



Health and Welfare Fund

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June 8, 2007

Dear Participant:

The following information is a quarterly income and expense summary to inform you the member of the Fund's financial position and additional information that will help you in understanding your benefits that are available.

The Fund experienced a \$5,418,758 increase in Fund assets for the quarter ended 03/31/2007. Plan expenses were \$12,216,659 in benefits paid to participants and administrative costs. Total income was \$17,635,417 that includes employer contributions, employee self pays and investments.

Please remember that this is an un-audited summary and is subject to change. The reserves for estimated liabilities are determined annually by the Fund's Consultant. No adjustments of these liabilities have been made since the prior year-end. Appropriate adjustments will be made to the audited year-end financial statements to be issued subsequent to these summaries. You will be receiving a quarterly summary in the future; any questions please address them to the Fund Office.

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998

Under the federal law, group health plans, insurers, and HMO's that provide medical and surgical benefits in connection with a mastectomy must provide benefits for certain reconstructive surgery, effective for the first plan year beginning on or after October 31, 1998. In the case of a participant or beneficiary who is receiving benefits under the plan in connection with a mastectomy and who elects breast reconstruction, federal law requires coverage in a manner determined in consultation with the attending physician and the patient for:

- Reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction on the other breast to produce a symmetrical appearance; and
- Prostheses and treatment of physical complications at all stages of the mastectomy, including lymph edemas.

This coverage is subject to the plan's annual deductibles and co-insurance provisions. 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 Fund Office.

NEWS AND OUR VIEWS

Getting more active

The obstacle: I'm too old to exercise and don't want to risk getting hurt.

The facts: You're never too old or out of shape to engage in any of the hundreds of different kinds of physical activity.

Moderate physical activity can actually reduce your risk of getting hurt by improving your balance, by helping you to maintain strong bones and by helping you to achieve and maintain a healthy weight.

Try this:

- Talk to your doctor about appropriate activities for your age and health.
- Start slowly and give your body a chance to adjust to increased activity.
- Water exercises, stretching or light weightlifting are excellent forms of exercise.
- Activities you enjoy, such as gardening or dancing, can provide an effective workout.

Avoid all-or-nothing ways of thinking

If you don't have time for your planned exercise, you're caught in a situation with mostly unhealthy food options, or you've had one cigarette, don't throw in the towel.

Instead, do what you can. Take a 10-minute walk if you can't go for your usual 30 minutes. Eat the healthiest food you can find and do your best to control the size of your portion. If you've had a cigarette, take action to avoid having another.

Eating healthier

The obstacle: I don't like to spend time cooking.

The facts: Many people are reluctant to change their diets because they think that healthier eating means spending hours in the kitchen or struggling with complicated recipes.

Healthy eating doesn't have to be complicated, and healthy meals can be made with minimal time and effort.

Try this:

- Base your meals on fresh fruits and vegetables, none of which take much preparation or cooking time.
- Use a grill, or microwave or steamer to cook healthy food quickly and easily.
- Use shortcuts such as prepackaged salad greens or precooked and ready-to-eat lean meats.
- Eat out or order in. It's OK, just be sure to choose healthy menu items and eat moderate portion sizes.

Is sun tanning addictive?

Studies have shown that there are significant health risks from spending too much time in the sun or in tanning booths. These include increasing the risk of developing skin cancer, causing premature aging of the skin as well as possibly damaging the immune system. So why do people continue to spend time tanning?

Several recent studies have set out to test whether frequent tanners may be physically addictive to some aspect of tanning. One idea being tested is that exposure to ultraviolet (UV) light in sunlight and from tanning beds releases certain chemicals (endorphins and others) that create a relaxed feeling of well-being.

One of these studies, appearing in the July 2004 issue of the *Journal of the American Academy of Dermatology*, brought 14 frequent tanners into a laboratory with two identical-looking tanning beds. The tanners didn't know that one bed emitted UV rays and one didn't. On Mondays and Wednesdays for six weeks, subjects tanned in both beds for 10 minutes each. On Fridays, they were offered an optional tanning session and allowed to use either bed. Twelve of the subjects opted to tan on Fridays and they chose to use the UV-emitted bed 95 percent of the time. They said it made them feel more relaxed.

Much more study is needed to determine if tanning is indeed physically addictive and why. In the meantime, *Mayo Clinic* doctors say if you have difficulty staying out of the sun or away from tanning booths, talk to your doctor about ways – or possible medical interventions – to help you break this unhealthy habit.

– Mayo Clinic Health Information

Sincerely,

Board of Trustees of the Ohio
Carpenters Health and Welfare Fund