

**CARPENTER FUNDS ADMINISTRATIVE OFFICE
OF NORTHERN CALIFORNIA, INC.**

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**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: (____) _____ NUMBER AND STREET Birth Date: _____ CITY STATE ZIP CODE

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.)

Healthcare Reform: Carpenters Health and Welfare Trust Fund for California 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 certain consumer protections of the Affordable Care Act that apply to other plans that may not be required. 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 265 Hegenberger Rd., Suite 100, Oakland, CA 94621. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.



GENERAL STATEMENT OF NONDISCRIMINATION: (DISCRIMINATION IS AGAINST THE LAW)

The Fund's health care plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. The Plan:

- a) Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- b) Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Carpenter Funds Administrative Office, Benefit Services Department.

If you believe that the Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Carpenter Funds Administrative Office of Northern California, Inc.
265 Hegenberger Rd., Suite 100
Oakland, CA 94621
Telephone number: (888) 547-2054, Fax: (510) 633-0215
Email: benefitservices@carpenterfunds.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Carpenter Funds Administrative Office, Benefit Services Department is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW., Room 509F, HHH Building
Washington, DC 20201
1-800-868-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATTENTION: FREE LANGUAGE ASSISTANCE

This chart displays, in various languages, the phone number to call for free language assistance services for individuals with limited English proficiency.

Language	Message About Language Assistance
Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1 (888) 547-2054. (TTY: 888-547-2054).
Chinese	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-547-2054 (TTY: 1-888-547-2054)。
French	ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-547-2054 (ATS : 1-888-547-2054).
Italian	ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-888-547-2054 (TTY: 1-888-547-2054).
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-547-2054 (TTY: 1-888-547-2054).
Hmong	LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-888-547-2054 (TTY: 1-888-547-2054).
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-547-2054 (TTY: 1-888-547-2054).
Persian	شماره ایبر اگ انهن بصورتی زب ان التوتیس هد یکنی مگفتگوف اسی زب انب ه گس: توج ه نوری گیس امت 1-888-547-2054 (TTY: 1-888-547-2054) اب بش دی مفر اهم
Hindi	ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-888-547-2054 (TTY: 1-888-547-2054) पर कॉल करें।
Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-547-2054 (TTY: 1-888-547-2054).
Navajo	D77 baa ak0 n7n7zin: D77 saad bee y1n7[ti'go Diné Bizaad, saad bee 1k1'1n7da'1wo'd66', t'11 jii'k'eh, 47 n1 h0l=, koj8' h0d77lnih 1-xxx-xxx-xxxx (TTY: 1-888-547-2054).
Arabic	فإن خدمات اللغة العربية متوفرة لك مجاناً. لطلب رقم 1-888-547-2054 (رقم هاتف الحزم واليهكم: 1-888-547-2054). ملحوظة: إذا كنت تتحدث أكثر اللغة،
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-547-2054 (TTY: 1-888-547-2054) 번으로 전화해 주십시오.
Thai	เขียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-888-547-2054 (TTY: 1-888-547-2054).
Lao	ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-888-547-2054 (TTY: 1-888-547-2054).