

# The Fund Office Report

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## 2025 Tax Forms

All tax forms (i.e. W-2, 1099-R and 1099-M) will be mailed by January 31, 2026 as required by law. If you have any questions, please feel free to contact the Fund Office at (212) 465-8888, option 9.

## Out-of-Pocket Maximums for 2026

An Out-of-Pocket maximum is a cap, or limit, on the amount of money you have to pay for covered health care services in a plan year. If you meet that limit, your health plan will pay 100% of all covered health care costs for the rest of the plan year. Some health insurance plans call this an out-of-pocket limit.

For the calendar year 2026, the maximum out-of-pocket expenses for any participant will be \$10,600.00 for an individual and \$21,200.00 for a family. If you have any questions regarding the maximum amount, please contact the Welfare Department at (212) 465-8888, option 4.

## New Summary Plan Descriptions (SPD)

### Pension Fund & SRP

The January 2026 Summary Plan Descriptions (SPDs) publications for the Pension Fund and Supplemental Retirement Plan are now available. The Summary Plan Description is intended to provide you with a brief description of the written terms governing the Plan, including among other items, the form of benefits available under each Plan. All changes adopted prior to January 1, 2026 have been incorporated into the SPD's,

If we do not have your email or if you would like to provide us with an updated email address please contact the Fund Office.

- Click [here](#) for an electronic copy of the 2026 Pension Fund SPD
- Click [here](#) for an electronic copy of the 2026 SRP SPD
- Contact the Fund Office by telephone at (212) 465-8888, email at [FundOffice@steamny.com](mailto:FundOffice@steamny.com) or by mail at 27-08 40th Avenue, 2nd Floor, Long Island City, NY 11101-3725 and request a hard copy of either or both of the 2026 SPDs at no cost. Please be sure to provide the Fund Office with your current mailing address and/or current email address.



## New ID Cards On the Way!



### Exciting Update: New ID Cards Coming January 1, 2026!

Anthem has issued new identification cards due to our change over to the Anthem Blue Access Network, effective January 1, 2026.

You will notice a change in the Group Number from **375418 to L1438**. Here's what this means for you:

- **Live in Suffolk County?** Your card will continue to show access to the **EPO Plan**, so you can keep using Stony Brook hospitals and doctors—just like before.
- **Live outside Suffolk County?** Your card will display **Blue Access EPO**, which means Stony Brook hospitals and doctors are only available for emergency care.

This small adjustment helps us manage rising healthcare costs and deliver **significant savings to the Welfare Fund**, all while ensuring **you and your family keep every benefit you currently enjoy**.

# Security Benefit Fund—New Benefits

The  
Steamfitters' Industry  
Fund Office.

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## Private School Tuition

### SECURITY BENEFIT FUND APPLICATION FOR PRIVATE SCHOOL TUITION BENEFIT

- All information on this application must be completed.
- Private School Tuition Benefit is a reimbursement for all participants who have incurred educational expenses for their children or legal dependents who are enrolled in an accredited private school, grades K-12, or their equivalent. A claim filed for someone other than your child must be listed as a dependent in the Welfare Fund.
- Please complete this application and submit receipts, invoices, canceled checks and credit card statements.
- The expenses covered under this section include, but are not limited to tuition and school supplies, text books, transportation, uniforms and related items, provided they are purchased through the institution and included in the tuition bill.
- The tuition bill must include the student's name, the semester dates, itemization of charges and the school's name and address.
- You are responsible for paying for the school tuition and will be reimbursed from the Fund. Proof of your payment (canceled check, credit card statement, etc.) must be included.
- If you wish to adjust your tax withholding, please complete forms W-4 (Employee's Withholding Certificate) and IT-7104 (New York State Employee's Withholding Certificate). Once these tax forms are received, we will use your updated withholding elections for all taxable disbursements from the Security Benefit Fund.
- This benefit is subject to all Federal, State, City and FICA taxes and will be reported on Form W-2 at year end.

Name: \_\_\_\_\_ Book Number: \_\_\_\_\_

Home phone \_\_\_\_\_ Mobile \_\_\_\_\_ E-mail \_\_\_\_\_

Claim is for: \_\_\_\_\_ Dependent's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Amount Requested: \_\_\_\_\_ (Not to exceed account balance)

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

This benefit allows you to be reimbursed for educational expenses for your children or legal dependents enrolled in an accredited private school, from kindergarten through twelfth grade. A claim filed for someone other than your child must be listed as a dependent in the Welfare Fund.

Covered expenses include tuition and school supplies, such as laptops and other items, provided they are purchased through the private school and included in the tuition bill.

To receive reimbursement, Participants must apply for each tuition bill individually and include supporting documentation such as itemized bills, receipts, canceled checks, or credit card statements. The tuition bill must include the student's name, the semester dates, itemization of charges and the school's name and address. The amount of the benefit requested cannot exceed the Participant's account balance.

## Holiday Benefit

This benefit allows eligible Participants to apply for payment for all unpaid holidays listed in the Collective Bargaining Agreement or Project Labor Agreement for the previous calendar year. This means that in 2026, Participants may apply to receive payment for all unpaid holidays from calendar year 2025.

To be eligible for this benefit, you must prove you worked at least two days before or after the holiday. This application must be accompanied by the paystub(s) representing the week(s) in which the holiday you are seeking payment falls. The benefit amount you receive will be equal to your base wage plus your vacation contribution rate for the period, limited by the total amount of your account balance.

If you have any questions about either of these new benefits, please contact the Disbursements Department, at (212) 465-8888, option 4.

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### SECURITY BENEFIT FUND APPLICATION FOR REPLACEMENT WAGES HOLIDAY BENEFIT

- All information on this application must be completed.
- The Holiday Benefit is a one-time payment for unpaid collectively bargained holidays from the prior year. You may be paid if no employer has already paid you compensation for the collectively bargained holidays.
- You must work at least two days before or after the holiday to be eligible for this benefit. This application must be accompanied by the paystub(s) representing the week(s) in which the holiday you are seeking payment falls.
- The benefit amount you receive will be equal to your base wage plus your vacation contribution rate for the period, limited by the total amount of your account balance.
- If you wish to adjust your tax withholding, please complete forms W-4 (Employee's Withholding Certificate) and IT-7104 (New York State Employee's Withholding Certificate). Once the tax forms are received, we will use your updated withholding elections for all taxable disbursements from the Security Benefit Fund.
- This benefit is subject to all Federal, State, City and FICA taxes and will be reported on Form W-2 at year end.

Holidays to be paid (Check All That Apply):

New Year's Day  MLK Day  Presidents Day  Memorial Day  
 Juneteenth  Fourth of July  Labor Day  Columbus Day  
 Veterans Day  Thanksgiving Day  Thanksgiving Friday  Christmas Day

Name: \_\_\_\_\_ Book Number: \_\_\_\_\_

Home phone \_\_\_\_\_ Mobile \_\_\_\_\_ Email \_\_\_\_\_

I certify that I have not received any form of compensation for the holidays selected and covered by this application. If this is found to be untrue, I will be subject to a suspension of my benefits, and my account will be held until the appropriate administrative fee is accounted for the Fund Fraudulent claim policy.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



## New York State Paid Family Leave

**New York State Paid Family Leave (NY PFL) Rate and Benefit Updates for 2026.** The employee contributions to pay for the Paid Family Leave (PFL) benefit coverage will continue through payroll deductions at a rate based on your salary. The following chart represents the updated employee contribution rate and benefit provisions for the upcoming 2026 calendar year, which will be effective January 1, 2026. For more information, please contact your Employer directly or feel free to contact the Fund Office at (212) 465-8888 option 4 on the main menu.

### NY PFL:

	2026	2025
Maximum Employee Annual Contribution	\$411.91	\$354.23
Maximum Length of Paid Leave	12 weeks	12 weeks
Maximum Weekly Benefit	\$1,228.53	\$1,177.32

Return To

WORK

If you earned at least 1,000 hours in 2025, you may be eligible for an additional year of Pension Credit, which may increase your monthly pension benefit.

Benefits are not paid automatically. If you have not yet applied, please submit your application as soon as possible.

Applications must be received at least 30 days prior to your desired effective date. Your benefit will become effective on the first of the month following the completion of the 30-day application period.

To request an application or for assistance, please contact the Fund Office at (212) 465-8888 menu option 3 for the Pension Department.