

**CARPENTER FUNDS ADMINISTRATIVE OFFICE
OF NORTHERN CALIFORNIA, INC.**
265 Hegenberger Road, Suite 100
Oakland, California 94621-1480
Tel. (510) 633-0333 ✧ (888) 547-2054 ✧ Fax (510) 633-0215
www.carpenterfunds.com ✧ benefitservices@carpenterfunds.com



**Carpenters Health and Welfare Trust Fund for California
Carpenters Pension Trust Fund for Northern California**

DISABILITY BENEFIT APPLICATION

Complete this form to apply for Temporary Disability Benefits, including:

- An Extension of Health Coverage,
- Supplemental Weekly Disability Benefits, and
- Future Service Eligibility Pension Credit for Periods of Temporary Disability

This form must be submitted with the required proof of ALL Temporary Workers' Compensation or State Disability payments showing the disability dates paid, and must be submitted within 12 months of the onset of Disability. See reverse for eligibility requirements.

Name: _____ Participant ID, UBC, or Social Security #: _____

Address: _____

Telephone Number: (____) _____ Birth Date: _____

Date of Injury: _____ **First full day of Disability:** _____

Name of last Employer: _____ **Date last worked prior to this disability:** _____

Did you return to work at any time during this disability? Yes No If yes, when? _____

If your last date of Covered Employment was more than 3 days prior to the start of disability payments, please explain the date gap between your last day worked in Covered Employment and your disability start date in the space provided. If additional space is needed, attach a separate sheet. _____

Type of Temporary Disability Payments Received:

Workers' Compensation Temporary payments have been paid from: _____ to _____

State Disability Insurance (SDI)

Longshoremen's & Harbor Workers' Compensation

Please attach proof of payment from disability carrier in the form of check copies or check stubs showing the Disability periods paid.

Have you applied for:

A Social Security Disability Award? Yes No If yes, date applied: _____

Important: If you receive a Social Security Disability Award, please provide a copy of the Award letter to the Fund Office within 90 days of the date of the Award letter.

A Carpenters Pension? Yes No If yes, date applied: _____

Carpenters Pension Disability Certification for Future Service Eligibility Credits

A Participant may be granted Future Service Eligibility Credit for periods of absence immediately following Covered Employment if temporary disability benefits have been paid by State Disability Insurance (SDI), Workers' Compensation or Longshoremen's and Harbor Workers' Compensation. In order to be granted this type of credit you must provide proof of final payment from either SDI or Workers' Compensation. (In the case of Worker's Compensation you will be asked to provide a letter from the Workers' Compensation carrier listing beginning and ending dates of temporary payments.)

In the event that I am granted a Disability Pension retroactively, I authorize the Carpenters Pension Trust Fund for Northern California to deduct from my retroactive Disability Pension Payments and forward the amount owed to the Carpenters Health and Welfare Trust Fund for California any overpayments made under the Supplemental Weekly Disability Benefit.

THE ABOVE ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

PARTICIPANT SIGNATURE _____

DATE _____

NOTICE: It is illegal to file a false or fraudulent claim or to knowingly help someone else file one. You may be fined or sent to prison for doing so. You may also be required to pay civil damages.

FUTURE SERVICE ELIGIBILITY CREDIT

What is Future Service Eligibility Credit for Non-Working Periods and who is eligible for this Credit?

Pension hours may be credited to an Individual even though he or she had an absence from Covered Employment. Participants that may be eligible are those who were working for a Contributing Employer immediately preceding their period of temporary Disability and whose absence from Covered Employment was covered by:

- State Disability Insurance (SDI) benefits or a valid waiting period for such benefits.
- Disability for the period for which Workers' Compensation temporary disability benefits or temporary disability benefits under the Longshoremen's and Harbor Workers' Compensation Act were paid.
- Participants who have at least 7 full Eligibility Credits (without a Permanent Break in Service) based on Hours of Work in Northern California or Hours granted for Qualified Military Service.

Additional hours will be credited toward a Participant's Future Service Eligibility Credit under the Pension Plan for each day of qualifying absence with the following limits:

1. Average Hours Worked by the Participant in the 24 calendar months preceding the qualifying absence, up to 35 hours per week.
2. Not to exceed 20% of the total Hours of Work or Qualified Military Service as of the onset of disability date.

A Participant can apply for Future Service Eligibility Credit by completing and submitting the form on the reverse side with the required proof, such as copies of checks showing proof of payment of temporary SDI benefits or a copy of a letter from Workers' Compensation. In the event you have been paid Workers' Compensation **AND** SDI, provide a copy of a Workers' Compensation letter and a payment history from SDI.

Important: If you receive a Social Security Disability Award, please provide a copy of the Award letter to the Fund Office within 90 days of the date of the Award letter.

You must provide written notice to the Fund Office within 12 months of the onset of disability to secure Eligibility credits for the period of Disability.

EXTENSION OF HEALTH COVERAGE

Your existing eligibility may be extended if you are unable to work for a Contributing Employer as a result of your temporary Disability and you are receiving either temporary Workers' Compensation Benefits or State Disability Insurance benefits. The maximum number of months the Plan can extend eligibility based on temporary Disability in a 24 month period is 9 months under Plan A or 4 months under Plans B or R. This benefit is not available to Participants making COBRA payments, Flat Rate Participants, or Stakeholders of an Employer.

Other requirements to grant Disability Extension include:

- You must have earned eligibility based on work hours for the month in which the First Day of Disability falls as well as the following month;
- You must have worked for a Contributing Employer at least 1 day in the 30 days prior to the First Day of Disability;
- You must have been eligible under the Plan based on work hours in a minimum of 12 calendar months within the 24 calendar months immediately preceding the First Day of Disability; and
- You must file an application with the Fund within 12 months of the First Day of Disability.

The term "First Day of Disability" means the claim effective date when you began receiving State Disability Insurance benefits or Workers' Compensation Benefits. However, if you reside in a state that does not provide State Disability Insurance benefits, a written certification from a Physician will determine the First Day of Disability.

WEEKLY DISABILITY BENEFIT – For Plans A, B and R

This benefit is applicable **only** to Eligible Participants who:

- Are eligible under the Plan on the first day of Disability; and
- Have worked at least 1 day for a Contributing Employer during the 30-day period immediately prior to the onset of disability; and
- Were eligible under the Plan in each of the 12 calendar months immediately preceding the first day of Disability. (Eligibility during the 12-month qualifying period must have been earned through hours worked or Hour Bank and NOT as a result of a Disability Extension of eligibility.)
- Have been temporarily disabled for more than 28 days.

The Board of Trustees of the Carpenters Health and Welfare Trust Fund for California believes the Indemnity medical plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act ("The Affordable Care Act"). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example the elimination of lifetime limits on benefits. Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator at 1-888-547-2054. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/agencies/ebsa/laws-and-regulations/laws/affordable-care-act. This website has a table summarizing which protections do and do not apply to grandfathered health plans.