

SOUTHWESTERN TEAMSTERS SECURITY FUND
Southwest Service Administrators, Inc.
2400 W. Dunlap Ave., Suite 250
Phoenix, AZ 85021



RETURN SERVICE REQUESTED

SUMMARY ANNUAL REPORTS

SOUTHWESTERN TEAMSTERS SECURITY FUND

December 1, 2004 - November 30, 2005

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

Administrator:
Southwest Service Administrators, Inc.
2400 W. Dunlap Ave., Suite 250
Phoenix, AZ 85021

Phone (602) 249-3582
Toll free (800) 474-3485
Fax (602) 336-0895

October 2006

This is a summary of the annual report of the Southwestern Teamsters Security Fund, Employer Identification Number 86-6052021, a health insurance plan, for the period December 1, 2004 through November 30, 2005. 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 Fund has committed itself to pay all Major Medical, Disability, Dental and Vision Claims incurred under the terms of the plan.

Insurance Information

The plan has a contract with the United of Omaha Life Insurance Company to pay all disability life, accidental death and dismemberment insurance claims incurred under the terms of the plan. The total premiums paid for the policy year ending December 31, 2005 were \$33,682.

The Plan has a contract with Employers Dental Service to pay all prepaid dental claims under the plan. The total premiums paid for the policy year ending September 30, 2005 were \$135,268.

The Plan has a contract with Vision Service Plan (VSP) to pay all vision claims under the plan. The total premiums paid for the policy year ending September 30, 2005 were \$345,953.

Basic Financial Statement

The value of plan assets, after subtracting liabilities of the plan, was \$14,348,641 as of November 30, 2005, compared to \$19,813,226 as of December 1, 2004. During the plan year, the plan experienced a decrease in its net assets of (\$5,464,585). This decrease includes unrealized appreciation and depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the beginning of the year compared to the end of the year. The plan had total income of \$28,530,663, including employer contributions of \$26,046,924, employee contributions of \$832,162, other contributions of \$369,633, gains of \$761,608 from the sale of assets, and earnings from investments of \$520,336.

Plan expenses were \$33,995,248. These expenses included \$1,709,154 in administrative expenses and \$32,286,094 to provide benefits for participants and beneficiaries.

Additional Information

Contract administrator fees for this same period represented \$1,077,053.

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 Southwestern Teamsters Security Fund, in care of Southwest Service Administrators, Inc, who is the plan administrator, located at 2400 W. Dunlap Avenue, Phoenix, Arizona 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 W. Dunlap Avenue, 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:

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

SOUTHWESTERN TEAMSTERS SECURITY FUND

THIS PAGE INTENTIONALLY LEFT BLANK

Administrator:
Southwest Service Administrators, Inc.
2400 W. Dunlap Ave., Suite 250
Phoenix, AZ 85021

Phone (602) 249-3582
Toll free (800) 474-3485
Fax (602) 336-0895

TO: Participants in the Southwestern Teamsters' Security 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;
- 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.

Privacy Notice

The Health Insurance Portability and Accountability Act (HIPAA) 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 healthcare information.

The Trust Fund's HIPAA 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.