

**NORTHERN CALIFORNIA CARPENTERS  
HEALTH AND WELFARE  
AND  
PENSION TRUST FUNDS**



**DISABILITY BENEFITS  
FOR ACTIVE PARTICIPANTS  
NOVEMBER 2007**

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

NORTHERN CALIFORNIA CARPENTERS  
Health and Welfare & Pension Trust Funds  
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This disability pamphlet has been designed to assist in processing your application(s) timely and to familiarize you with important information regarding disability benefits under the Carpenters Health and Welfare Trust Fund for California and Carpenters Pension Trust Fund for Northern California.

Included are forms necessary to begin disability extension of health coverage, weekly disability benefits, and disability certification for pension eligibility credit.

Please take care to provide all of the requested information on the applications located in the back of this pamphlet. It is important that you read **all** of the information in this packet carefully. How you answer the questions on these forms and the information you provide will have a direct impact on the benefits to which you may be entitled to receive now and in the future.

If you have any questions that have not been answered in this pamphlet, or need clarification on any information, the Carpenters Health and Welfare Trust Fund for California or Carpenters Pension Trust Fund for Northern California has provided, you may call Toll Free 1(888) 547-2054 or 1(510) 633-0333, Monday through Friday 8:00 a.m. to 5:00 p.m. or visit [www.carpenterfunds.com](http://www.carpenterfunds.com).

The statements in this pamphlet are general. All benefits, including Disability Benefits, are subject to and controlled by the Rules and Regulations of the Health and Welfare and Pension Plans. In the event of any conflict between this pamphlet and the provisions of the Rules and Regulations of either Plan, the provisions of the Rules and Regulations will prevail.

Only the full Board of Trustees is authorized to interpret the Plans. The Boards have discretion to decide all questions about the Plans, including questions about your eligibility for benefits and the amount of any benefits payable to you. No individual Trustee, Employer or Union Representative has authority to interpret the Plans on behalf of the Boards or to act as an agent of the Boards.

Except as may be prohibited under federal law, the Boards of Trustees have the right to change or discontinue (1) the types and amounts of benefits under the Plans, and (2) the eligibility rules, including those rules providing extended or accumulated eligibility even if the eligibility has already been accumulated. The nature and amount of Plan benefits are always subject to the actual terms of the Plan as it exists at the time the claim occurs. Plan rules and benefits may change from time to time.

## DISABILITY BENEFITS

*What Disability Benefits may be available to me if I become disabled?*

1. Extension of Hour Bank for Health and Welfare — up to 9 months extension for Plan A Participants and up to 4 months extension for Plans B & R Participants.
2. Weekly Disability Benefit Payments to supplement State Disability Benefits or Temporary Workers' Compensation Benefits up to 52 weeks.
3. Pension Eligibility Credits.

## EXTENSION OF HEALTH COVERAGE

*Who is eligible for Extension of the Hour Bank?*

Participants who are **eligible at the time of a disability** (injury or illness) and who **have the minimum hour bank requirement**. This Benefit is not available to COBRA or Flat Rate Participants.

*When should I apply for Disability Extension of the Hour Bank?*

You have six months from the date you become disabled to apply for this benefit. **Failure to apply for this benefit within six months will cancel your eligibility for this benefit.**

*What information is needed to make a determination on my Disability Extension of the Hour Bank?*

In order to determine if you qualify for Disability Extension of your Hour Bank, the Carpenters Health and Welfare Trust Fund for California must receive:

A completed application for Disability Extension. Your physician must complete his section of the application which includes:

- A diagnosis of your disabling condition,
- Starting date of the disability and projected ending date of the disability,
- Physician's signature.

Forms to obtain this information are included in this packet.

A determination can generally be made within two weeks from the date Carpenters Health and Welfare Trust Fund for California receives the completed application.

*What if my application is denied?*

If it is determined that you do not meet the requirements for the Hour Bank extension, you may appeal the decision through the Appeal procedures of the Plan.

## 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 the 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.*)

The Plan defines the first day of disability as the date you began receiving State Disability Insurance benefits or Workers' Compensation benefits. To be eligible for benefits, the Active participant must be entitled to either State Disability Insurance (SDI) or Workers' Compensation Benefits (WC) for more than 28 consecutive days and must satisfy all of the requirements outlined in the previous section. Benefits are payable following the first 28 days of disability. Dependents, COBRA and Flat Rate Participants are not eligible for this benefit.

### ***How much is the Weekly Disability Benefit?***

The Trustees alter the amount payable from time to time. As of July 1, 2003, the benefit for eligible participants is \$63 per week for either State Disability (SDI) or Temporary Workers' Compensation Disability (WC). Maximum Weeks Payable: 52 Weeks. The weekly amount you receive will be the approved benefit rate in effect at the time of your disability.

**Benefits will be reduced by any Social Security Disability Benefits or by any Disability Pension Benefits received from the Carpenters Pension Trust Fund for Northern California.**

**In the event that a disability previously classified as either a Temporary State Disability or a Temporary Workers' Compensation Disability is retroactively reclassified as "permanent," a retroactive benefit adjustment may be required. A Participant whose disability is reclassified as a permanent disability may be required to reimburse the Fund for any overpayment, or have future payments offset until such overpayment is recouped.**

If you reside in a state that does not provide SDI benefits, you may be eligible to receive the Disability benefit if you meet Plan requirements.

### ***When should I apply for Weekly Disability Benefits?***

You must apply within 12 months from an onset of Disability. **Failure to apply for the Weekly Disability Benefit within the 12 month window will cancel eligibility for the benefit.**

### ***What information is required when applying for Weekly Disability Benefits?***

In order to determine if you qualify for Weekly Disability Benefits, the Carpenters Health and Welfare Trust Fund for California must receive:

- A completed application for Weekly Disability Benefits, and
- Copies of check stubs for State Disability or Workers' Compensation benefits through and beyond the 29th day of disability must be attached to the application showing the Participant's name and Social Security Number.

Forms to obtain this benefit are included in this packet.

A determination can generally be made within two weeks of the date Carpenters Health and Welfare Trust Fund for California receives all requested and properly completed information.

### ***Do I have to pay taxes on this benefit?***

Yes, Weekly Disability Benefits are considered taxable income. Participant will receive a 1099 form at the end of the calendar year.

### ***What taxes will be withheld from this benefit?***

Federal Insurance Contributions Act (FICA) and Federal Unemployment Tax (FUTA) will be deducted from this benefit.

### ***What about state and federal taxes?***

No state income taxes will be withheld and, unless you specifically request that federal taxes be withheld by submitting form W-4s, no federal income taxes will be withheld. Even though taxes are not withheld, you still have a tax obligation. Contact your tax advisor for advice on what the tax will be.

### ***What if my application is denied?***

If it is determined that you do not meet the requirements for the Weekly Disability Benefit, you may appeal this decision by following the Appeal procedures of the Plan.

## **PENSION DISABILITY BENEFITS**

### **FUTURE SERVICE ELIGIBILITY CREDIT FOR DISABILITY**

#### ***What is Future Service Eligibility Credit for Non-Working Periods?***

Pension hours that are credited to an Individual even though he or she had an absence from Covered Employment.

#### ***Who is Eligible for this Credit?***

Participants whose last employment was for a Contributing Employer and whose absence from Covered Employment is due to one of the following reasons:

1. Disability for the period in which California State Disability Insurance (SDI) benefits were paid or which constituted a valid waiting period for such benefits.
2. 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, or constituted a valid waiting period for such benefits.

#### ***What Credits are available?***

Additional hours will be credited toward a participant's Future Service Eligibility Credit under the Pension Plan for each day of qualifying absence.

#### ***How do I apply for this benefit?***

A participant can apply for Future Service Eligibility Credit by completing and submitting the required form for Future Service Eligibility Credit and submitting the required proof, such as:

- Copies of checks showing proof of payment of temporary California SDI benefits.
- Copies of checks showing proof of payment of temporary Workers' Compensation.

#### ***What if my request for Future Service Credit is denied?***

If it is determined that you do not meet the requirements for Future Service Eligibility Credit, you may appeal this decision by following the Appeal procedures of the Plan.



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(510) 633-0333 / (888) 547-2054  
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**RE: Carpenters Health and Welfare Trust Fund for California  
CERTIFICATE OF DISABILITY EXTENSION APPLICATION**

Dear Participant:

Disability credit may be given to extend existing health and welfare eligibility. The extension varies in length and *may be granted from one to nine months depending on the plan* in which you are an eligible participant.

To qualify for an extension, an **active** participant must be eligible at the onset of a disability and have at least one full additional month of eligibility in his/her hour bank. (Plan R participants must be eligible in the month of disability and must have earned eligibility for the month following the disability. This benefit is not available to COBRA or Flat Rate Participants.)

- EXAMPLE:** (1) Eligible when disabled in April and at least one month eligibility in hour bank for May coverage — **Eligibility may be extended.**
- (2) Eligible when disabled in April but less than one month eligibility in hour bank so no coverage in May — **Eligibility will not be extended.**
- (3) Not eligible when disabled in April — **Eligibility will not be extended.**

**CERTIFICATE MUST BE SUBMITTED WITHIN SIX MONTHS  
OF THE ONSET OF THE DISABILITY PERIOD.**

(See reverse side of this Notice for Certificate)

**Please Note:** An active employee who has exhausted his/her hour bank and disability extension may be reinstated for eligibility when his/her hour bank reaches the number of hours required for one month's eligibility, provided that the hours are accumulated within the time frame set forth in the plan document. The number of hours needed and the time frame allowed to accumulate a month in the hour bank vary depending on the plan in which the participant earns eligibility. Also, the lag month applies.

A participant must submit a letter from his/her physician giving the date he/she is released from disability.

To apply for extension, please complete information on reverse side of this notice and submit the completed application to the Trust Fund Office. Please contact the Fund Office if you have any questions regarding this notice.

If you are an Active Eligible Participant and become **"Totally Disabled"** before you reach age 60, your group life insurance can be continued without a cost to you during total disability. To obtain this protection, you must notify the Fund Office promptly of your **"Total Disability"** and *make application to the life insurance company*. Notification to the Local Union, or Trust Fund Office, is not sufficient notice for this benefit; the life insurance policy requires that the necessary forms, along with proof of total disability, **must be received by the insurance company within one year from the date you become disabled.**

Very truly yours,  
**Benefit Services**

Health and Welfare / Pension / Vacation / Apprenticeship / Annuity / Industry Advancement

# CERTIFICATE OF DISABILITY EXTENSION APPLICATION



## TO BE COMPLETED BY CARPENTER

Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Social Security, UBC, or Participant I.D. # \_\_\_\_\_

Address \_\_\_\_\_  
(NUMBER AND STREET) (CITY) (STATE) (ZIP CODE)

Telephone Number (\_\_\_\_\_) \_\_\_\_\_

When this Disability occurred, were you:  ON THE JOB  AT HOME

OTHER (explain) \_\_\_\_\_  
\_\_\_\_\_

Name of Last Employer \_\_\_\_\_ Date Last Worked \_\_\_\_/\_\_\_\_/\_\_\_\_  
MO. DAY YEAR

Do you believe your condition was caused or aggravated by your work?  YES  NO

**To the best of my knowledge, the above statements are true and correct.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## TO BE COMPLETED BY THE PHYSICIAN

This is to certify that the above named is/was absent from Covered Employment as a Carpenter due to disability for the period from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_.

Diagnosis \_\_\_\_\_

Occupational  Non-Occupational If accident, date of injury \_\_\_\_/\_\_\_\_/\_\_\_\_.

Insurance carrier or other agency who was/will be billed for your services:

Carrier's Name \_\_\_\_\_

Address \_\_\_\_\_  
(NUMBER AND STREET) (CITY) (STATE) (ZIP CODE)

Physician's Name \_\_\_\_\_  
(PLEASE PRINT)

Address \_\_\_\_\_  
(NUMBER AND STREET) (CITY) (STATE) (ZIP CODE)

Telephone Number (\_\_\_\_\_) \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

CARPENTERS HEALTH AND WELFARE TRUST FUND FOR CALIFORNIA

WEEKLY DISABILITY BENEFIT APPLICATION



INSTRUCTIONS: To file a claim for Weekly Disability Benefits, an Employee must:

- 1. Be temporarily disabled for at least 29 days (benefits are not payable for the first 28 days).
2. Complete this form and submit the required proof of all Temporary Workers' Compensation or State Disability Payment...
3. For a continuing disability, complete a disability form and mail it with the copy of the Temporary Workers' Compensation or State Disability payments.
4. File claims within 12 months of onset of Disability.

PLEASE TEAR OFF AT PERFORATION

1. Full Name Soc. Sec., UBC or Participant ID

2. Home Address (NUMBER AND STREET) Date of Birth (CITY) (STATE) (ZIP CODE) Telephone No.

3. The date last worked (MONTH) (DAY) (YEAR) Date expected to return to work (MONTH) (DAY) (YEAR) Date of Injury (MONTH) (DAY) (YEAR)

4. Have you applied for either: Social Security Disability? Yes No If yes, date applied Carpenters Pension? Yes No If yes, date applied Date Awarded a Pension

5. The name and address of your last employer (NAME) (NUMBER AND STREET) (CITY) (STATE) (ZIP CODE)

6. The first full day you were disabled was (MONTH) (DAY) (YEAR) Were you hospitalized? Yes No If yes, when?

7. Is this the first claim for this disability? Yes No Did you return to work at any time during this disability? Yes No If yes, when?

8. Name, address, and phone number of Workers' Compensation disability carrier. (NAME) (TELEPHONE) (NUMBER AND STREET) (CITY) (STATE) (ZIP CODE)

The above answers are true and correct to the best of my knowledge.

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.

Employee's 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.



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**RE: Carpenters Pension Trust Fund for Northern California  
DISABILITY CERTIFICATION FOR ELIGIBILITY CREDIT**

Dear Participant:

A participant will be granted Future Service Eligibility Credit for periods of absence from *Covered Employment* if temporary disability benefits have been paid for California State Disability Insurance (SDI), Workers' Compensation or Longshoremen's and Harbor Workers' Compensation.

In order to be granted this type of credit, the form on the back of this letter **must be** completed ***AFTER*** the ***last temporary payment*** has been received and returned with proof of payment attached (copies of check stubs from California SDI carrier, a letter from the workers' compensation carrier listing beginning and ending dates of temporary payments). The form should be mailed to the Pension Fund Office at the above address.

Article 6, Section 6.04. of the Plan Rules and Regulations describes the above benefit. Should you have any questions regarding this matter, please contact the Benefits Department at the above address and telephone number, or website.

Very truly yours,

**Benefits Department**

PLEASE TEAR OFF AT PERFORATION

