



# FUNDamentals

September 2004

The newsletter from your Wisconsin Health Fund  
PO Box 601 Milwaukee WI 53201

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FREE VISIT!!!  
Try us for the first  
time or come visit  
us again!  
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Remember to notify  
WHF if you have a  
change of address,  
phone number, or  
other insurance  
coverage

## OUR MISSION

Enriching lives  
through progressive  
benefits,  
compassionate care,  
and exceptional  
service.

## JOIN US AT WHF'S ANNUAL HEALTH FAIR

WHF invites members and their families to attend the 9th annual Health Fair **Thursday, November 11th** and **Saturday, November 13th** at the WHF Health Center, 6200 W. Bluemound Road in Milwaukee.

WHF staff will be joined by many health-related organizations to provide participants with medical and dental information and screenings to help evaluate and understand the risks for development of certain diseases.

Information will be available on a variety of topics including women's health issues, cancer detection and treatment, kidney disease, mental health, chemical dependency, arthritis, Celiac Disease and more. WHF physicians will also present health related mini-seminars.

Blood pressure checks, lung function testing and foot evaluations will be available, along with diabetic and cholesterol screenings. Random cholesterol screenings, which do not require fasting, will take place on Thursday. A full lipid panel will be done on Saturday, this test requires a 12-hour fast prior to testing.

Flu shots will be given both days for \$10.00 for adults 18 years and older (see page 2 for information on Pediatric Flu Shot Days).

The Health Fair is open to all WHF participants, family and friends. It takes place from 5:15p.m. to 7:15p.m. on Thursday and from 8:00a.m. to noon on Saturday. There is no admission fee. Bring in a non-perishable food item and have your name entered in a drawing for prizes (sponsored by area businesses). One entry per person.



**WHF was proud to support organized labor  
by participating in the 2004 LaborFest.**

## WHF PEDIATRIC FLU SHOT DAYS

The Center for Disease Control (CDC) recommends that all children receive the flu vaccine.

- WHO:** Pediatric patients ages 3 thru 17 years.  
If child is under 3 years of age or has a chronic condition (i.e.: Diabetes, Asthma) an appointment with a pediatrician is required for a flu shot.
- WHEN:** **1. TUESDAY OCTOBER 19TH, 2004 FROM 4:00 TO 6:00 P.M. (NO APPOINTMENT NEEDED)**  
This day is **ONLY** for pediatric patients who are ages 3 to 9 years and have **NEVER** had a flu shot. These patients require 2 separate doses 30 days apart. The first dose will be given on this day.
- 2. THURSDAY, NOVEMBER 18TH, 2004 FROM 4:00 TO 6:00 P.M. (NO APPOINTMENT NEEDED)**  
This day is **ONLY** for pediatric patients who are ages 3 to 17 years who require only one dose of flu vaccine and those getting their second dose from the above date.
- COST:** \$10.00 for each injection.  
\*\*For a child that requires two doses it will be \$10.00 for each injection.
- WHERE:** **WHF MEDICAL & DENTAL CENTER, 2ND FLOOR (MEDICAL CENTER),  
6200 W. BLUEMOUND ROAD, MILWAUKEE, 414-771-5600**

### Customer Satisfaction

At Wisconsin Health Fund, we pride ourselves in providing the best care and service possible. To evaluate our success we plan to conduct a Customer Satisfaction Survey every Spring and Fall. Our first survey was this past April. Two hundred and seventy-three patients completed the survey and the results were overwhelmingly positive.

- \* 100% of those surveyed would recommend their WHF doctor to a family member or friend.
- \* 99% would recommend the WHF Medical Clinic to friends or family.
- \* 93% found that the overall responsiveness of our staff to their needs was exceptional.

Each individual department was rated on a number of different key areas including promptness, courteousness, quality of care, as well as the appearance of our staff and waiting areas.

- \* 99% of those surveyed rated us good or excellent in each category.

We appreciate the time spent by those who participated in the survey. We look forward to your continued input to help us make the WHF Medical Clinic the premier clinic of its kind.



### WHF Holiday Schedule



November 2004

Sun	Mon	Tue	Wed	Thur	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

Closed  
at  
Noon

Closed  
all  
Day

December 2004

Sun	Mon	Tue	Wed	Thur	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

## SUMMARY ANNUAL REPORT FOR WISCONSIN HEALTH FUND

This is a summary of the annual report for the WISCONSIN HEALTH FUND, (EIN 39-1762582, Plan No. 501) for the calendar year 2003. The annual report has been filed with the Internal Revenue Service, as required under the Employee Retirement Act of 1974 (ERISA).

Wisconsin Health Fund has committed itself to pay medical, dental, optical, disability, and life insurance claims incurred under the terms of the plan.

### Insurance Information

The plan has a contract with the Metropolitan Life Insurance Company to pay all life insurance claims incurred under the terms of the plan. The total premiums paid for the plan year ended December 31, 2003 was \$409,163.

### Basic Financial Statement

The value of plan assets, after subtracting liabilities of the plan, was \$10,542,243 as of December 31, 2003 compared to \$6,405,369 as of January 1, 2003. During the plan year the plan experienced an increase in its net assets of \$4,136,874. This increase included 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 price the plan originally paid for these assets. During the plan year, the plan had total income of \$44,986,663 including employer and participant contributions of \$41,143,968, sales of drugs of \$1,543,033, administrative charges of \$637,247, other income of \$1,654,323 and a net income from investments of \$8,092.

Plan expenses were \$40,849,789. These expenses included \$2,950,909 in administrative expenses and \$37,898,880 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. Assets held for investment;
3. Fiduciary information, including non-exempt transactions between the plan and parties-in-interest (that is, persons who have certain relationships with the plan);
4. Transactions in excess of 5 percent of the plan assets; 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 Mr. Michael S. Lovely who is the Executive Director, 6200 W. Bluemound Road, Milwaukee, WI 53213, (414) 771-5600. The charge to cover copying costs will be \$5.50 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 accompany 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, 6200 W. Bluemound Road, Milwaukee, WI 53213, 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 Public Disclosure Room N2677, Pension and Welfare Benefit Programs, U.S. Department of Labor, 200 Constitution Avenue, NW, Washington, DC 20216.

## THE SUMMARY ANNUAL REPORT (SAR) UNDER ERISA A CROSS REFERENCE TO THE ANNUAL REPORT

SAR ITEM	FORM 5500 LINE ITEM
1. Name of insurance carrier	Sched. A, Part 1, item 1(a)
2. Total insurance premium	Sched. A, Part 111, item 9(a)
3. Experience-rated premiums	Sched. A, Part 111, item 8(a) (4)
4. Experience-rated claims	Sched. A, Part 111, item 8(b) (4)
5. Value of Plan assets (net)	
a. End of plan year	Sched. H, Part 1, item 1(L)Column (b)
b. Beginning of plan year	Sched. H, Part 1, item 1(L)Column (a)
6. Change in net assets	Sched. H, Part 11, item 2(K) Column (b)
7. Total income	Sched. H, Part 11, item 2(d) Column (b)
a. Employer contributions	Sched. H, Part 11, item 2(a) (1) (a), Column (a)
b. Employee contributions	Sched. H, Part 11, item 2(a) (1) (b), Column (a)
c. Change in sales of assets	Sched. H, Part 11, item 2(b) (4) (c), Column (b)
d. Earnings from investments	Sched. H, Part 11, item 2(b)
8. Total plan expenses	Sched. H, Part 11, item 2(J), Column (b)
9. Administrative expenses	Sched. H, Part 11, item 2(i) (5), Column (b)
10. Benefits Paid	Sched. H, Part 11, item 2(e) (4), Column (b)
11. Other expenses	Sched. H, Part 11, item 2(i) (4), Column (a)



