

# AUTOMOTIVE INDUSTRIES TRUST FUNDS

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October 2011

## SUMMARY ANNUAL REPORT AUTOMOTIVE INDUSTRIES WELFARE PLAN

This is a summary of the annual report of the Automotive Industries Welfare Plan, EIN 94-6078226, for the year ended December 31, 2010. The annual report has been filed with the Department of Labor, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

The Board of Trustees of the Automotive Industries Welfare Plan has committed itself to pay certain medical, dental, orthodontia, disability, basic life, accidental death and dismemberment, vision, and prescription drug claims incurred under the terms of the plan.

### Insurance Information

The plan has contracts with Kaiser Foundation Health Plan, Inc., Health Net, MHN Services, and Vision Service Plan to pay certain medical, vision, and prescription drug claims incurred under the terms of the plan. Certain life insurance benefits are provided through contracts with ReliaStar Life Insurance Company. Certain vision and dental benefits are provided through contracts with Vision Service Plan, Safeguard Health Plans, Inc., United Concordia Dental Plans of California, Inc., Newport Dental Plan, UnitedHealthCare Insurance Company and Delta Dental of California. The total premiums paid for the plan year ending December 31, 2010 were \$42,515,746.

### Basic Financial Statement

The value of plan assets, after subtracting liabilities of the plan, was \$21,226,654 as of December 31, 2010, compared to \$20,792,803 as of January 1, 2010. During the plan year the plan experienced an increase in its net assets of \$433,851. 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 \$57,618,208, including employer contributions of \$54,474,013, employee contributions of \$1,171,443, earnings from investments of \$996,877 and other income of \$975,875.

Plan expenses were \$57,184,357. These expenses included \$2,725,168 in administrative expenses and \$54,459,189 in benefits paid to or for 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. Fiduciary information, including nonexempt transactions between the plan and parties-in-interest (that is, persons who have certain relationships with the plan); and
5. 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 Associated Third Party Administrators, who is contract administrator, at P.O. Box 23120 Oakland, California 94623-0120, telephone (510) 836-2484. The charge to cover copying costs will be \$15.25 for the full annual report, or \$.25 per page 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 1640 South Loop Road, Alameda, California 94502, and at the U.S. Department of Labor in Washington, DC 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: Public Disclosure Room, N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, DC 20210.