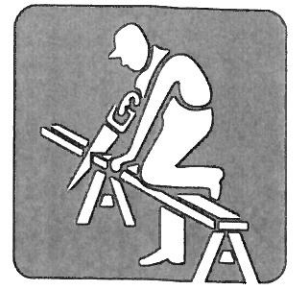


CARPENTER FUNDS ADMINISTRATIVE OFFICE  
OF NORTHERN CALIFORNIA, INC.

265 HEGENBERGER ROAD • SUITE 100 • OAKLAND, CALIFORNIA 94621  
P.O. BOX 2280 • (510) 633-0333 • (888) 547-2054  
[www.carpenterfunds.com](http://www.carpenterfunds.com)



August 27, 2007

**TO:** All Active & Non-Medicare Retired Participants Enrolled in the Indemnity Medical Plan

**FROM:** Board of Trustees  
Carpenters Health and Welfare Trust Fund for California

**RE:** **Termination of Examinetics Mobile Health Testing Program  
Effective October 1, 2007**

In June 2007 Examinetics mailed a letter to Plan participants stating that they intended to continue offering their service. Unfortunately, they have now advised that effective October 1, 2007, the Examinetics Mobile Health Testing Program, formerly known as Health Examinetics, will terminate its contract with the Trust Fund. Examinetics has informed us that due to cost considerations, they will no longer provide services to Carpenters Health and Welfare Plan participants. Although the official termination date is October 1<sup>st</sup>, you may find that testing vans are not available in your area before then.

**Please Note: The Fund's current adult routine physical examination benefit will continue to be provided as follows:**

- The Plan will cover a routine physical examination once every 12-months for you and your eligible dependent spouse. (This benefit is not available to dependent children.)
- The Trust Fund will pay regular benefits for the cost of the physician's examination and lab tests, up to a maximum benefit of \$250.
- An additional allowance will be made for men age 50 or over who receive the Prostate Specific Antigen Test (PSA) as part of their physical examination.
- An additional allowance will also be made for women who receive a pap smear as part of a physical examination.

To obtain reimbursement for expenses related to your physical exam, contact the Claims Office for a claim form or download it from our website at [www.carpenterfunds.com](http://www.carpenterfunds.com). This claim form must be returned to the Claims Office along with the Physician's bill in order for you to obtain reimbursement.

This notice is intended only as a summary of the benefits available; the types and amounts of benefits are subject to the actual terms of the Plan.

Please keep this notice with your benefit booklet. If you have any questions, please call or e-mail the Trust Fund Office at:

Benefits Services:

Toll Free: (888) 547-2054  
Direct Dial: (510) 633-0333  
Email: [benefitservices@carpenterfunds.com](mailto:benefitservices@carpenterfunds.com)