

ARIZONA SHEET METAL TRADE TRUST FUND
Administrative Office
2400 West Dunlap Avenue, Suite 250
Phoenix, AZ 85021-2811



RETURN SERVICE REQUESTED

4014476v1/00938.001

SUMMARY ANNUAL REPORT
ARIZONA SHEET METAL TRADE TRUST FUND
October 1, 2005 through September 30, 2006

NOTICIA: SI NECESITA ASISTENCIA PARA INTERPRETAR LA INFORMACION CONTENIDA EN ESTA REPORTE, FAVOR DE PONERSE EN CONTACTO CON LA OFICINA DE ADMINISTRACION AL NUMERO 602-249-3582.

ARIZONA SHEET METAL TRUST FUNDS

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HEALTH AND WELFARE

ADMINISTRATIVE OFFICE

PENSION

2400 West Dunlap Ave., Suite 250
Phoenix, Arizona 85021
(602) 249-3582

May 2007

Summary Annual Report for Arizona Sheet Metal Trade Trust Fund

This is a summary of the annual report of the Arizona Sheet Metal Trade Trust Fund, Employer Identification Number 86-6025729, multiemployer plan for the plan year October 1, 2005 to September 30, 2006. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

The Trust has committed itself to pay certain medical, weekly disability, vision and dental care claims incurred under the terms of the plan.

Insurance Information

The plan has a contract with Union Labor Life Insurance Company (ULLICO) to pay all life, accidental death and dismemberment claims incurred under the terms of the plan. The total premiums paid for the period May 1, 2005 through April 30, 2006 were \$26,949.

Basic Financial Statement

The value of plan assets, after subtracting liabilities of the plan, was \$3,272,035 as of September 30, 2006 compared to \$2,263,653 as of October 1, 2005. During the plan year, the plan experienced an increase in its net assets of \$1,008,382. This increase includes unrealized appreciation and depreciation in the value of plan assets; that is, the difference between the value of the plan assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. During the plan year, the plan had total income of \$5,905,698, including employer contributions of \$4,895,842 employee contributions of \$546,965, net gains of \$4,022 from the sale of assets, gain from investments of \$164,590 and other income of \$294,279.

Plan expenses were \$4,897,316. These expenses included \$620,916 in administrative expenses and \$4,276,400 in benefits paid to participants and beneficiaries.

Additional Explanation

Effective May 1, 2005 the Trust Fund's medical and vision benefits became self-funded with ULLICO providing the specific stop-loss coverage for medical. ULLICO will continue to provide the life, accidental death and dismemberment benefits.

Privacy Notice

The Health Insurance Portability and Accountability Act (HIPPA) of 1996 requires health plans to comply with privacy rules. These rules are intended to protect your personal health information (PHI) from being inappropriately disclosed. They also give you additional rights concerning your health care information.

The Trust Fund's HIPPA Privacy Notice explains how the group health plan and your employer handle your PHI.

You can request a copy of this Notice from the Administrative Office at 602-249-3582.

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YOUR RIGHTS TO ADDITIONAL INFORMATION

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

1. an accountant's report;
2. financial information and information on payments to service providers;
3. assets held for investment;
4. Fiduciary information, including non-exempt transactions between the plan and parties-in-interest (that is, persons who have certain relationships with the plan);
5. transactions in excess of five percent of plan assets; and
6. insurance information including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write or call the office of Southwest Service Administrators, Inc., who is the plan administrator, located at 2400 West Dunlap Avenue, Suite 250, Phoenix, AZ 85021, 602-249-3582. The charge to cover copying costs will be 25¢ per page **plus** postage for any part thereof.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report. The charge to cover copying costs given above does not include a charge for the copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan at 2400 West Dunlap Avenue, Suite 250, Phoenix, Arizona, and at the U.S. Department of Labor in Washington, D.C. or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department of Labor should be addressed to:

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

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May 2007

TO: Participants in the Arizona Sheet Metal Trade Trust Fund

FROM: The Board of Trustees

RE: **Important Plan Information**

Dear Participant:

This is to inform you of federal legislation which affects your health care coverage.

Women's Health and Cancer Rights Act of 1998

Under the Women's Health and Cancer Rights Act of 1998, group health plans that provide medical and surgical benefits in connection with a mastectomy must provide benefits for certain reconstructive surgery. In the case of a participant or beneficiary who is receiving benefits in connection with a mastectomy, coverage will be provided in a manner determined in consultation with the attending physician and patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses and physical complications of mastectomy, including lymphedemas.

This coverage is subject to any plan copayments, referral requirements, annual deductibles and coinsurance provisions that may be applicable, consistent with those established for other benefits under the plan. These provisions are generally described in the Plan's Summary Plan Description (SPD).

If you have any questions about whether your plan covers mastectomies or reconstructive surgery, please contact the Administrative Office at 602-249-3582.