

IATSE 107/16

National benefits funds/iatse retirement information

- Here are some external links to help you navigate your Monthly retirement benefits.
- As well as your Annuity.
- This is ONLY for demonstration purpose.
- Not liable for incorrect information, this is just to help Navigate your clicks.

Start Here

WWW.IATSELOCAL107.ORG



Member Resources Union Impact About IATSE 107 Contact Us Request Labor Join Our Workforce Payroll Providers

Work Forms Benefits Forms Technician Resources Training 107 Young Workers Community Engagement Gallery

In Memoriam

- Healthcare
- Pension
- Administrative services

And if you do not find what you are looking for above, please call and describe the service you are seeking information about and we will help you find it.



[IATSE National Benefits Fund](#)

IATSE National Benefit Funds Office

417 Fifth Avenue
3rd Floor
New York, NY 10016-2204

Office Hours

Monday - Thursday 9:00 AM - 5:00 PM EST/DST
Friday 9:00 AM - 4:30 PM EST/DST

Main Numbers

Main Number: 212-580-9092
Toll Free Number: 800-456-3863

CLICK HERE TO SEE
BENEFITS AND ANNUITY

Helpful
Video
on creating
an account





sign in
or Register



Secure Login

Email

Password

[Register](#)

[Forgot Password?](#)

Submit

Home

Forms & Documents

Participate at Us

Links

Contact Us

If you need
To Register
Start here

IATSE ANNUITY FUND:

RELIEF EXTENDED FOR FUND PARTICIPANTS AFFECTED BY THE MOTION
PICTURE/TELEVISION INDUSTRY SLOWDOWN - [CLICK HERE](#)



Participant Quick Links



My Dashboard



My Work History



Applications/
Forms/
Documents

Employer Login

Local Login

The Funds

**Health &
Welfare**



Plan A

Summary Plan Description
Summary of Benefits and

Annuity



Annuity Fund

Summary Plan
Description

Pension



Plan B

Latest Date to Add
Pension

Vacation



Vacation Fund

Summary Plan
Description

Life Events Toolkit

[Moving](#)

[Marriage](#)

[Divorce](#)

[Birth of a Child](#)

[Beneficiary Information](#)

[Dependent Information](#)

[Contact Information](#)





Secure Login



Log Out

Logged in

Last logged

EST



Account Settings



My Profile

Home

About Us

FAQ

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News & Announcements

Contact Us



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Text Size: [A](#) [A](#) [A](#)



To continue to use this site, please read the Terms & Conditions below, and complete the form to confirm your acceptance.

Terms and Conditions of Use

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My Dashboard

 [Archived Messages](#)

 **Health & Welfare**

Current Coverage
10/01/2024 - 12/31/2024

Coverage Type


Excess Balance for MRP

MRP History / New Claim

Upcoming Coverage
01/01/2025 - 03/31/2025

Coverage Type
To Be Determined

Total Contributions Received:

 **Annuity**

Principal Balance

as of 2024-10-07

My Current Age

Most Recent Contribution Received

as of 09/18/2024

Quarterly Coverage every 3 Months

Your Medical Plan

Balance


Annuity Balance

Contributions

Text Size: [A](#)[A](#)[A](#)

My Dashboard


[Archived Messages](#)



Health & Welfare

Current Coverage

-

Coverage Type

[MRP History/New Claim](#)

Upcoming Coverage

-

Coverage Type

Total Contributions Received:


[View Health Contributions History](#)

Dependent / Beneficiary Information

[My COBRA Payment History](#)

[Request Coverage ID Card\(s\)](#)

[My Claims / Reimbursements](#)



Annuity

Principal Balance

as of 2024-09-28

My Current Age

Most Recent Contribution Received

[View Annuity Contribution History](#)

Beneficiary Information

[Salary Deferral Coupon](#)

CLICK LINK
TO SEE THE
CONTRIBUTIONS
TO YOUR
ANNUITY


When Logged in


Annuity and My Salary Deferral Summary

[← Previous Year](#)


Next Year >

My Account Summary

 [View My Beneficiaries](#)

 Add New Beneficiary

Employer and My Contributions - Month-by-Month

 **Employer Contribution**

 My Deferals

Your Contributions

AEG/Paramount/Concord Pavilion

Easy way to track Monthly Contributions

**Contributions
towards your
retirement.**

**AEG 6%
The Paramount 4%
Concord Pavillion 3%**

Are you next



Quick Guide to understanding
what a tear equals.

i Khan

Payroll: AEG

Vacation 1.8%

\$15.25

TOTAL:

\$862.33

Health Benefits

H&W 13%

\$1112.10

Retirement

Pension 11.9%

\$1002.62

AEG's Contribution to your IATSE NBF

Annuity 6%

\$51.74

Dues 4.25%

-\$36.65

How much can I afford to contribute?

Here's a Quick way to see what 6% Match would look like.

Take a look at most recent AEG paystub.
Look at your Year to Date = YTD

Example you made \$12,000 this year

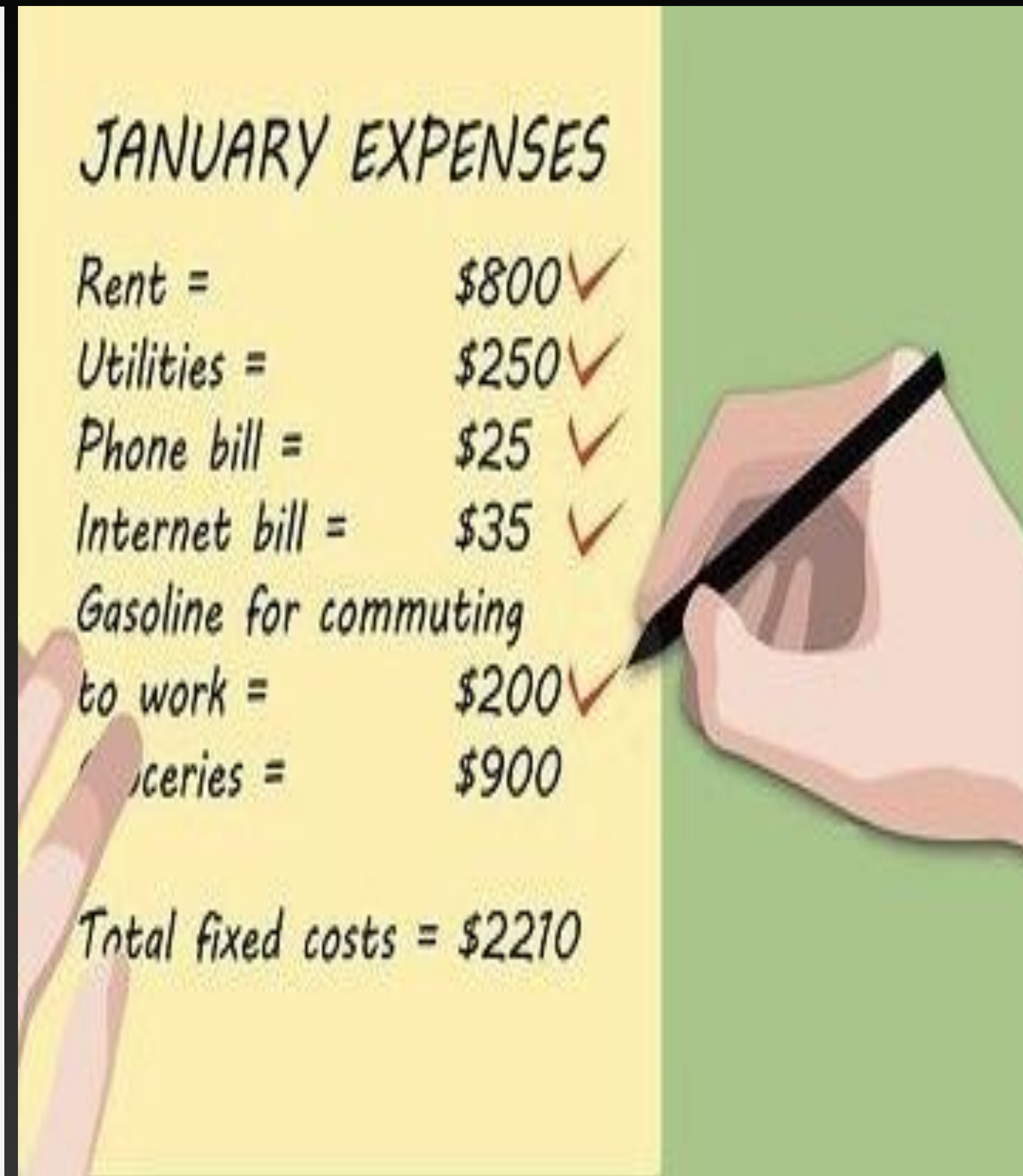
Multiply YTD by 0.06 and that Would be your contribution.

$$12,000 \times 0.06 = \$720$$

Conclusion AEG gave 6% = \$720


Your Contribution of 6% = \$720

Total 12% = \$1440



My Dashboard


[Archived Messages](#)



Health & Welfare

[Current Coverage](#)

07/01/2024

 -

09/30/2024

[Coverage Type](#)

MRP History/New Claim

[Upcoming Coverage](#)

10/01/2024

 -

12/31/2024

[Coverage Type](#)


[View Health Contributions History](#)

[Dependent / Beneficiary Information](#)

[My COBRA Payment History](#)

[Request Coverage ID Card\(s\)](#)

My Claims / Reimbursements



Annuity

2024-09-28

08/14/2024

[View Annuity Contribution History](#)

[Beneficiary Information](#)

[Salary Deferral Coupon](#)

CLICK LINK
MAKE A COPY
FOR CONTRIBUTION
OUT OF YOUR
PAYROLL

IATSE Annuity Fund – Deferred Salary Agreement Form

Submit the WHITE copy to your current employer and the YELLOW to the Fund Office. Keep the PINK copy for your records.

Note: By signing this form I agree that I have read the first page of this form and certify that I am eligible to defer to the IATSE Annuity Fund. I further certify that if I am deferring under one of the motion picture agreements listed on the first page, I am not a highly compensated employee, and upon request from the Fund, I agree to provide income tax or other records to verify my salary for the applicable year. The election below shall apply to all covered work for the Employer listed below **not limited to the current production, event, or venue as long as the underlying agreement for that work allows salary deferrals to the Fund.**

Your name _____ Date of birth ____/____/____ SSN ____-____-____

Address _____ **YOU RECEIVE 6% ALREADY FROM AEG** Phone _____ Email: _____

Name of current production, event, or venue (required): _____ Employer's name: _____

PLEASE CHECK THE BOX THAT APPLIES:

☐ Deferred Salary Contribution: I elect to contribute _____% **OR** \$_____ of my salary* per week,** (commencing as soon as practicable). **BE MINDFUL ON YOUR CONTRIBUTION AMOUNT OR PERCENTAGE**

☐ I ELECT NOT TO HAVE SALARY DEFERRED. (I would like to stop my deferrals to the IATSE Annuity Fund) **ADJUSTMENTS MADE HERE WILL COME OUT OF YOUR CHECK**

Automatically comes out of you Paycheck,

Your signature _____ Date _____

FOR EMPLOYER USE ONLY

Employer name (please print) _____ Authorized signature*** _____ Date _____

*For purposes of salary deferrals, salary is the amount subject to IATSE Annuity Fund contributions under the collective bargaining agreement between the employer and the Union.
**Not to exceed the maximum limits permitted by law – refer to the first page of this form for more information.
***This form may be signed by an authorized individual of the payroll company acting as Agent of the Employer, but please so indicate after your signature.



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Your name _____ Date of birth ____/____/____ SSN ____-____-____

Address _____ Phone _____ Email: _____

Name of current production, event, or venue (required): _____ Employer's name: _____

AFTER PRINTING AND FILLING OUT
YOU CAN TURN THIS COPY TO
RICH WILSON-OAKLAND ARENA HOUSE LEAD

PLEASE CHECK THE BOX THAT APPLIES:

☐ Deferred Salary Contribution: I elect to contribute _____ of my salary* per week,** (to be deposited in my IATSE Annuity Fund, commencing as soon as practicable).

☐ I ELECT NOT TO HAVE SALARY DEFERRED. (I would like to stop my deferrals to the IATSE Annuity Fund.)

Your signature _____ Date _____

FOR EMPLOYER USE ONLY

Employer name (please print) _____ Authorized signature*** _____ Date _____

*For purposes of salary deferrals, salary is the amount subject to IATSE Annuity Fund contributions under the collective bargaining agreement between the employer and the Union.

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***This form may be signed by an authorized individual of the payroll company acting as Agent of the Employer, but please so indicate after your signature.



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Your name _____ Date of birth ____/____/____ SSN ____-____-____

A large, heavy-duty metal vault door is open, revealing a dark interior. In the foreground, on a light-colored floor, are several large stacks of US dollar bills, some wrapped in yellow bands, and several large stacks of gold bars. The background shows rows of white metal lockers or safes on either side of the vault door.

Local 107

**Pension
Plan**

Local 16



Local 16 Pension Fund

The basic purpose of the Pension Fund is to assist you in attaining financial security after retirement. The entire cost of the Plan is paid by contributions made by employers based on the Collective Bargaining Agreements.



What if I do not know how to set up an account?

Call Jessica Fisher (925)398-7060 ext 7706

Jessica.fischer@benesys.com



How to Contact BeneSys

- **Phone**

- **Pension (855) 704-5273 or H&W (925) 398-7043**

- **Mail IATSE Local 16 Trust Funds**

PO Box 1607

San Ramon, Ca 94583

- **Sign in with username & password**
- **Click onto “My Benefits”**
- **Click onto “My Eligibility”**

Member Resources Union Impact **About IATSE 107** Contact Us Request Labor Join Our Workforce Payroll Providers

Work Forms Benefits Forms Technician Resources Training 107 Young Workers Community Engagement Gallery

In Memoriam



[Benefits Links and Information](#)

If you need assistance accessing these benefits,
Please contact the IATSE Local 107 Office.

CLICK FOR RETIREMENT INFORMATION



[Local 16/107 Pension](#)

BeneSys is the third party administrator for our fringe benefit funds. Staff members are typically available to receive your phone call between 7:30 a.m PST until 4:30 p.m PST Monday through Friday.

Open "https://www.iatselocal107.org/?zone=/unionactive/view_page.cfm&page=About20107" in a new tab

* User Name:

* Password:

Login

[Create an Account](#)

[Forgot Login Details?](#)

IATSE Local 16 Trust Funds

[Health Care](#)

[Pension](#)

[FAQ](#) ▼

[Contact Us](#)

CREATE/LOG IN

First time Logging In?
If so you will need to
Create an Account
First.

Start Here

FRIENDLY SERVICE**

This website is User Friendly!

Just enter your UserName and Password, and
Point and Click and you are on your way!



Left

Right



Need To Call Us? - Benefit Office at (855) 704-5273

[Health Care](#)[Pension](#)[My Benefits](#) ▼[FAQ](#) ▼[Documents](#) ▼[Contact Us](#)[Home](#) > [My Benefits](#) > My Info

Welcome to a Quick View of Your Benefits

Welcome to a 'quick' view of your benefits as administered by the Benefit Office.

Please confirm your information and any dependent's information to the right. If you find any incorrect information, please complete the member information form and/or the beneficiary information form and return it to the benefit office.

If you have any questions about your benefits, please contact the benefit office. We are here to serve you!

[My Info](#)[Healthcare Eligibility](#)[Healthcare Claims](#)[Self Payment History](#)[Pension Benefits](#)[Pension Benefit Estimator](#)[Pension Check Information](#)[Documents to Submit](#)

**CLICK HERE TO SEE YOUR
MONTHLY BENEFIT**

Primary Member Information

Member Name:**Alternate ID:****Address:****City/State/Zip:****Phone Number:****Email:****Date of Birth:****Age:****Gender:****Coverage:**

Dependent(s)

Relation

Name

Gender

Date of Birth

Age

Effective Date

No data to display



IATSE Local 16 Trust Funds

[Health Care](#)[Pension](#)[My Benefits](#)[FAQ](#)

FAQS link has huge amount of useful information

[Home](#) > [My Benefits](#) > [Pension](#)

Pension Benefits Estimator

PLEASE BE ADVISED THAT IF YOU HAVE ALREADY STARTED RECEIVING A PENSION BENEFIT, THE PENSION BENEFIT ESTIMATOR WILL NOT CALCULATE AN ACCURATE BENEFIT FOR YOU.

The Benefit Estimator only provides you with an ESTIMATE of your pension benefit. THIS BENEFIT ESTIMATE CANNOT BE RELIED UPON TO BE ACCURATE AND CORRECT. The Fund can only pay pension benefits as set forth in the Plan Document and the Summary Plan Description. In the event of any inconsistencies, the Trustees are obligated by law to abide by the Trust Agreement and the Plan Document.

If you would like to estimate your pension benefit using a future retirement date, please enter your potential retirement date. The Benefit Estimator is based on projected pension contributions not yet received by your employer. It assumes that you will continue to work for the Fund, entitlement to benefits, continuous employment with contributions paid, and based on the most recent information available on your behalf. For example, if you calculate your benefit in February and only received contributions through January, the benefit calculation will be based on contributions from February up to your retirement date.

It is an estimate, and only an estimate and you should not rely on it in making plans for retirement. Only at the time of your retirement will a fully accurate estimate of benefits be possible. Plan rules may change, and the rules at the time of your retirement will be the rules which will actually apply. This means that all the assumptions are subject to change, and there may be a new and different set of rules used to calculate your pension when you actually choose to retire. Please remember to request an application at least 90 days prior to your anticipated retirement date.

YOU CAN CLICK HERE AND CHANGE YOUR RETIREMENT AGE TO SEE YOUR MONTHLY BENEFIT CHANGE.



Vesting Schedule

Years of Credited Service	Vesting Percentage
Less Than 3	0%
3	20%
4	40%
5	60%
6	80%
7 or more	100%

Early Retirement Table - Ages 55 through 59



Age	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month
Years	0	1	2	3	4	5	6	7	8	9	10	11
55	39.21%	39.51%	39.80%	40.10%	40.40%	40.69%	40.99%	41.29%	41.59%	41.88%	42.18%	%42.48
56	42.77%	43.10%	43.34%	43.76%	44.09%	44.42%	44.75%	45.07%	45.40%	45.73%	46.06%	46.39%
57	46.72%	47.08%	47.45%	47.81%	48.17%	48.54%	48.90%	49.27%	49.63%	50.00%	50.36%	50.73%
58	51.09	51.49	51.90	52.30	52.71	53.11	53.52	53.92	54.33	54.74	52.14	55.54
59	55.95	56.40	56.85	57.30	57.75	58.20	58.66	59.11	59.56	60.01	60.46	60.91

Early Retirement Table - Ages 60 through 64



Age	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month
Years	0	1	2	3	4	5	6	7	8	9	10	11
60	61.36	61.87	62.37	62.87	63.38	63.88	64.38	64.89	65.39	65.90	66.40	66.90
61	67.41	67.97	68.53	69.10	69.66	70.23	70.79	71.35	71.92	72.48	73.05	73.61
62	74.17	74.81	75.44	76.07	76.71	77.34	77.97	78.61	79.24	79.87	80.51	81.14
63	81.77	82.49	83.20	83.91	84.63	85.34	86.05	86.77	87.48	88.19	88.90	89.62
64	90.33	91.14	91.94	92.75	93.55	94.36	95.17	95.97	96.78	97.58	98.39	99.19

