The AFL-CIO Mutual Benefit Plan has been available certain benefits to qualified individuals. The Board of Trustees can be contacted at Board of Trustees, AFL-CIO Mutual Benefit Plan c/o Union Privilege 1100 First Street NE, Suite #850, Washington, DC 20002. The person designated as agent for service of legal process in the District of Columbia is the Insurance Company, Mr. Kevin Stringer, Mr. Paul Whitehead, and Mr. James Williams. The following information is available:

- Termination of Coverage & Loss of Eligibility: For a statement of the circumstances that result in the termination of your insurance coverage or the denial of insurance benefits, please refer to your Certificate. Failure to provide complete and accurate information on an application for IPAP benefits may result in a loss of eligibility. Also, the Board of Trustees can, at its discretion, terminate or amend the Plan at any time and can stop offering members the ability to contribute to the Plan. Failure to provide complete and accurate information may result in a loss of eligibility.

- Contributions: All contributions for the insurance benefits of the Plan come from Members who pay the entire cost of their insurance coverage. Your required contribution is determined by the Insurance Company and may result in a loss of eligibility. Also, the Board of Trustees can, at its discretion, terminate or amend the Plan at any time and can stop offering members the ability to contribute to the Plan. Failure to provide complete and accurate information may result in a loss of eligibility.

- Funding Medium: Insurance benefits are provided through the Insurance Company, AFL-CIO Mutual Benefit Plan and the Plan based on actuarial calculations. IPAP benefits are funded through assets held in trust by the AFL-CIO Mutual Benefit Fund.

- Plan Year: The Plan’s fiscal year ends on December 31.

- Submitting a Claim: For Insurance benefits, The Insurance Company has the full discretion and authority to determine eligibility for benefits and to construe and interpret all terms and provisions of the Policy. If you would like to file a claim for benefits, you should obtain a claim form from The Insurance Company. This information must include (but is not limited to): (i) the address of your primary residence; (ii) the county or parish of your residence; (iii) if applicable, an alternative mailing address; (iv) your phone number; (v) your policy number.

If you are determined to be eligible for a Disaster Relief Grant, you must satisfy the general eligibility requirements described above, complete the required application and provide documentation to the Plan that you (i) are a union member in good standing, (ii) sustained damage to a primary residence due to a natural disaster listed in a FEMA Disaster Declaration, (iii) your primary residence was affected by a natural disaster listed in a Federal Emergency Management Agency (FEMA) Disaster Declaration, (iv) your primary residence was affected by a natural disaster listed in a FEMA Disaster Declaration, (v) your primary residence was affected by a natural disaster listed in a FEMA Disaster Declaration, (vi) your primary residence was affected by a natural disaster listed in a FEMA Disaster Declaration, (vii) that are associated with a hospitalization event(s) that took place during the 12-month period prior to the date you submit an application for a Disaster Relief Grant and are covered by insurance, and (viii) the amount of the Hospital Charges covered by insurance, and (ix) the amount of Hospital Charges for which the patient was financially responsible.

If you qualify, the Plan will pay a Dis"
If you want any wholly or partially denied claim to be reviewed, you are entitled to appeal free of charge upon request.

You, or (ii) a statement that such explanation will be provided to you free of charge upon request.

The Board of Trustees has the power and sole discretion to interpret, apply, and construe the provisions of the Plan and make all factual determinations regarding the construction, interpretation and application of the Plan.

Your appeal shall give no deference to the initial benefit decision and shall not be the individual who made the initial decision, nor a subordinate of such individual.

The Plan defines the determination of disability, or 60 days from the date you received your claim denial if it relates to a determination of disability, or 60 days after the date you file suit in state or federal court.

You are entitled to receive a statement of ERISA Rights – as a participant in the AFL-CIO Mutual

If you file a suit in state or Federal court. If it should happen that Plan fiduciaries misuse the plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor if you may file suit in a federal court. The court will decide whether the Plan is in a position to appeal the denial.

If your claim is denied, in whole or in part, you are not required to exhaust your administrative remedies by appealing the denial. Failure to exhaust administrative remedies will not result in the loss of your right to appeal.

The Board of Trustees of the Plan has the power and sole discretion to interpret, apply, and construe the provisions of the Plan and make all factual determinations regarding the construction, interpretation and application of the Plan.
This is a summary of the annual report for the AFL-CIO MUTUAL BENEFIT PLAN, (Employer Identification No. 84-2844698, Plan No. 501) for the period January 1, 2020 to December 31, 2020. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

**INSURANCE INFORMATION**

The plan has a contract with Hartford Life and Accident Company to pay the following types of claims incurred under the terms of the plan.

- All life, disability, accidental death and dismemberment claims.

The total premiums paid for the plan year beginning January 1, 2020 and ending December 31, 2020 were $21,785,834.

**BASIC FINANCIAL STATEMENT**

The value of plan assets, after subtracting liabilities of the plan, was $43,280,598 as of December 31, 2020 compared to $39,842,532 as of January 1, 2020. During the plan year the plan experienced an increase in its net assets of $3,438,066. This increase includes unrealized appreciation or depreciation in the value of plan assets; that is, the difference between the value of the plan’s assets at the end of the year and the value of the assets at the beginning of the year, or the cost of assets acquired during the year. During the plan year, the plan had total income of $5,168,459. This income included earnings from investments of $4,112,846. Plan expenses were $1,730,393. These expenses included $700,144 in administrative expenses and $1,030,249 in benefits paid to participants and beneficiaries.

**YOUR RIGHTS TO ADDITIONAL INFORMATION**

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

1. An accountant’s report;
2. Financial information and information on payments to service providers;
3. Assets held for investment;
4. Loans or other obligations in default or classified as uncollectible;
5. Transactions in excess of 5 percent of the plan assets; and

Summary Annual Report for AFL-CIO MUTUAL BENEFIT PLAN

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2. Financial information and information on payments to service providers;
3. Assets held for investment;
4. Loans or other obligations in default or classified as uncollectible;
5. Transactions in excess of 5 percent of the 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 the office of:

The Fund c/o Union Privilege
1100 First Street, N.E., Suite 850
Washington, D.C. 20002

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. These portions of the report are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan:

The Fund c/o Union Privilege
1100 First Street, N.E., Suite 850
Washington, D.C. 20002

and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to:

U.S. Department of Labor
Employee Benefits Security Administration
Public Disclosure Room
200 Constitution Avenue, NW, Suite N-1513
Washington, D.C. 20210

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