....		<b>9a(4)</b>
<b>b</b>	Benefit charges (1) Claims paid .....	<b>9b(1)</b>	
	(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>	
	(3) Incurred claims (add (1) and (2)) .....		<b>9b(3)</b>
	(4) Claims charged .....		<b>9b(4)</b>
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions .....	<b>9c(1)(A)</b>	
	(B) Administrative service or other fees .....	<b>9c(1)(B)</b>	
	(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>	
	(D) Other expenses .....	<b>9c(1)(D)</b>	
	(E) Taxes .....	<b>9c(1)(E)</b>	
	(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>	
	(G) Other retention charges .....	<b>9c(1)(G)</b>	
	(H) Total retention .....		<b>9c(1)(H)</b>
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		<b>9c(2)</b>
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>
	(2) Claim reserves .....		<b>9d(2)</b>
	(3) Other reserves .....		<b>9d(3)</b>
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	30708
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? .....  Yes  No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

<p><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **07/01/2024** and ending **06/30/2025**

<p><b>A</b> Name of plan <b>TEAMSTERS LOCAL UNION NO. 671 HEALTH SERVICES AND INSURANCE PLAN</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BRD OF TRUSTEES-TEAMSTERS LOCAL 671 HEALTH SERVICES</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>06-0691728</b></p>	

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage Information:**

(a) Name of insurance carrier  
**MEDCO CONTAINMENT LIFE INS. CO.**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-1425239	63762	NGL40381	864	07/01/2024	06/30/2025

**2 Insurance fee and commission information.** Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

**Part II Investment and Annuity Contract Information**  
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

**c** Premiums due but unpaid at the end of the year ..... **6c**

**d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... **6d**  
 Specify nature of costs ▶

**e** Type of contract: (1)  individual policies (2)  group deferred annuity  
 (3)  other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

- a** Type of contract: (1)  deposit administration (2)  immediate participation guarantee  
 (3)  guaranteed investment (4)  other ▶

<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
	(6) Total additions .....	<b>7c(6)</b>
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	
<b>e</b> Deductions:		
	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
(5) Total deductions .....	<b>7e(5)</b>	0
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>	

**Part III Welfare Benefit Contract Information**  
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a**  Health (other than dental or vision)     
 **b**  Dental     
 **c**  Vision     
 **d**  Life insurance  
**e**  Temporary disability (accident and sickness)     
 **f**  Long-term disability     
 **g**  Supplemental unemployment     
 **h**  Prescription drug  
**i**  Stop loss (large deductible)     
 **j**  HMO contract     
 **k**  PPO contract     
 **l**  Indemnity contract  
**m**  Other (specify) ▶ **MEDICARE SUPPLEMENTAL**

**9** Experience-rated contracts:

<b>a</b> Premiums: (1) Amount received .....	<b>9a(1)</b>	
(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>	
(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>	
(4) Earned ((1) + (2) - (3)) .....		<b>9a(4)</b>
<b>b</b> Benefit charges (1) Claims paid .....	<b>9b(1)</b>	
(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>	
(3) Incurred claims (add (1) and (2)) .....		<b>9b(3)</b>
(4) Claims charged .....		<b>9b(4)</b>
<b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --		
(A) Commissions .....	<b>9c(1)(A)</b>	
(B) Administrative service or other fees .....	<b>9c(1)(B)</b>	
(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>	
(D) Other expenses .....	<b>9c(1)(D)</b>	
(E) Taxes .....	<b>9c(1)(E)</b>	
(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>	
(G) Other retention charges .....	<b>9c(1)(G)</b>	
(H) Total retention .....		<b>9c(1)(H)</b>
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		<b>9c(2)</b>
<b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>
(2) Claim reserves .....		<b>9d(2)</b>
(3) Other reserves .....		<b>9d(3)</b>
<b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>	1910716
<b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>	

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? .....  Yes  No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

<p><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **07/01/2024** and ending **06/30/2025**

<p><b>A</b> Name of plan <b>TEAMSTERS LOCAL UNION NO. 671 HEALTH SERVICES AND INSURANCE PLAN</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BRD OF TRUSTEES-TEAMSTERS LOCAL 671 HEALTH SERVICES</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>06-0691728</b></p>	

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**UNION LABOR LIFE CO. INC.**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	G2703	1933	07/01/2024	06/30/2025

**2 Insurance fee and commission information.** Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

<p><b>(a)</b> Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p><b>(b)</b> Total amount of fees paid</p> <p style="text-align: center;">0</p>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

**Part II Investment and Annuity Contract Information**  
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

**c** Premiums due but unpaid at the end of the year ..... **6c**

**d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... **6d**  
 Specify nature of costs ▶

**e** Type of contract: (1)  individual policies (2)  group deferred annuity  
 (3)  other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1)  deposit administration (2)  immediate participation guarantee  
 (3)  guaranteed investment (4)  other ▶

<b>b</b> Balance at the end of the previous year .....			<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>			
	<b>7c(2)</b>			
	<b>7c(3)</b>			
	<b>7c(4)</b>			
	<b>7c(5)</b>			
	(6) Total additions .....			
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....			<b>7d</b>	
<b>e</b> Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	<b>7e(1)</b>		
	(2) Administration charge made by carrier.....	<b>7e(2)</b>		
	(3) Transferred to separate account .....	<b>7e(3)</b>		
	(4) Other (specify below) .....	<b>7e(4)</b>		
(5) Total deductions .....		<b>7e(5)</b>	0	
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....			<b>7f</b>	

**Part III Welfare Benefit Contract Information**  
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a**  Health (other than dental or vision)
- b**  Dental
- c**  Vision
- d**  Life insurance
- e**  Temporary disability (accident and sickness)
- f**  Long-term disability
- g**  Supplemental unemployment
- h**  Prescription drug
- i**  Stop loss (large deductible)
- j**  HMO contract
- k**  PPO contract
- l**  Indemnity contract
- m**  Other (specify) ▶

**9** Experience-rated contracts:

<b>a</b>	Premiums: (1) Amount received .....	<b>9a(1)</b>	
	(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>	
	(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>	
	(4) Earned ((1) + (2) - (3)) .....	<b>9a(4)</b>	
<b>b</b>	Benefit charges (1) Claims paid .....	<b>9b(1)</b>	
	(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>	
	(3) Incurred claims (add (1) and (2)) .....	<b>9b(3)</b>	
	(4) Claims charged .....	<b>9b(4)</b>	
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions .....	<b>9c(1)(A)</b>	
	(B) Administrative service or other fees .....	<b>9c(1)(B)</b>	
	(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>	
	(D) Other expenses .....	<b>9c(1)(D)</b>	
	(E) Taxes .....	<b>9c(1)(E)</b>	
	(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>	
	(G) Other retention charges .....	<b>9c(1)(G)</b>	
	(H) Total retention .....	<b>9c(1)(H)</b>	
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....	<b>9c(2)</b>	
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....	<b>9d(1)</b>	
	(2) Claim reserves .....	<b>9d(2)</b>	
	(3) Other reserves .....	<b>9d(3)</b>	
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....	<b>9e</b>	

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	236087
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>	

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? .....  Yes  No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **07/01/2024** and ending **06/30/2025**

<b>A</b> Name of plan <b>TEAMSTERS LOCAL UNION NO. 671 HEALTH SERVICES AND INSURANCE PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BRD OF TRUSTEES-TEAMSTERS LOCAL 671 HEALTH SERVICES</b>	<b>D</b> Employer Identification Number (EIN) <b>06-0691728</b>	

**Part I Service Provider Information (see instructions)**

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

**a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)...  Yes  No

**b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

**THE VANGUARD GROUP, INC**

**23-1945930**

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

**INVESCO ADVISORS, INC.**

**58-1707262**

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

**WCM INVESTMENT MANAGEMENT LLC**

**95-3046237**

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

**NEUBERGER BERMAN INVESTMENT ADVISER**

**02-0654486**

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

ANTHEM HEALTH

06-1475928

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 15 49 50 62	NONE	521838	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

LABOR FIRST LLC

06-1750191

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50 73	NONE	255437	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	95233	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

EMPLOYEE B

06-0691728

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	199164	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

BRIDGEWAY BENEFIT TECHNOLOGIES

52-1796473

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	153915	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

EMPLOYEE E

06-0691728

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	135709	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

EMPLOYEE D

06-0691728

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	130847	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

EMPLOYEE F

06-0691728

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	116162	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

EMPLOYEE G

06-0691728

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	112538	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

MORGAN STANLEY

20-8764829

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 51 99 50 49 27 72 50 33 71 49 65	NONE	67190	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

GUARDIAN

13-5123390

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 50	NONE	66339	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

O'SULLIVAN ASSOCIATES INC

22-1837827

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	53500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

MED-CARE MANAGEMENT, INC.

88-0429522

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	52423	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

MASSUCCI & ASSOCIATES LLC

06-1462567

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	50325	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

COOKE & BIELER, INC.

23-3082822

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	41649	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

OPTUM

33-0441200

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	41299	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

ROBERT M CHEVERIE & ASSOCIATES

06-1335139

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	39600	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

NOVAK FRANCELLA, LLC

61-1436956

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	32000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

ALLEGIANT RX

02-6015031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 99	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	24066	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

DESCENT IT

1 SUMMER BROOK LANE  
CROMWELL, CT 06416

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	20897	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

ATALANTA SOSNOFF CAPITAL, LLC

20-0461050

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	17780	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

VISION SERVICE PLAN

06-1227840

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 50	NONE	17155	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

BOYD WATTERSON ASSET MANAGMENT

34-1922005

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	15620	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

WEBSTER BANK, N.A.

06-0273620

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	12825	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**Part I Service Provider Information (continued)**

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ALLEGIANT RX	12 99	24066
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
OPTUM RX  33-0441200	ADMINISTRATIVE FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
LABOR FIRST LLC	49 99	95233
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MEDCO CONTAINMENT LIFE INS.  42-1425239		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

**Part II Service Providers Who Fail or Refuse to Provide Information**

**4** Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide

**Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)**  
(complete as many entries as needed)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>07/01/2024</b> and ending <b>06/30/2025</b>	
<b>A</b> Name of plan <b>TEAMSTERS LOCAL UNION NO. 671 HEALTH SERVICES AND INSURANCE PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BRD OF TRUSTEES-TEAMSTERS LOCAL 671 HEALTH SERVICES</b>	<b>D</b> Employer Identification Number (EIN) <b>06-0691728</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	3481669	1659197
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	2052480	2004826
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	1714737	1545201
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	713197	713577
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	9095598	10128058
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	5868063	5716458
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	8043680	9315077
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	49137610	53388441
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>	10489	10334
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	80117523	84481169
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>	3358030	5801967
<b>h</b> Operating payables.....	<b>1h</b>	705845	656455
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	190226	190226
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	4254101	6648648
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	75863422	77832521

**Part II Income and Expense Statement**

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	33721940	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	158508	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>	197622	
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		34078070
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	824062	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	544041	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	217780	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		1585883
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	209776	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	1143764	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		1353540
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	11034165	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	10416679	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		617486
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	594483	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts .....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts .....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities .....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	2b(10)		2870049
<b>c</b> Other income .....	2c		309847
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	2d		41409358

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	2e(1)	34780743	
(2) To insurance carriers for the provision of benefits .....	2e(2)	2528182	
(3) Other .....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3) .....	2e(4)		37308925
<b>f</b> Corrective distributions (see instructions) .....	2f		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	2g		
<b>h</b> Interest expense .....	2h		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	2i(1)	730281	
(2) Contract administrator fees .....	2i(2)	699054	
(3) Recordkeeping fees .....	2i(3)	52325	
(4) IQPA audit fees .....	2i(4)	30000	
(5) Investment advisory and investment management fees .....	2i(5)	142240	
(6) Bank or trust company trustee/custodial fees .....	2i(6)		
(7) Actuarial fees .....	2i(7)	53500	
(8) Legal fees .....	2i(8)	39600	
(9) Valuation/appraisal fees .....	2i(9)		
(10) Other trustee fees and expenses .....	2i(10)		
(11) Other expenses .....	2i(11)	384334	
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)		2131334
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	2j		39440259

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d .....	2k		1969099
<b>l</b> Transfers of assets:			
(1) To this plan .....	2l(1)		
(2) From this plan .....	2l(2)		

**Part III Accountant's Opinion**

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1)  Unmodified (2)  Qualified (3)  Disclaimer (4)  Adverse

**b** Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1)  DOL Regulation 2520.103-8 (2)  DOL Regulation 2520.103-12(d) (3)  neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

**c** Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **NOVAK FRANCELLA, LLC**

(2) EIN: **61-1436956**

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1)  This form is filed for a CCT, PSA, DCG or MTIA. (2)  It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

**Part IV Compliance Questions**

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?  Yes  No  
If "Yes," enter the amount of any plan assets that reverted to the employer this year \_\_\_\_\_.

**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined  
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.

**TEAMSTERS LOCAL UNION No. 671  
HEALTH SERVICES AND INSURANCE PLAN**

FINANCIAL STATEMENTS

JUNE 30, 2025

**TEAMSTERS LOCAL UNION NO. 671  
HEALTH SERVICES AND INSURANCE PLAN**

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

JUNE 30, 2025 AND 2024

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## INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of the  
Teamsters Local Union No. 671  
Health Services and Insurance Plan

### Opinion

We have audited the financial statements of the Teamsters Local Union No. 671 Health Services and Insurance Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of benefit obligations as of June 30, 2025 and 2024, and the related statements of changes in net assets available for benefits and of changes in benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and benefit obligations of the Plan as of June 30, 2025 and 2024, and the changes in its net assets available for benefits and benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

### Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all Plan amendments; administering the Plan; and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

### **Auditor's Responsibilities for the Audit of the Financial Statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

### **Report on Supplemental Information**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedules of Benefits, Insurance Premiums and Administrative Service Fees, Schedules of Administrative Expenses, and Schedule of Assets Held at End of Year, together referred to as “supplemental information,” are presented for the purpose of additional analysis and are not a required part of the financial statements. The Schedule of Assets Held at End of Year is supplemental information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under the ERISA. Supplemental information is the responsibility of the Plan’s management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance GAAS.

In forming our opinion on the supplemental information, we evaluated whether the supplemental information, including their form and content, are presented in conformity with the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA.

*Novak Francella LLC*

Killingworth, Connecticut  
February 17, 2026

**TEAMSTERS LOCAL UNION No. 671  
HEALTH SERVICES AND INSURANCE PLAN**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

JUNE 30, 2025 AND 2024

ASSETS	2025	2024
<b>INVESTMENTS - at fair value</b>		
United States Government and Agency securities	\$ 10,128,058	\$ 9,095,598
Corporate bonds	5,716,458	5,868,063
Common stock	9,315,077	8,043,680
Mutual funds	33,684,373	31,080,448
Exchange traded funds	19,704,068	18,057,162
Cash and cash equivalents	713,577	713,197
Total investments	79,261,611	72,858,148
<b>RECEIVABLES</b>		
Employer contributions	2,004,826	2,052,480
Accrued investment income	72,793	72,793
Prescription rebate	1,403,273	1,259,556
OptumRx reimbursement	-	166,725
Total receivables	3,480,892	3,551,554
<b>PROPERTY AND EQUIPMENT - net</b>	10,334	10,489
<b>OTHER ASSETS</b>		
Cash	1,659,197	3,481,669
Prepaid expenses and other assets	69,135	215,663
Total other assets	1,728,332	3,697,332
Total assets	84,481,169	80,117,523
<b>LIABILITIES AND NET ASSETS</b>		
<b>LIABILITIES</b>		
Accounts payable and accrued expenses	106,426	115,098
Due to broker for securities purchased	-	125,147
Deferred revenue	550,029	465,600
Employer contribution deposit	190,226	190,226
Total liabilities	846,681	896,071
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>	\$ 83,634,488	\$ 79,221,452

See accompanying notes to financial statements.

**TEAMSTERS LOCAL UNION No. 671  
HEALTH SERVICES AND INSURANCE PLAN**

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

YEARS ENDED JUNE 30, 2025 AND 2024

	2025	2024
<b>ADDITIONS</b>		
Investment income		
Net appreciation in fair value of investments	\$ 4,082,018	\$ 3,081,457
Interest and dividends	2,939,423	2,484,346
	7,021,441	5,565,803
Less investment fees	(142,240)	(129,028)
Net investment income	6,879,201	5,436,775
Contributions		
Employers	33,721,940	32,169,356
COBRA	158,508	128,110
Retiree cost share	197,622	194,535
Total contributions	34,078,070	32,492,001
Other income		
Lien reimbursements	177,639	96,754
ACA Reinsurance Fee refund	132,208	-
OptumRx reimbursement	-	166,725
Total other income	309,847	263,479
Total additions	41,267,118	38,192,255
<b>DEDUCTIONS</b>		
Benefits	32,336,806	26,251,899
Insurance premiums and administrative service fees	3,240,129	3,143,432
Administrative expenses	1,277,147	1,255,674
Total deductions	36,854,082	30,651,005
NET INCREASE	4,413,036	7,541,250
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>		
Beginning of year	79,221,452	71,680,202
End of year	\$ 83,634,488	\$ 79,221,452

See accompanying notes to financial statements.

**TEAMSTERS LOCAL UNION No. 671  
HEALTH SERVICES AND INSURANCE PLAN**

**STATEMENTS OF BENEFIT OBLIGATIONS**

JUNE 30, 2025 AND 2024

	2025	2024
<b>AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS, BENEFICIARIES AND DEPENDENTS</b>		
Claims payable	\$ 475,079	\$ 897,276
 <b>OTHER OBLIGATIONS FOR CURRENT BENEFIT COVERAGE, AT PRESENT VALUE OF ESTIMATED AMOUNTS</b>		
Claims incurred but not reported	5,326,888	2,460,754
Accumulated eligibility credits	4,435,615	3,514,185
	9,762,503	5,974,939
Total obligations other than postretirement benefit obligations	10,237,582	6,872,215
 <b>POSTRETIREMENT BENEFIT OBLIGATIONS</b>		
Current retirees	48,710,062	50,880,502
Other participants fully eligible for benefits	26,219,704	25,886,260
Other participants not fully eligible for benefits	28,432,439	27,224,092
Total postretirement benefit obligations	103,362,205	103,990,854
 <b>TOTAL BENEFIT OBLIGATIONS</b>	 \$ 113,599,787	 \$ 110,863,069

See accompanying notes to financial statements.

**TEAMSTERS LOCAL UNION No. 671  
HEALTH SERVICES AND INSURANCE PLAN**

**STATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS**

YEARS ENDED JUNE 30, 2025 AND 2024

	2025	2024
<b>AMOUNTS CURRENTLY PAYABLE TO OR FOR</b>		
<b>PARTICIPANTS, BENEFICIARIES AND DEPENDENTS</b>		
Balance at beginning of year	\$ 897,276	\$ 593,982
Claims reported and approved for payment	34,442,791	29,212,023
Claims paid (including disability)	(34,864,988)	(28,908,729)
Balance at end of year	475,079	897,276
<b>OTHER OBLIGATIONS FOR CURRENT BENEFIT COVERAGE</b>		
<b>AT PRESENT VALUE OF ESTIMATED AMOUNTS</b>		
Balance at beginning of year	5,974,939	4,421,915
Net change during year		
Claims incurred but not reported	2,866,134	1,093,900
Accumulated eligibility credits	921,430	459,124
Balance at end of year	9,762,503	5,974,939
Total obligations other than postretirement benefit obligations	10,237,582	6,872,215
<b>POSTRETIREMENT BENEFIT OBLIGATIONS</b>		
Balance at beginning of year	103,990,854	122,728,644
Increase (decrease) during the year attributable to:		
Increase in benefits accumulated	3,267,925	4,231,100
Increase due to the passage of time	5,450,263	4,940,956
Experience gain	(4,614,728)	(8,445,748)
Benefits paid during the year	(6,888,502)	(6,871,712)
Changes in actuarial assumptions	2,156,393	(12,592,386)
Balance at end of year	103,362,205	103,990,854
<b>TOTAL BENEFIT OBLIGATIONS, at end of year</b>	<b>\$ 113,599,787</b>	<b>\$ 110,863,069</b>

See accompanying notes to financial statements.

**TEAMSTERS LOCAL UNION NO. 671  
HEALTH SERVICES AND INSURANCE PLAN**

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2025 AND 2024

**NOTE 1. DESCRIPTION OF PLAN**

**General** - Teamsters Local Union No. 671 Health Services and Insurance Plan (the Plan) was established June 24, 1954 by an agreement between Local Union No. 671 of the International Brotherhood of Teamsters, Chauffeurs, Warehousemen and Helpers of America, (the Union) and certain employers who were parties to collective bargaining agreements with the Union requiring contributions to the Plan (the participating employers). The Plan was established to provide health and welfare benefits to eligible employees of participating employers and their eligible dependents. The Plan provides medical, vision, dental, prescription drug, accidental death and dismemberment, disability, psychiatric and substance abuse, and life insurance benefits. The Plan document should be consulted for a more detailed explanation of plan benefits.

**Administration** - The Plan is administered by a joint board of trustees, consisting of an equal number of Union and employer designated representatives. The Plan is currently administered in accordance with a restated trust agreement dated May 18, 1992.

The costs of the postretirement benefit plan are shared by the Plan's participating employers and retirees. Non-contributory benefits are available to members who are age 60 and have been covered by the Active Member Plan for at least ten years of continuous service prior to retirement. On May 3, 2013, the Trustees voted to amend this retiree eligibility rule, effective January 1, 2014, to state that a member would have to be at least age 50 as of January 1, 2014 and have been covered under the Active Members Plan for at least five years as of January 1, 2014 in order to qualify. Members aged 55, who have participated under the Active Members Plan for at least 20 years and for at least one year out of the last five years immediately preceding the termination date, (or may be any age with at least 30 years of service), may participate in the Plan on a contributory basis until age 60. Contributory coverage is available between age 55 and 59 under certain other limited circumstances.

**Retiree Contribution Payment** - Effective January 1, 2018 the Trustees transitioned all Medicare retirees to a fully-insured Employer Group Waiver Plan (EGWP) through Labor First, thereby eliminating the Medicare Part D Subsidy as of December 31, 2017. The monthly pay rate under the insured plan is \$219.77 per participant.

**NOTE 1. DESCRIPTION OF PLAN (continued)**

The Trustees voted to implement a monthly premium to eligible participants who become eligible for the Retiree Health Plan on or after July 1, 2017. The participant and spouse monthly premium rates are as follows:

- Less than 20 years of service under the Active Health Plan is 40% of the Retiree Plan cost,
- 20 - 24 years of service under the Active Health Plan is 20% of the Retiree Plan cost, and
- 25 - 29 years of service under the Active Health Plan is 10% of the Retiree Plan cost.

There is no monthly premium for a participant who has over 30 years of service under the Active Health Plan.

**Eligibility and Benefits** - Eligibility requirements for benefits are established by the Trustees. Benefits are provided directly from the Plan for covered services and vary depending on the terms of the plan document. The Trustees have full authority to rule on all questions of nature, amount, and duration of benefits to be provided based on what it is estimated the Plan can provide without depletion or excessive accumulation of plan assets as determined by the Trustees.

The Active Full Time and Part Time eligibility rules are as follows:

Active/Full Time eligibility will start the first day of the second month following two consecutive months of 250 hours in contributions. Termination will be three months following the last three consecutive months of an aggregate of 384 hours in contributions. Re-eligibility will be the first day of the second month following 150 hours in contributions in one month or an aggregate of 250 hours in contributions in two consecutive months.

Effective July 1, 2017, maintaining eligibility is based on a total of 640 hours in contributions received in four consecutive months. The participant's eligibility will terminate on the last day of the third month following four consecutive months in which the fund office received a total of at least 640 hours in contributions.

The UPS/Part Time eligibility starts the first day of the second month following four consecutive months of an aggregate of 250 total hours in contributions. Termination will be two months from the last four consecutive months of an aggregate 250 total hours in contributions. Re-eligibility will be the first day of the second month following four consecutive months of an aggregate of 250 total hours in contributions.

**Termination** - The Trustees expect and intend to continue the Plan indefinitely but reserve the right to amend or terminate it. In the event the Plan terminates, the Trustees shall first apply the net assets to any obligations outstanding and any remaining balance in such manner as will best effectuate the purpose of the Plan.

Under no circumstances shall any portion of the Plan directly or indirectly revert or accrue to the benefit of any contributing employer or the Union.

**NOTE 1. DESCRIPTION OF PLAN (continued)**

**Group Insurance** - The Plan provides life insurance and accidental death and dismemberment benefits for all eligible active members while also providing life insurance for eligible retired members.

Full-time Active Members - The Plan provides for a \$60,000 per member, \$10,000 per spouse dependent and \$5,000 per child dependent death benefit and for accidental death and dismemberment (AD&D) benefits.

Part-time Active Members - The Plan provides for a \$30,000 death benefit and accidental death and dismemberment benefit for all eligible part-time active members with two years of Plan participation.

Retired Members - The Plan provides for a \$5,000 death benefit for all eligible retired members who became eligible under the retired members Plan on or after June 1, 1987.

Silver Plan - The Plan provides for a \$20,000 life insurance and AD&D benefit for single employees and a \$25,000 life insurance and AD&D benefit for employees who have one dependent or family coverage.

The Union Labor Life Insurance Company (ULLICO) has issued group insurance policies to the Plan for the years ended June 30, 2025 and 2024, to provide coverage for the death and accidental death and dismemberment benefits. During fiscal years 2025 and 2024, the Plan paid \$266,795 and \$262,565, respectively, in premiums for this coverage.

**Member Spending Account** - The Plan provides active and retired members with a Member Spending Account. The Spending Account will provide the member, spouse and eligible dependents with a combined maximum amount to use toward certain expenses which exceed Plan limits. The maximum annual amount for active members is \$500 and \$1,000 for part-time and full-time employees, respectively. The maximum annual benefit for retired members is \$100.

The Plan also has a weekly disability benefit for the Gold Plus Plan participants for two-thirds of weekly earnings up to a maximum of \$540.

**Benefit Changes** - On April 27, 2023, Trustees voted to approve the following benefit changes:

- Changed the Active Spending Account to cover the balance of the dental charge to 100% after reaching the Annual Dental Maximum,
- Changed the Medicare Part A inpatient deductible to be covered for all inpatient stays, and
- Increased the active and retiree hearing aid benefit to \$1,000 per ear every 3 years and removed the hearing evaluation \$92 limit and the earmold \$40 limit and will use the Anthem allowable amount instead.

**NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Method of Accounting** - The financial statements are prepared using the accrual basis of accounting.

**Valuation of Investments and Income Recognition** - The Trustees have appointed investment managers and an investment custodian. Subject to an investment policy adopted by the Trustees, the investment managers have discretionary authority concerning purchases and sales of investments, which consist of U.S. Government and Agency securities, corporate bonds, common stock, exchange traded funds, mutual funds, and cash and cash equivalents.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

See Note 9 for a discussion on Fair Value Measurements.

**Property and Equipment** - The Plan depreciates computer equipment, office furniture, and leasehold improvements using the straight-line method over the estimated useful lives of the assets. Depreciation expense totaled \$2,302 and \$2,757 for the years ended June 30, 2025 and 2024, respectively.

**Employer Contributions and Revenue Recognition** - The Plan receives contributions from employers who have signed collective bargaining agreements with the Union and/or participation agreements with the Plan at rates set forth in such agreements. The Fund office staff participates in the Plan. Employer contributions are accounted for as exchange transactions. Contributions from contributing employers are for work performed primarily in the State of Connecticut.

**Contributions Receivable** - Contributions due and not paid prior to yearend are recorded as contributions receivable. The Plan believes that the receivables are fully collectible; therefore, no allowance for credit losses is recorded.

	June 30		Depreciable Lives
	2025	2024	
Office furniture	\$ 74,138	\$ 74,138	3 to 7 years
Accumulated depreciation	74,138	73,905	
	<u>\$ -</u>	<u>\$ 233</u>	
Computer equipment	174,461	172,314	3 to 7 years
Accumulated depreciation	171,168	170,426	
	<u>3,293</u>	<u>1,888</u>	
Leasehold improvements	19,905	19,905	15 years
Accumulated depreciation	12,864	11,537	
	<u>7,041</u>	<u>8,368</u>	
	<u>\$ 10,334</u>	<u>\$ 10,489</u>	

## NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

**Estimates** - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

**Credit Risk** - The Plan maintains its cash with a financial institution deemed to be credit worthy. Cash balance is insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000 in a single bank. As of June 30, 2025, cash on deposit with Webster Bank exceeded the FDIC coverage in a single bank by \$1,542,639.

**Refunds** - The Plan utilizes a pharmacy benefit manager (PBM) which periodically makes refunds to the Plan based on the Plan's actual utilization pattern of specific drugs. Refunds from the Plan's PBM are recorded when earned. Refunds due are reported as a receivable with the offset being netted against claims paid. Pharmacy rebates totaling \$2,387,761 and \$2,237,997 have been netted with claims paid in the accompanying statements of changes in net assets available for benefits for the years ended June 30, 2025 and 2024, respectively.

## NOTE 3. BENEFIT OBLIGATIONS

*Postretirement Benefit Obligations* - The amount reported as the postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed by the terms of the Plan to employees' service rendered to the date of the financial statements, reduced by the actuarial present value of contributions expected to be received in the future from current Plan participants. Postretirement benefits include future benefits to be paid to or for eligible (1) currently retired or terminated employees and their beneficiaries and dependents and (2) active employees and their beneficiaries and dependents after retirement from service with participating employers. The postretirement benefit obligation represents the amount that is to be funded by contributions from the Plan's participating employers and from existing Plan assets. Prior to an active employee's eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee's service rendered to the valuation date.

The actuarial present value of the expected postretirement benefit obligation is determined by an independent actuary and is the amount that results from applying actuarial assumptions to historical claims-cost data to estimate future annual incurred claims costs per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for deaths, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

**NOTE 3. BENEFIT OBLIGATIONS (continued)**

For measurement purposes, the actuary assumed that health care gross costs will increase each year (compounding) as shown below (where the increase is from the year shown through the following year):

<u>Year</u>	<u>For Plan Year beginning July 1</u>
2025	6.0%
2026	5.5%
2027	5.0%
2028	4.5%
2029	4.0%
2030	3.5%
2030 +	3.0%

The following were other significant assumptions used in the valuation as of June 30, 2025 and 2024:

Retirement rates are 100% at age 60 with 10 years of service.

Weighted-average discount rate was 5.25% compounded annually for both years ended June 30, 2025 and 2024.

Mortality assumptions were based on the PRI-2012 Blue Collar (sex distinct) using Scale MP-2021 generational mortality improvement for both years ended June 30, 2025 and 2024.

The foregoing assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate or be amended, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the postretirement benefit obligations.

The Plan's deficiency of net assets over benefit obligations at June 30, 2025 and 2024 relates exclusively to the postretirement benefit obligation, the funding of which will be done on a pay-as-you-go basis by the contribution rate provided in the current bargaining agreements. The Trustees have the right to terminate or amend the terms of the Plan at any time.

The weighted average health care cost-trend assumption has a significant effect on the amounts reported in the accompanying financial statements. If the assumed rates increased by one percentage point in each year, it would increase the obligation as of June 30, 2025 and 2024 by \$11,800,378 and \$11,638,614, respectively.

A pensioner and spouse are covered for substantially the same benefits as an active member, including medical, prescription drug and vision benefits.

There is an insured death benefit of \$5,000 for participants who retired after June 1, 1987. There is also a \$1,500 death benefit with a draw down provision that may be used to cover medical expenses or Medicare premiums. The "draw down" benefit is available to Tri-State Plan retirees and qualifying Local 671 retirees who retired prior to June 1, 1987.

### **NOTE 3. BENEFIT OBLIGATIONS (continued)**

For a pensioner, coverage continues for life (while required contributions are maintained). For a spouse, coverage ceases within 12 months after the death of a pensioner.

*Other Benefit Obligations* - Benefit claims currently payable include the Plan's liability for claims incurred as of June 30, 2025 and 2024 but not reported, and the Plan's liability for claims reported as of June 30, 2025 and 2024 but not yet processed. The Plan's liability for claims incurred but not yet reported is estimated by the Plan's actuary utilizing actuarial methods which take into consideration prior claims experience and the expected time period from the date such claims are incurred to the date that the related claims are submitted and paid. Health claims incurred by retired participants but not reported at year end are included in claims incurred but not reported.

Plan obligations at June 30, 2025 and 2024 also include accumulated eligibility of participants as estimated by the Plan's actuary in accordance with accepted actuarial principles. The accumulated eligibility credits are estimated based on assumptions for mortality and expected employee turnover. A percentage of full-time employees are assumed to retain Plan eligibility for three months and part-time employees are assumed to retain Plan eligibility for one month after termination of covered employment.

### **NOTE 4. INCOME TAX STATUS**

The Plan obtained its latest determination letter on September 25, 1956, in which the Internal Revenue Service (IRS) stated that the Plan, as then designed, was exempt from federal income tax under Section 501(c)(9) of the Internal Revenue Code (IRC). The Plan has been amended since receiving this determination letter. However, the Plan's legal counsel believes that the Plan is currently designed, and the Plan administrator believes that the Plan is currently being operated in compliance with the applicable requirements of the IRC. Therefore, they believe that the Plan is tax-exempt under Section 501(c)(9) of the IRC as of the financial statement date.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if it has taken an uncertain position, that more likely than not, would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax in progress.

### **NOTE 5. BENEFITS ADMINISTRATION**

The Plan has an Administrative Services agreement for Jointly Administered Arrangements (JAA) with Anthem Blue Cross and Blue Shield (Anthem). Under the terms of the agreement, Anthem provides the PPO network for the Plan. Anthem's PPO network re-prices claims submitted by providers. The processing and adjudication of the claims is performed by the Plan. This arrangement is effective for all medical claims incurred by the participants of the Plan, with the exception of mental health and substance abuse benefits, routine vision care, dental and prescription drug benefits. Under this agreement, administrative fees are paid on a per member per month basis.

**NOTE 5. BENEFITS ADMINISTRATION (continued)**

The Plan has an agreement with Allegiant Rx (f/k/a Teamsters Rx) to provide certain prescription services to the Plan. Allegiant Rx contracts with OptumRx, where OptumRx provides prescription drug benefit programs and related services to Allegiant Rx and affiliates. The Board of Trustees determines the types and limits of covered prescriptions and is responsible for the funding of all prescription claims.

The Plan has an agreement with VSP Vision Care (VSP). to provide vision care services. Under this agreement, the Board of Trustees determines the types and limits of vision care benefits and is responsible for the funding of all vision care claims. VSP provides processing services and administers actual payment of vision care claims.

The Plan's psychiatric and substance abuse benefits are administered under an agreement with Med-Care Management, Inc. This agreement provides benefits for members receiving mental/nervous and alcohol/drug treatment.

The Plan has an agreement with Guardian Dental Network (Guardian) to administer dental benefits. Under this agreement, the Board of Trustees determines the types and limits of covered services. Guardian provides processing services and administers actual payment of dental benefits. This agreement automatically renews for one-year periods.

**NOTE 6. COMMITMENTS**

The Plan has a lease agreement with the Union, a related party, for the use of operating facilities in Bloomfield, Connecticut. This lease was extended through December 31, 2022. The lease is classified as an operating lease and is subject to customary escalation clauses for real estate taxes and building operating expenses. The lease is for a monthly rental of \$3,505 effective January 1, 2024 and \$3,575 effective January 1, 2025. Rent expense paid to the Union totaled \$44,103 and \$40,424 for the years ended June 30, 2025 and 2024, respectively. The rent is based on a market analysis performed by an independent third party.

The lease agreement is currently being rewritten and has continued on a month-to-month basis.

**NOTE 7. MAJOR CONTRIBUTOR**

Contributions from one employer amounted to 74% of total contributions for the year ended June 30, 2025.

**NOTE 8. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500**

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500:

	June 30	
	<u>2025</u>	<u>2024</u>
Net assets available for benefits per the financial statements	\$ 83,634,488	\$ 79,221,452
Benefit obligations currently payable	<u>(5,801,967)</u>	<u>(3,358,030)</u>
Net assets available for benefits per the Form 5500	<u>\$ 77,832,521</u>	<u>\$ 75,863,422</u>

The following is a reconciliation of benefits paid to participants per the financial statements to the Form 5500:

	Year ended June 30, 2025
Benefits paid to participants per the financial statements	\$ 34,864,988
Add: Amounts currently payable at June 30, 2025	5,801,967
Less: Amounts currently payable at June 30, 2024	<u>(3,358,030)</u>
Benefits paid to participants per the Form 5500	<u>\$ 37,308,925</u>

Amounts currently payable to or for participants, dependents and beneficiaries are recorded on the Form 5500 for benefit claims that have been processed and approved for payment prior to June 30, 2025 but not yet paid as of that date and for claims incurred but not reported as of that date.

**NOTE 9. FAIR VALUE MEASUREMENTS**

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

**Basis of Fair Value Measurement:**

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs to the valuation methodology include: quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means.

## NOTE 9. FAIR VALUE MEASUREMENTS (continued)

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets and liabilities measured at fair value, as well as the general classification of such assets and liabilities pursuant to the valuation hierarchy. There have been no changes in the methodologies used at June 30, 2025 and 2024.

*Cash and cash equivalents:* Cash equivalents consist of cash investments in money market funds. Cash investments in money market funds are valued under the market approach through the use of quoted market prices in an active market, which is the net asset value of the underlying funds and are classified within Level 1 of the valuation hierarchy.

*Common stocks:* The common stock investments are valid at the closing price reported on the active market on which the individual securities are traded using independent pricing vendors and are classified within level 1 of the valuation hierarchy.

*Corporate notes and bonds:* These investments are valued daily using an independent pricing vendor, Interactive Data Corporation (IDC). Information is gathered from market sources and integrates relative credit information, observed market movements, and sector news into the evaluated pricing applications and models, and is classified within Level 2 of the valuation hierarchy.

*Mutual funds:* The mutual funds' investments in U.S. equity securities are valued at the net asset value (NAV) of shares held by the Plan at year end and are classified within Level 1 of the valuation hierarchy. The money market investments are valued using amortized cost, in accordance with rules under the Investment Company Act of 1940. Amortized cost approximates the current fair value of a security, but since the value is not obtained from a quoted price in an active market, securities valued at amortized cost are considered to be valued using Level 2 inputs.

*U.S. Government and Agency securities:* These investments are valued using an independent pricing vendor and are classified within Level 2 of the valuation hierarchy.

*Exchange traded funds:* These investments are valued at the net asset value of shares held by the Plan at year end and are classified within Level 1 of the valuation hierarchy.

**NOTE 9. FAIR VALUE MEASUREMENTS (continued)**

The following table presents assets and liabilities measured at fair value on a recurring basis at June 30, 2025:

	Fair Value Measurements June 30, 2025			
	Total	Level 1	Level 2	Level 3
U.S. Government and Agency securities	\$ 10,128,058	\$ -	\$10,128,058	\$ -
Corporate bonds	5,716,458	-	5,716,458	-
Common stock	9,315,077	9,315,077	-	-
Mutual funds	33,684,373	20,645,426	13,038,947	-
Exchange traded funds	19,704,068	19,704,068	-	-
Cash equivalents	713,577	713,577	-	-
	<u>\$ 79,261,611</u>	<u>\$50,378,148</u>	<u>\$28,883,463</u>	<u>\$ -</u>

The following table presents assets and liabilities measured at fair value on a recurring basis at June 30, 2024:

	Fair Value Measurements June 30, 2024			
	Total	Level 1	Level 2	Level 3
U.S. Government and Agency securities	\$ 9,095,598	\$ -	\$ 9,095,598	\$ -
Corporate bonds	5,868,063	-	5,868,063	-
Common stock	8,043,680	8,043,680	-	-
Mutual funds	31,080,448	18,636,194	12,444,254	-
Exchange traded funds	18,057,162	18,057,162	-	-
Cash equivalents	713,197	713,197	-	-
	<u>\$ 72,858,148</u>	<u>\$ 45,450,233</u>	<u>\$ 27,407,915</u>	<u>\$ -</u>

**NOTE 10. RELATED PARTY AND PARTY IN INTEREST TRANSACTIONS**

The Plan paid certain expenses related to plan operations and investment activity to various service providers. These transactions qualify as exempt party in interest transactions under ERISA.

The Plan rents space under a lease agreement with the Union, a related party. Reference Note 6.

**NOTE 11. RISKS AND UNCERTAINTIES**

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

**NOTE 11. RISKS AND UNCERTAINTIES (continued)**

The actuarial present value of benefit obligations is reported based on certain assumptions pertaining to interest rates, health care inflation rates and participant demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term could be material to the financial statements.

**NOTE 12. MULTIEMPLOYER DEFINED BENEFIT PENSION PLAN**

The Plan contributes to a multiemployer defined benefit pension plan under the terms of a participation agreement that cover its full-time employees. The risk of participating in a multiemployer defined benefit pension plan is different from a single-employer plan in the following aspects:

- a. Assets contributed to the multiemployer defined benefit pension plan by one employer may be used to provide benefits to employees of other participating employers.
- b. If a participating employer stops contributing to the multiemployer defined benefit pension plan, the unfunded obligations of the multiemployer defined benefit pension plan may be borne by the remaining participating employers.
- c. If the Plan chooses to stop participating in any of its multiemployer defined benefit pension plans, the Plan may be required to pay those multiemployer defined benefit pension plans an amount based on the underfunded status of those multiemployer defined benefit pension plans, referred to as a withdrawal liability.

The Plan’s participation in the multiemployer defined benefit pension plan for the annual periods ended June 30, 2025 and 2024, are outlined in the table below. The zone status is based on information that the fund received from the multiemployer defined benefit pension plan and is certified by the multiemployer defined benefit pension plan’s actuary. Among other factors, pension plans in the red zone are generally less than 65 percent funded, pension plans in the yellow zone are less than 80 percent funded, and pension plans in the green zone are at least 80 percent funded.

Legal Name of Pension Plan	Pension Plan's Employer Identification Number	Pension Plan's Plan Number	Pension Protection Act Zone Status				Expiration Date of Collective Bargaining Agreement
			Zone Status	Extended Amortization Provisions Used?	Zone Status	Extended Amortization Provisions Used?	
New England Teamsters and Trucking Industry Pension Fund	04-6372430	001	Red as of 10/01/24	No	Red as of 10/01/23	No	*

**NOTE 12. MULTIEMPLOYER DEFINED BENEFIT PENSION PLAN (continued)**

\*The full-time employees of the Plan participate in the New England Teamsters and Trucking Industry Pension Fund through a participation agreement between the Plan and the New England Teamsters and Trucking Industry Pension Fund. The participation agreement expires July 31, 2026.

Legal Name of Pension Plan	Contributions to the Pension Plan		Contributions to the Pension Plan greater than 5% of total Pension Plan Contributions (Plan year ending)		Employer Contribution Rates		Number of Employees Covered by Plan	
	6/30/2025	6/30/2024	No, Plan year ending 6/30/2025	No, Plan year ending 6/30/2024	6/30/2025	6/30/2024	6/30/2025	6/30/2024
New England Teamsters and Trucking Industry Pension Fund	\$ 121,363	\$ 127,042			\$2,057 per employee per month	\$2,057 per employee per month	5	5

Legal Name of Pension Plan	Funding Improvement Plan or Rehabilitation Plan Implemented or Pending?	Surcharge paid to Pension Plan by Fund ?	Minimum contributions required in future by CBA, statutory requirements, or other contractual requirements.	
			No?	If yes, description
New England Teamsters and Trucking Industry Pension Fund	Rehabilitation Plan Implemented	No	No	N/A

**NOTE 13. MULTIEMPLOYER PLAN PROVIDING POSTRETIREMENT BENEFITS OTHER THAN PENSIONS**

The Plan contributed to one multiemployer defined benefit health and welfare plan that provides postretirement benefits during the years ended June 30, 2025 and 2024 for its full-time employees. The Plan's contributions to the welfare plan on behalf of its full-time employees, contribution rates, and number of employees covered were as follows:

Legal Name of Plan providing postretirement benefits other than pension	Contributions to Plan		Employer contribution rates		Number of employees covered by Plan	
	6/30/2025	6/30/2024	6/30/2025	6/30/2024	6/30/2025	6/30/2024
Teamsters Local No. 671 Health Services and Insurance Plan	\$ 154,090	\$ 153,871	\$14.9125 per hour	\$14.4125 per hour	5	5

**NOTE 14. SUBSEQUENT EVENTS**

Subsequent events have been evaluated through February 17, 2026, which is the date the financial statements were available to be issued, and they have been evaluated in accordance with relevant accounting standards.

## **SUPPLEMENTAL INFORMATION**

**TEAMSTERS LOCAL UNION NO. 671  
HEALTH SERVICES AND INSURANCE PLAN**

**SCHEDULES OF BENEFITS, INSURANCE PREMIUMS AND ADMINISTRATIVE SERVICE FEES**

YEARS ENDED JUNE 30, 2025 AND 2024

	2025	2024
<b>BENEFITS</b>		
Active		
Medical	\$ 23,443,739	\$ 18,473,528
Prescriptions	4,143,445	3,224,330
Dental	1,223,665	1,199,294
Vision	204,832	109,828
Accident and sickness	54,540	28,697
Total active	29,070,221	23,035,677
Retired		
Medical	2,879,093	2,822,114
Prescriptions	283,070	331,301
Vision	104,422	62,807
Total retired	3,266,585	3,216,222
Total benefits	\$ 32,336,806	\$ 26,251,899
<b>INSURANCE PREMIUMS AND ADMINISTRATIVE SERVICE FEES</b>		
Active		
Anthem network access fees	\$ 469,654	\$ 453,255
Life insurance premiums	154,944	152,335
Guardian network access fees	66,339	62,168
Med-Care Management, Inc.	52,006	49,063
Optum Rx prescription fees	38,743	39,473
VSP Vision Care fees	11,656	-
Davis vision fees	-	2,660
Total active	793,342	758,954
Retired		
Labor First premiums	2,261,387	2,207,002
Life insurance premiums	111,851	110,230
Anthem network access fees	52,184	50,362
VSP Vision Care fees	5,499	-
Optum Rx prescription fees	2,556	2,749
Med-Care Management, Inc.	417	414
Davis vision fees	-	1,559
Total retired	2,433,894	2,372,316

	<u>2025</u>	<u>2024</u>
PCORI fees	<u>\$ 12,893</u>	<u>\$ 12,162</u>
Total insurance and administrative service fees	<u><u>\$ 3,240,129</u></u>	<u><u>\$ 3,143,432</u></u>

**TEAMSTERS LOCAL UNION No. 671  
HEALTH SERVICES AND INSURANCE PLAN**

**SCHEDULES OF ADMINISTRATIVE EXPENSES**

YEARS ENDED JUNE 30, 2025 AND 2024

	2025	2024
<b>PAYROLL AND EMPLOYEE BENEFITS</b>		
Wages	\$ 418,967	\$ 433,113
Health	154,090	153,871
Pension	121,363	127,042
Total payroll and employee benefits	694,420	714,026
<b>PROFESSIONAL FEES</b>		
Actuary	53,500	53,500
Accounting	50,325	49,075
Legal	39,600	39,600
Auditing	32,000	36,068
Other	3,442	2,417
Total professional fees	178,867	180,660
<b>OTHER</b>		
Software development	177,664	150,127
Postage	46,093	42,002
Rent	44,103	40,424
Taxes	35,861	37,172
Printing	21,286	17,561
General liability insurance	20,868	20,649
Bank service charges	13,370	12,328
Conferences	8,827	5
Supplies	8,555	13,065
Telephone	7,323	8,120
Utilities	5,923	6,234
Copier rental	5,696	4,104
Depreciation	2,302	2,757
Service and maintenance fees	2,080	2,046
Storage	1,806	1,868
Dues and subscriptions	1,237	1,516
Security expense	866	810
Repairs and maintenance	-	200
Total other	403,860	360,988
Total administrative expenses	\$ 1,277,147	\$ 1,255,674

**TEAMSTERS LOCAL UNION NO. 671  
HEALTH SERVICES AND INSURANCE PLAN**

**SCHEDULE OF ASSETS HELD AT END OF YEAR**

JUNE 30, 2025

Form 550, Schedule H, Item 4i

EIN: 06-0691728  
Plan No. 501

(a)	(b)	(c)			(d)	(e)
Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value	
	Type	Shares/ Principal	Interest Rate	Maturity Date		
	<u>United States Government and Agency securities:</u>					
FHLMC	Note	175,000	6.000 %	10/25/53	\$ 177,461	\$ 179,318
FHLMC	Note	105,439	2.000	05/01/31	110,877	100,413
FHLMC	Note	32,783	3.000	12/01/32	33,392	31,667
FHLMC	Note	10,744	2.500	04/01/28	10,828	10,520
FHLMC	Note	32,399	3.000	07/01/34	33,037	31,253
FHLMC	Note	92,202	3.000	09/01/33	100,486	88,800
FHLMC	Note	7,861	2.500	01/01/28	7,936	7,716
FHLMC	Note	76,206	4.500	05/01/41	84,683	75,829
FHLMC	Note	90,639	6.000	05/01/54	91,602	93,505
FHLMC	Note	138,869	6.000	01/01/53	142,027	143,269
FHLMC	Note	98,237	6.000	01/01/54	100,140	101,098
FHLMC	Note	237,937	6.000	05/01/54	239,497	242,682
FHLMC	Note	187,345	6.000	05/01/54	192,614	192,450
FNMA PL	Note	9,669	6.000	05/01/54	9,825	9,856
FNMA PL	Note	122,189	4.000	11/01/41	135,287	117,835
FNMA PL	Note	79,058	3.000	11/01/49	83,876	70,082
FNMA PL	Note	5,905	4.000	05/01/26	6,051	5,872
FNMA PL	Note	47,007	6.500	01/01/53	49,196	49,219
FNMA PL	Note	40,441	2.500	02/01/32	40,393	38,849
FNMA PL	Note	88,341	1.500	10/01/35	90,726	78,820
FNMA PL	Note	57,992	6.000	10/01/53	58,970	59,043
FNMA PL	Note	66,281	6.000	09/01/53	66,737	67,699
FNMA 10 YR PL	Note	43,849	2.500	02/01/30	44,698	42,424
FNMA 10 YR PL	Note	100,516	2.000	05/01/31	105,932	95,843
FNMA	Note	275,000	6.500	11/25/53	286,258	287,853
FNMA	Note	200,000	6.500	11/25/53	204,938	211,774
GNMA	Note	75,000	6.000	12/20/53	76,219	77,267
GNMA	Note	11,000	6.500	06/20/53	10,401	10,291
Fed Farm Cr Bk	Note	135,000	5.820	03/26/40	135,000	134,796
Fed Farm Cr Bk	Note	175,000	1.990	03/17/31	174,890	156,184
Fed Farm Cr Bk	Note	120,000	5.700	01/28/37	119,940	120,002
Fed Farm Cr Bk	Note	150,000	1.590	06/14/29	149,850	137,340
Fed Farm Cr Bk	Note	125,000	6.080	06/03/39	125,125	125,025
Fed Farm Cr Bk	Note	100,000	5.950	11/14/44	100,000	99,757
Fed Farm Cr Bk	Note	150,000	5.440	12/04/34	150,000	150,408

(a)	(b)	(c)			(d)	(e)
Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value	
	Type	Shares/ Principal	Interest Rate	Maturity Date		
<u>United States Government</u>						
<u>and Agency securities (continued):</u>						
Fed Farm Cr Bk	Note	415,000	5.870 %	05/21/40	\$ 415,375	\$ 416,170
Fed Farm Cr Bk	Note	113,000	5.870	11/29/39	113,141	112,807
Fed Farm Cr Bk	Note	115,000	5.780	04/23/40	115,000	115,170
Fed Farm Cr Bk	Note	100,000	5.750	11/22/39	100,000	100,016
Fed Farm Cr Bk	Note	125,000	5.750	02/27/40	125,000	125,039
United States Treasury Note	Note	240,000	4.000	01/31/29	237,666	242,222
United States Treasury Note	Note	140,000	4.250	01/31/30	141,177	142,795
United States Treasury Note	Note	175,000	3.125	11/15/28	167,967	171,760
United States Treasury Note	Note	405,000	2.875	05/15/28	386,271	395,998
United States Treasury Note	Note	140,000	4.250	10/15/25	139,957	139,992
United States Treasury Note	Note	380,000	2.875	08/15/25	350,213	370,752
United States Treasury Note	Note	380,000	2.875	05/15/29	349,958	361,549
United States Treasury Note	Note	230,000	1.625	05/15/26	213,244	225,238
United States Treasury Note	Note	500,000	4.000	10/31/29	507,443	504,844
United States Treasury Note	Note	105,000	2.000	11/15/26	99,633	102,393
United States Treasury Note	Note	350,000	2.250	02/15/27	329,071	341,517
United States Treasury Note	Note	520,000	2.250	08/15/27	490,262	504,420
United States Treasury Note	Note	30,000	4.000	02/29/28	30,033	30,227
United States Treasury Note	Note	100,000	2.875	05/15/32	100,812	93,328
United States Treasury Note	Note	185,000	4.125	08/31/30	185,058	187,696
United States Treasury Note	Note	90,000	4.000	02/15/26	90,271	89,905
United States Treasury Note	Note	125,000	2.750	08/15/32	121,778	115,332
United States Treasury Note	Note	140,000	4.375	08/15/26	139,204	140,632
United States Treasury Note	Note	500,000	4.125	11/15/32	498,771	503,555
United States Treasury Note	Note	530,000	3.750	05/31/30	523,745	528,903
United States Treasury Note	Note	320,000	3.500	01/31/28	314,890	318,426
United States Treasury Note	Note	300,000	4.000	06/30/28	300,234	302,613
Total United States Government and Agency securities					10,135,066	10,128,058
<u>Corporate bonds:</u>						
Alabama Power Co.	Bond	150,000	5.600	03/15/33	153,078	155,968
Amazon.com Inc.	Bond	130,000	4.550	12/01/27	131,875	131,834
Bank of America Corp	Bond	125,000	3.974	02/07/30	140,229	123,011
BK of NY Mellon Corp	Bond	70,000	5.802	10/25/28	70,070	72,473
BK of NY Mellon Corp	Bond	145,000	1.050	10/15/26	144,122	139,444
Burlington Northern Satan Fe LLC	Bond	125,000	3.250	06/15/27	137,190	123,323
Caterpillar Inc.	Bond	135,000	4.350	05/15/26	134,461	135,157
Caterpillar Inc.	Bond	30,000	5.050	02/27/26	29,999	30,155
Charles Schwab Corp/The	Bond	120,000	6.136	08/24/34	119,702	129,869
CHUBB Ina Holdings LLC	Bond	135,000	4.650	08/15/29	134,168	137,400
ConocoPhillips Co.	Bond	110,000	4.700	01/15/30	109,854	111,632
Consumers Energy Co.	Bond	100,000	5.050	05/15/35	99,632	100,857
Consumers Energy Co.	Bond	130,000	4.900	02/15/29	129,879	132,883
Costco Wholesale Corp	Bond	145,000	1.375	06/20/27	133,780	138,271
DTE Electric Co.	Bond	145,000	1.900	04/01/28	129,211	136,839
Duke Energy Carolinas LLC	Bond	140,000	3.200	01/15/27	147,192	138,227

(a)	(b)	(c)			(d)	(e)
Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value	
	Type	Shares/ Principal	Interest Rate	Maturity Date		
<u>Corporate bonds (continued):</u>						
Emerson Electric Co.	Bond	125,000	1.800 %	10/15/27	\$ 127,193	\$ 119,081
Entergy Arkansas LLC	Bond	150,000	4.000	06/01/28	148,070	149,367
Goldman Sachs Bank USA	Bond	130,000	5.283	03/18/27	129,308	130,729
Home Depot Inc./The	Bond	140,000	2.500	04/15/27	130,613	136,363
International Business Machines Corp	Bond	150,000	5.000	02/10/32	150,243	153,017
John Deere Capital Corp	Bond	130,000	4.950	07/14/28	128,987	133,197
John Deere Capital Corp	Bond	100,000	4.950	07/14/28	99,901	102,460
JPMorgan Chase & Co	Bond	125,000	1.764	11/19/31	118,124	108,274
JPMorgan Chase & Co	Bond	110,000	6.087	10/23/29	114,741	115,587
Meta Platforms, Inc.	Bond	265,000	4.600	05/15/28	264,851	269,825
Nike Inc.	Bond	140,000	2.375	11/01/26	148,412	137,019
Northern States Power Co.	Bond	125,000	6.250	06/01/36	136,989	137,756
Northern Trust Corp.	Bond	135,000	4.000	05/10/27	134,781	134,822
Oklahoma Gas & Electric Co.	Bond	125,000	6.500	04/15/28	133,476	129,937
Paccar Financial Corp.	Bond	145,000	1.100	05/11/26	145,390	141,239
Pfizer Investment Enterprises	Bond	125,000	4.750	05/19/33	122,527	124,451
PNC Finl Services Grp.	Bond	125,000	5.401	07/23/33	128,544	127,409
Prologis LP	Bond	133,000	2.250	04/15/30	119,586	120,947
Public Service Electric and Gas	Bond	100,000	3.700	05/01/28	98,833	99,208
Public Storage	Bond	125,000	2.300	05/01/31	125,370	111,161
Public Storage	Bond	145,000	0.875	02/15/26	143,476	141,996
Puget Sound Energy Inc.	Bond	125,000	7.020	12/01/27	160,710	132,015
State Street Corp NTS	Bond	130,000	5.684	11/21/29	135,892	135,933
TJX Cos. Inc/The	Bond	155,000	1.150	05/15/28	135,031	143,253
Union Electric Co.	Bond	140,000	2.950	06/15/27	132,724	137,240
UnitedHealth Group Inc.	Bond	150,000	4.700	04/15/29	150,900	151,841
Visa Inc.	Bond	125,000	1.900	04/15/27	129,096	120,714
Visa Inc.	Bond	135,000	3.150	12/14/25	142,152	134,274
Total corporate bonds					<u>5,780,362</u>	<u>5,716,458</u>
<u>Common stock:</u>						
AerCap Holdings NV		2,360			81,913	276,120
Allegion Pub LTD		750			92,896	108,090
Arrow Electronics Inc.		1,230			116,184	156,739
Ashtead Group Plc		840			228,002	217,526
Atmos Energy CP		1,270			136,307	195,720
Bank of America Corp.		5,170			159,320	244,644
Becton Dickinson & Co.		1,390			333,284	239,427
Brookfield Asset Mangmt LTD		1,620			66,185	89,554
Brookfield Corp. CL A		43,000			134,735	265,955
Carlisle Co Inc.		420			142,365	156,828
CarMax Inc.		1,990			171,694	133,748
CBRE Group Inc. CL A		1,330			115,407	186,360
Charles Schwab		3,410			218,583	311,128
Chubb Ltd CHF		710			149,154	205,701
Citigroup Inc.		1,890			121,384	160,877
ConocoPhillips		2,450			258,846	219,863
Crown Castle Inc.		2,330			221,836	239,361
Dentsply Sirona Inc		8,110			278,493	128,787

(a)	(b)	(c)	(d)	(e)
Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value	
	Shares/ Type      Principal	Interest Rate	Maturity Date	
<u>Common stock (continued):</u>				
EOG Resources Inc.	1,485			\$ 163,986
Fidelity National Financial In	4,270			239,376
Gildan Activewear Inc. Cad	6,080			299,379
Hanesbrands Inc.	12,260			56,151
Hasbro Inc.	2,230			164,619
HCA Healthcare Inc.	280			107,268
Ingredion Inc. Com.	620			84,084
J P Morgan Chase & Co.	360			104,368
Johnson & Johnson	1,022			156,110
Kraft Heinz Co. Com	5,520			142,526
LabCorp Holdings Inc.	960			252,009
LKQ Corporation	4,990			184,679
London STK Exchange Group	4,550			165,774
Medtronic PLC	2,330			203,106
NXP Semiconductors NV	350			76,472
Occidental Petroleum Corp.	3,990			167,620
Omnicom Group	2,790			200,712
Open Text Corp.	9,185			268,202
Philip Morris Intl Inc.	1,090			198,522
PPG Industries Inc.	1,850			210,438
RB Global Inc.	2,438			258,891
Renaissance Re Holdings Ltd	1,040			252,616
Stanley Black & Decker Inc.	1,600			108,400
State Street Corporation	2,170			230,758
TE Connectivity LTD CHF	1,195			201,561
Unilever PLC	1,640			100,319
United Health Gp Inc.	470			146,626
Verizon Communications Inc.	5,770			249,668
Walt Disney Co. Hldg.	2,000			248,020
Warner Music Group Corp.	7,340			199,942
Woodward Inc.	740			181,367
XPO Inc.	1,120			141,445
Total common stock				<u>8,332,422</u>
<u>Registered investment companies:</u>				
Vanguard FTSE Developed MKTS	33,083			1,486,458
Vanguard S&P 500	1,563			887,831
Vanguard Short-Term	195,961			11,518,588
Vanguard Small Cap ETF	11,142			2,640,431
Vanguard Mid-Cap EFT	9,903			2,771,156
Total registered investment companies				<u>18,032,536</u>
<u>Mutual funds:</u>				
Invesco Treasury PTF Instl	8,631,005			N/A
Vanguard Treasury MMKT	4,407,941			N/A
Neuberger Berman Str Inc.	575,959			5,828,709
Vanguard SH TM Federal Adm	116,965			1,205,918
Vanguard SH TM TSY Adm	109,552			1,085,369

(a)	(b)	(c)			(d)	(e)
Issuer, Borrower		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value
		Shares/ Type	Interest Principal	Maturity Rate		
		Date				
		<u>Mutual funds (continued):</u>				
Vanguard 500 Index Admiral		17,799			\$ 3,117,548	\$ 10,191,428
WCM Focused Intl Gwth Inst		85,369			1,819,931	2,334,002
		Total mutual funds			<u>12,944,210</u>	<u>33,684,373</u>
		<u>Cash and cash equivalents:</u>				
Cash		713,577			<u>713,577</u>	<u>713,577</u>
		Total investments			<u>\$ 55,938,173</u>	<u>\$ 79,261,611</u>

**THE FINANCIAL STATEMENTS WILL BE PLACED IN THE  
ATTACHMENT FOR THE ACCOUNTANT'S OPINION**

SEE ACCOUNTANT'S OPINION FOR SCHEDULE  
OF ASSETS HELD

**Part I Annual Report Identification Information**

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

**A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

**B** This return/report is:  a single-employer plan  a DFE (specify) \_\_\_\_\_  
 the first return/report  the final return/report  
 an amended return/report  a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here

**D** Check box if filing under:  Form 5558  automatic extension  the DFVC program  
 special extension (enter description) \_\_\_\_\_

**E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

**Part II Basic Plan Information** - enter all requested information

<b>1a</b> Name of plan TEAMSTERS LOCAL UNION NO. 671 HEALTH SERVICES AND INSURANCE PLAN	<b>1b</b> Three-digit plan number (PN) ▶	501
	<b>1c</b> Effective date of plan	06/24/1954
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BRD OF TRUSTEES-TEAMSTERS LOCAL 671 HEALTH SERVICES & INSURANCE PLAN  18 BRITTON DRIVE  BLOOMFIELD CT 06002-3617	<b>2b</b> Employer Identification Number (EIN)	06-0691728
	<b>2c</b> Plan Sponsor's telephone number	860-243-0671
	<b>2d</b> Business code (see instructions)	484110

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

<b>SIGN HERE</b>	<i>Anthony Lepore</i>	2-9-26	ANTHONY LEPORE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	<i>Jeffrey Isaacs</i>	2/13/26	JEFFREY ISAACS
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
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<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	2,008
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
<b>a (1)</b> Total number of active participants at the beginning of the plan year .....	<b>6a(1)</b>	1,320
<b>a (2)</b> Total number of active participants at the end of the plan year .....	<b>6a(2)</b>	1,433
<b>b</b> Retired or separated participants receiving benefits .....	<b>6b</b>	685
<b>c</b> Other retired or separated participants entitled to future benefits .....	<b>6c</b>	
<b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c .....	<b>6d</b>	2,118
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....	<b>6e</b>	
<b>f</b> Total. Add lines 6d and 6e .....	<b>6f</b>	
<b>g (1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....	<b>6g(1)</b>	
<b>(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....	<b>6g(2)</b>	
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<b>6h</b>	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	20

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:  
**4A 4B 4D 4E 4F 4L 4Q 4U**

<b>9a</b> Plan funding arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

<b>a Pension Schedules</b> (1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information) (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) - Number Attached _____ (5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information - Small Plan) (3) <input checked="" type="checkbox"/> <b>A</b> (Insurance Information) - Number Attached <u>  3  </u> (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)
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**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....  Yes  No  
If "Yes" is checked, complete lines 11b and 11c.

**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ...  Yes  No

**11c** Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

SEE ACCOUNTANT'S OPINION FOR SCHEDULE  
OF FIVE PERCENT TRANSACTIONS