

# tmta talk

A publication of the  
Tooling, Manufacturing &  
Technologies Association

**FROM ROB'S  
ROOST**  
By ROB DUMONT  
PRESIDENT & CEO

## Even Small Steps Matter

TMTA joins many other organizations in cheering the passage of the GPX Bill in the House of Representatives on the 6<sup>th</sup> of March 2012 just one day after adoption of an identical Bill by unanimous consent in the Senate. On March 13, 2012, President Obama signed it into law.

This legislation deals with a decision by the United States Court of Appeals for the Federal Circuit on December 19, 2011 wherein that Court concluded that the Department of Commerce does not have the authority to apply the countervailing duty (CVD) law to non-market economy (NME) countries such as China and Vietnam. The U.S. government began the practice of applying



this law to China in 2007 culminating in the decision above mentioned. The court ruled that Congress never authorized the Commerce Department to do so and concluded "...if Commerce believes that the law should be changed, the appropriate approach is to seek legislative change." Further "...if the existing remedy is inadequate to protect American industry from such foreign competition—a question we could not possibly answer—it is up to Congress to provide any additional remedies it deems appropriate."

**(Rob's Roost continues on Page 7)**

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## tmta Calendar of Events

**April 2012**

<b>8</b>	Easter Sunday
<b>17</b>	Tax Day - Federal & State Income Taxes are Due

Visit [www.thetmta.com](http://www.thetmta.com) for detailed, up-to-date information on all events.

## Plavix Users Will Receive Generic from Medco

The generic version of the drug Plavix, clopidogrel, is expected to become available as soon as May. Plavix is prescribed to prevent heart attacks and strokes in certain patients. BCBSM and BCN members will begin receiving the generic version as soon as it's available if they use Medco's mail order service or an integrated pharmacy benefit.

When members order Plavix through mail order at 60 days or closer to the release date of its generic equivalent, the member will receive two limited prescription fills:

The first will contain enough brand-name Plavix medication to last through May.

The second will complete the balance of the Plavix prescription with its generic equivalent, as soon as it is available.

The member will only be charged for the type of medication received, and the brand and generic copayments will be adjusted accordingly.

Since the copay is prorated based on the percentage of the prescription filled with the brand-name or generic equivalent medications, members will benefit by experiencing lower out-of-pocket costs for their medications.

## How Long Can Your Heart Stop Beating?

Even if you're not a soccer fan, you may have heard about Fabrice Muamba. On March 17, 2012, 43 minutes after kick-off in the FA Cup soccer game in north London, the 23-year old suddenly collapsed and his heart stopped beating. His heart stopped beating for 78 minutes. He was essentially dead for 78 minutes. And then his heart started beating again. And on the following Monday, he was awake and talking. And he spoke both French and English, knew his name, asked about his son and fiancé, and even joked a bit—in other words, with no apparent brain damage.

If you are like me, you probably wondered how could this be? Why did doctors and medical personnel work

on him for 78 minutes without declaring him extensively brain damaged and giving up? Would you or I be medically treated as he was if we collapsed? How did he not suffer brain damage after 78 minutes without a heartbeat to circulate oxygen?

Well, here are some answers to those questions.

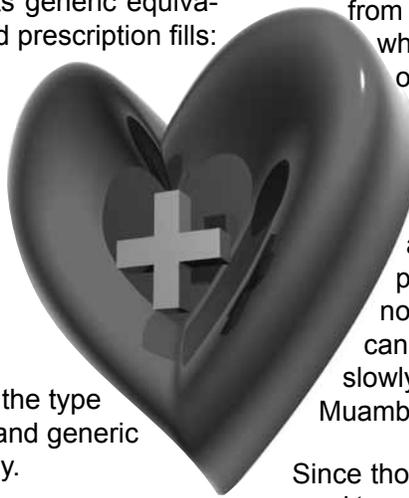
There were a lot of very auspicious factors that worked in Fabrice Muamba's favor. Let's not forget he is a 23 year old athlete in excellent physical shape. So what happened? He suffered a cardiac arrest. This occurs when the electrical activity of the heart becomes so chaotic that the heart stops its normal rhythmic beating, although it still displays electrical activity. Someone who suffers cardiac arrest loses consciousness almost immediately. Muamba was standing, and then he went down like a brick without even attempting to break his fall. Cardiac arrest is different from a heart attack in that a heart attack occurs

when the flow of oxygen-rich blood to a section of heart muscle suddenly becomes blocked.

If blood flow isn't restored quickly, the section of heart muscle begins to die. Whereas cardiac arrest is usually caused by an intrinsic heart problem, a heart attack is usually caused by coronary artery disease. The person suffering a heart attack may or may not lose heart function and while sudden death can occur, usually the situation progresses more slowly so there is more time to get help (unlike Muamba who's heart suddenly stopped beating).

Since thousands of fans saw Muamba fall, there was no need to wonder exactly how long he had been in cardiac arrest. Someone else would be found and unless there was a witness, no one would know how long it had been since his/her heart had stopped beating. When a person's heart stops, their blood can't move and carry oxygen and nutrients throughout the body. When organs don't receive adequate oxygen, they die. Brain death is always a resuscitation problem, therefore, the faster medical treatment is started, the better. Muamba had the fortune of having a team of medically trained assistants, two doctors and an ambulance unit with paramedics on the pitchside (sideline to those of you who are more familiar with a different kind of 'football'). And to further add to his good fortune (if one could use that term), sitting in the stands that day was a consulting cardiologist from the London Chest Hospital who joined the medical team on the pitch. Their response time was much faster than anyone dialing 911 and waiting for an ambulance could ever hope for.

Lifesaving techniques such as oxygen and professional CPR were administered within minutes, greatly increasing Muamba's chance for survival. CPR is most important



since it keeps some blood pumping to the internal organs (brain and heart being the most important). CPR is hard work. You need to make chest thrusts of at least 2 inches downwards repeating at a rhythm of 100 per minute. Having several medically trained persons to take turns helps tremendously. One more lifesaving technique in Muamba's favor was access and use of an automated external defibrillator. Your heart will not start beating with CPR alone, defibrillation **is** necessary. Most ambulances have a defibrillation machine, but you have to wait for it to arrive. What's also amazing is that Muamba was given 15 defibrillation shocks in all: 2 on the pitch, 1 in the tunnel, and 12 in the ambulance and his heart still didn't start beating.

During the ride to the hospital, having a cardiologist on board the ambulance gave Muamba the advantage of his expertise, including administering vital drugs. The cardiologist knew that Muamba needed the special equipment and personnel available only at the London Chest Hospital where he worked and so the patient was taken there over the closest hospital. Upon arrival, he was taken to the lab right away and after another 30 minutes of work (78 minutes in total), doctors got Muamba's heart to begin beating again.

While there is no defined length of time that doctors are supposed to continue resuscitation care, 20-30 minutes is usually viewed as the limit for survival. But in this highly unusual event, circumstances were in the patient's favor. While it is not yet known what caused his cardiac arrest, Fabrice Muamba is a very, very lucky young man. Although his heart is now beating on its own without medications, his condition still remains serious and the rest of us can only hope that we are handed some of his luck when we need help.

## **HSA Annual Limits and Information**

Health Savings Accounts (HSA) are tax-favored accounts owned by individuals that were designed to pay current medical expenses and to build savings to pay for future medical expenses.

HSAs are available only to individuals who are covered by high deductible health insurance plans that specify they are HSA compatible. By federal law, these health plans have an annual deductible of not less than \$1,200 for individuals (\$2,400 for families) and have required out-of-pocket maximums of not more than \$6,050 for individuals (\$12,100 for families). You cannot be covered by any other additional health plan or enrolled in Medicare or a Veterans Administration health plan. You cannot be claimed as a dependent on someone else's tax return. If you qualify, HSA coverage can be bought on your own or

received through your employer.

The maximum annual amount that can be contributed to an HSA for 2012 is \$3,100 for individuals and \$6,250 for families (2011 limits were \$3,050 and \$6,150 respectively). Persons over the age of 55 are entitled to an additional annual catch-up contribution of \$1,000 (2011's catch-up contribution was also \$1,000). If you contribute too much, you will be liable for an excise tax on the overage. HSA contribution limits (excluding catch-up contributions) are adjusted each year based on the rate of change in the Consumer Price Index (CPI).

Contributions can be made for any calendar year until April 15<sup>th</sup> of the following calendar year; so you have until April 15, 2012 to fully contribute to your 2011 HSA. Contributions made for you by your employer are excluded from income and not subject to any income tax or FICA. Contributions you make for yourself are "above the line" tax deductions (meaning you receive a federal income tax deduction for money you contribute, even if you take the standard deduction and don't itemize). Any money in your HSA that is not used during the calendar year can be rolled over to the following year. So not only do you NOT lose your account balance each year, but since it is invested, it has a chance to grow, tax-deferred, over time. And your HSA contributions do not affect your annual IRA limits.

Funds can be withdrawn tax-free for qualified medical expenses defined by the IRS as: "the costs of diagnosis, cure, mitigation, treatment, or prevention of disease, and the costs for treatments affecting any part or function of the body. These expenses include payments for legal medical services rendered by physicians, surgeons, dentists, and other medical practitioners. They include the costs of equipment, supplies, and diagnostic devices needed for these purposes. Medical care expenses must be primarily to alleviate or prevent a physical or mental defect or illness. They do not include expenses that are merely beneficial to general health, such as vitamins or a vacation. Medical expenses include all out of pocket expenses for medical care and the amounts you pay for transportation to get medical care. Medical expenses also include amounts paid for qualified long-term care services and can include insurance premiums (COBRA) if you are unemployed."

Any non-qualified expense withdrawals are taxed as ordinary income and subject to a 20% penalty if received before age 65. At age 65, or if you are disabled, you may withdraw for any purpose, penalty-free, but you still have to pay income taxes on the withdrawal.

To receive more information on HSAs, contact TMTA's endorsed insurance agent, Bill Percha, on his cell at 586-904-9700.

# Survey Time Again!

You should have received the TMTA 2012 **Annual Hourly Wage Survey** and the TMTA 2012 **Annual Salary Wage Survey** sent to all TMTA members last month. Your company's completed data must be returned to TMTA no later than Friday, April 20, 2012. Remember, as always, only those member companies who participate in the surveys will be entitled to receive the respective survey results.

Please take the time to fill out these important surveys. TMTA has sought to maintain records on wages information since its beginnings. The information we maintain is only as useful as the data we receive from you. If you have any questions about either of the surveys, contact Ron at (248) 488-0300, ext. 1306 or e-mail to [ron@thetmta.com](mailto:ron@thetmta.com).

Below is a form from the TMTA archives showing wage information collected for September 1965.

<u>GM (UAW) vs. DETROIT TOOLING ASSOCIATION (UAW)</u>							
<u>(RATES INCLUDE 12¢ CURRENT C/LA FOR BOTH)</u>							
	<u>GM</u>		<u>Detroit Tooling Association</u>			<u>Variance</u>	
	<u>Mid</u>	<u>Max.</u>	<u>Frequency</u>		<u>Average</u>	<u>GM Max. vs Det. Tooling Assoc.</u>	
	<u>Point</u>	<u>Max.</u>	<u>Range</u>	<u>Spread</u>	<u>Rate</u>	<u>Frequency</u>	<u>Avg.</u>
Die Makers	\$3.86	\$3.96	\$4.03-4.32	\$(.29)	\$4.197	\$.36	\$.237
Die Tryout	3.86	3.96	4.13-4.42	(.29)	4.298	.46	.338
Tool Makers	3.80	3.90	3.98-4.37	(.39)	4.129	.47	.229
Die Barbers (Chipper-Grinder)	3.73	3.83	3.93-4.17	(.24)	4.007	.34	.177
Punch Finishers	3.86	3.96	4.13-4.37	(.24)	4.227	.41	.267
Boring Mill Operators	3.86	3.96	4.18-4.52	(.34)	4.339	.56	.379
Radial Drill Oper.	3.66	3.76	3.83-4.17	(.34)	3.998	.41	.238
Grinder Hands-Mach. Hand Prec.	3.73	3.83	4.08-4.37	(.29)	4.192	.54	.362
Grinder Hands-Rough Work	3.66	3.76	*		3.993	-	.233
Jig Bore Operators	3.80	3.90	4.03-4.47	(.44)	4.316	.57	.416
Keller Operators	3.92	4.02	4.18-4.47	(.29)	4.318	.45	.298
Lathe Operators	3.73	3.83	3.93-4.27	(.34)	4.042	.44	.212
Milling Machine Operators	3.73	3.83	3.88-4.27	(.39)	4.071	.44	.241
Planer Hands	3.73	3.83	3.98-4.17	(.19)	4.076	.34	.246
Do-All Saw Operators	3.66	3.76	*		3.645	-	(.115)
Screw Machine Hands	3.66	3.76	3.88-4.12	(.24)	3.987	.36	.227
Shaper Operators	3.66	3.76	3.83-4.17	(.34)	4.028	.41	.268
Die Welders	3.80	3.90	3.88-4.12	(.24)	3.973	.22	.073
Inspectors	3.86	3.96	4.03-4.27	(.24)	4.117	.31	.157



## Tax Time

This year, taxpayers have until April 17, 2012 to file their federal tax returns. The deadline was extended by two days because April 15 falls on a Sunday and April 16 is Emancipation Day, which is a holiday in the District of Columbia. According to federal law, District of Columbia holidays impact tax deadlines in the same manner as federal holidays. The tax extension date remains October 15, 2012.

The IRS encourages taxpayers to e-file as it is the best way to ensure accurate tax returns and get faster refunds. Once filed, taxpayers can check the status of their refunds by using the "Where's My Refund?" tool on the IRS website at [www.irs.gov](http://www.irs.gov). By providing their Taxpayer Identification Numbers, filing status, and the exact whole dollar amount of their anticipated refund, taxpayers can generally get information about their refund 72 hours after the IRS acknowledges receipt of their e-filed returns, or three to four weeks after mailing a paper return.

## IRS Issues W-2 Health Reporting Guidance

The Patient Protection and Affordable Care Act requires employers to report the aggregate cost of "applicable employer-sponsored health coverage" on each employee's W-2 form beginning with the 2012 tax year. The IRS has issued new guidance regarding this reporting requirement in the form of IRS Notice 2012-9.

Most notably, the IRS has said that employers required to file fewer than 250 W-2s for the prior year are exempt from the reporting requirement for the 2012 tax year and beyond, until further guidance is issued to the contrary.

Also, reporting the cost of coverage under an employee assistance program, wellness program, or on-site medical clinic is not required unless that employer charges a premium under applicable federal continuation coverage requirements such as COBRA.

For more information, visit the IRS website at [www.irs.gov](http://www.irs.gov).

## Court Rules on NLRB Notice Posting Rule

The U.S. District Court for the District of Columbia has partially overturned the National Labor Relation Board's (NLRB) Notice Posting Rule that takes effect on April 30, 2012.

The ruling upholds the right of the NLRB to promulgate and require posting of the Notice. However, the Court ruled the NLRB exceeded its authority when it made the failure to post an independent unfair labor practice and when it tolled the six month statute of limitations in every instance when an employer had failed to post the Notice.

Under the Rule, a mere failure to post the Notice, no matter what the context, would qualify as "interference" with the exercise of rights guaranteed by the National Labor Relations Act. According to the Court, nothing prevents the NLRB from finding that a failure to post constitutes an unfair labor practice, but, in order to do so, the NLRB must make a specific finding based on the facts and circumstances in the individual case before it.

The Court felt the excusal of the six month statute of limitations in the Notice would apply to all unfair labor practices. The Court wrote "The Final Rule strips away the case-specific nature of the equitable tolling doctrine by imposing it as the rule rather than the exception." Thus, the Court ruled the National Labor Relations Act does not authorize the NLRB to enact a rule which permits it to toll the statute of limitations in any future unfair labor practice action involving a job site where the Notice was not posted.

The Court found the Rule does not violate the First Amendment by requiring employers to speak against their will as the posting involves not the employer's speech, but the government's speech.

The Court rejected the plaintiffs' argument to invalidate the entire Rule because portions of it were found to be unlawful. Instead, the Court determined it was appropriate to sever the invalid portions from the Rule. Therefore, employers subject to the National Labor Relations Act are still required to post the Notice in their workplaces beginning April 30, 2012. If an employer fails to do so, the NLRB has the right to initiate unfair labor practice proceedings in order to prove that a failure to post the Notice interfered with employees' Section 7 rights.

An appeal to the D.C. Court of Appeals is likely, but employers are advised to post the Notice on or before April 30, 2012. For more information and a copy of the required poster, visit the NLRB website at [www.nlr.gov](http://www.nlr.gov).

# Ten Things to Know About Capital Gains and Losses

Here are 10 facts from the IRS about how gains and losses can affect your federal income tax return.

1. Almost everything you own and use for personal purposes, pleasure or investment is a capital asset.
2. When you sell a capital asset, the difference between the amount you sell it for and your basis—which is usually what you paid for it—is a capital gain or a capital loss.
3. You must report all capital gains.
4. You may only deduct capital losses on investment property, not on personal-use property.
5. Capital gains and losses are classified as long-term or short-term. If you hold the property more than one year, your capital gain or loss is long-term. If you hold it one year or less, the gain or loss is short-term.
6. If you have long-term gains in excess of your long-term losses, the difference is normally a net capital gain. Subtract any short-term losses from the net capital gain to calculate the net capital gain you must report.
7. The tax rates that apply to net capital gains are generally lower than the tax rates that apply to other income. For 2011, the maximum capital gains rate for most people is 15%. For lower-income individuals, the rate may be 0% on some or all of the net capital gain. Rates of 25% or 28% may apply to special types of net capital gains.
8. If your capital losses exceed your capital gains, you can deduct the excess on your tax return to reduce other income, such as wages, up to an annual limit of \$3,000, or \$1,500 if you are married filing separately.
9. If your total net capital loss is more than the yearly limit on capital loss deductions, you can carry over the unused part to the next year and treat it as if you incurred it in that next year.
10. This year, a new form, Form 8949, Sales and Other Dispositions of Capital Assets, will be used to calculate capital gains and losses. Use Form 8949 to list all capital gain and loss transactions. The subtotals from this form will then be carried over to Schedule D (Form 1040), where gain or loss will be calculated.

For more information about reporting capital gains and losses, see the Schedule D instructions, Publication 550, Investment Income and Expenses or Publication 17, Your Federal Income Tax. All forms and publications are available on the IRS website at [www.irs.gov](http://www.irs.gov) or by calling 800-TAX-FORM (800-829-3676).

—taken from the IRS website

## INFLATION TALK

### CPI-W Urban Wage Earners and Clerical Workers

Month	82–84	1967	57–59
<b>Feb</b>	<b>224.317</b>	<b>668.171</b>	<b>777.08*</b>
<b>Jan 2012</b>	<b>223.216</b>	<b>664.891</b>	<b>773.26*</b>
Dec	222.166	661.766	769.63*
Nov	222.813	663.692	771.87*
Oct	223.043	664.376	772.66*
Sept	223.688	666.299	774.90*
Aug	223.326	665.221	773.64*
July 2011	222.686	663.314	771.43*

### CPI-U All Urban Consumers

Month	82–84	1967	57–59
<b>Feb</b>	<b>227.663</b>	<b>681.977</b>	<b>793.13*</b>
<b>Jan 2012</b>	<b>226.665</b>	<b>678.988</b>	<b>789.65*</b>
Dec	225.672	676.014	786.19*
Nov	226.230	677.684	788.14*
Oct	226.421	678.258	788.80*
Sept	226.889	679.658	790.43*
Aug	226.545	678.628	789.23*
July 2011	225.922	676.762	787.06*

**Note: February 2012 CPI-W represents a 3.1% increase from one year ago; CPI-U a 2.9% increase.**

\* Base Year 1957–59 is no longer released. BLS has issued the following conversion factors from the 82–84 year:

CPI-W—.2886674    CPI-U—.2870447

**(Rob's Roost continued from Page 1)**

That is precisely what Congress has done. All Michigan members of the House of Representatives, save two, voted in support of the GPX Bill. **Rep. Justin Amash (R-3<sup>rd</sup>) voted against the Bill and assisting American manufacturing including the jobs that sector of the economy provides.** Rep. Thaddeus McCotter (R-11<sup>th</sup>) did not vote on the issue.

Senator Rob Portman (R) of Ohio observed: "I'm pleased the Senate moved quickly to protect American workers and families from the unfair trade practices of countries such as China." He went on "This Bill ensures that American job creators are competing on a level playing field and are protected against the tactics of countries that don't play by the rules. Over a dozen Chinese products directly impacting Ohio are currently subjected to countervailing duties, a practice that protects American workers."

Quite so Senator, and, if we can get H.R. 639, the Currency and Fair Trade Act of 2011 (which now has 230 co-sponsors, more than 50% of the total number of House members) to a vote in the House we might well be in a position to take another substantial step forward in the effort to not only save but revitalize manufacturing in America. The Senate has already passed similar legislation.

I will be in DC all of this week in an effort to pry the House Bill loose and get it moving: Mr. Boehner of Ohio and Mr. Camp of Michigan "Where are you when manufacturing needs you?"

We have sent out the ballots for the election of Directors for the Association. We have six seats to be filled and you will have your say on who is to occupy those seats for the next three years. Vote as you wish but, please vote!

April 18, 2012 is the date for the Annual Meeting of TMTA members. We convene at 11:30 a.m. Final arrangements are in progress for the venue and we will get that information to you shortly as well.

**For more information about the TMTA,  
our advocacy, events, benefits  
and up-to-date news and information,  
visit us at [www.thetmta.com](http://www.thetmta.com)**

**TMTA ENDORSED  
SERVICE PROVIDERS**

**Blue Cross Blue Shield/BCN**

(Health insurance program)

TMTA contacts:

Bill Percha 586-904-9700 (cell)

Elaine Burger-Laskosky 248-488-0300, ext. 1309

**Freedom One Financial Group**

(401(k) Retirement program)

Provider contact:

John Young 248-620-8100

**GlobalTranz — CarrierRate.com**

(Freight discount program)

Provider contact:

Chad Hill 866-275-1407, ext. 130

**John M. Packer & Associates**

(Unemployment cost control program)

Provider contact:

Nathan Wiest 800-482-2971

**Practical Power LLC**

(Electrical savings program)

Provider contact:

Mark Bunting 248-726-7598

**Ralph C. Wilson Agency, Inc.**

(Insurance management)

Provider contact for Benefits coverages:

Robert Farris 248-355-1414, ext. 109

Provider contact for P&C and WC coverages:

Jay Poplawski, 248-355-1414, ext. 158

**Reliance Standard/Ameritas**

(Life/Dental insurance programs)

TMTA contacts:

Bill Percha 586-904-9700

Stella Krupansky 248-488-0300, ext. 1310

**SVS Vision**

(Safety & Vision programs)

Provider contact:

Monica Dyja 800-611-3683 or [www.svsvision.com](http://www.svsvision.com)

**Schena Roofing & Sheet Metal Co., Inc.**

(Commercial/industrial roofing contractor)

Provider contact:

586-949-4777

**Staffworks Group**

(Staffing needs)

Provider contact:

Bill Brann 877-304-9690

*TMTA receives a benefit from some of its Endorsed Providers when you, as a member, patronize them. This is one way we are able to maintain the level of dues.*

## Keep the Date Open for the TMTA 77<sup>th</sup> Annual Golf Outing

The TMTA 77<sup>th</sup> Annual Golf Outing & Dinner is scheduled to be held at the Fox Hills Golf Club in Plymouth, Michigan on Thursday, June 21, 2012. The event includes a continental breakfast during registration; a day of scramble style golfing with a shotgun start; lunch on the turn, beer and sodas on the course, and an open bar in the clubhouse; followed by our traditional evening of hors d'oeuvres, dinner and prizes galore!

This is an opportunity for our members to spend time together as well as to treat their customers to a wonderful day of golf, food and prizes.

If you are interested in becoming one of our event sponsors (which includes discount tickets and your company name prominently displayed at a hole), contact Ron at 248-488-0300, ext. 1306 or e-mail to [ron@thetmta.com](mailto:ron@thetmta.com).

Check your mail in the near future for your invitation and reservation form or check the TMTA website at [www.thetmta.com](http://www.thetmta.com) for the most up-to-date forms and information to be posted soon.

Plan to join us again this year at one of the longest running annual golf events in the country!

## Reliance News for Members

Member companies participating in the TMTA Reliance/Ameritas Dental Program have been asking questions as to extending dependent coverage. The dependent age requirements from the Health Care Reform Act only apply to medical coverage and do not apply to dental coverage. Reliance currently provides dental coverage to dependents until age 19, or age 24 if they are full-time students.

Participating companies may elect to extend dental coverage to age 26 for all employee dependents, but they do not have to do so. To make a group change, the company must submit a request to our office on company letterhead and the request must then be submitted and approved by Reliance/Ameritas's underwriting department. This policy amendment will not change your rates at this time, but it may impact your rates at a future date.

The TMTA Group Dental Program has been in existence since 1977. The program, currently administered through Reliance/Ameritas Insurance Company, provides a fully insured dental program offering a wide variety of benefit choices. The program offers both employer-paid and voluntary coverage options with no minimum participation rules for voluntary plans; a 2-year rate guarantee; and access to plans is available for all companies—no matter how many employees you have.

For more information on the TMTA Group Dental Program, call Stella at 248-488-0300, ext. 1310 or Bill Percha at 586-904-9700.

## tmta talk

TMTA TALK is a publication of the Tooling, Manufacturing & Technologies Association

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Deadline for submission of news, articles, letters, cartoons and Marketplace items is the 25th of each month.  
Send/Fax to TMTA, Attention: TMTA Talk Editor.

## Life in the Trap by Rick Newell

[www.lifeinthetrap.com](http://www.lifeinthetrap.com)

