



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

carpenterfunds.com

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Oakland, California 94621-1480
Toll-Free: (888) 547-2054
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Disability Benefit Application

Application Must Be Submitted with All Proof of Payments Received thus far from your
Temporary Disability Carrier -- State Disability Insurance (SDI) or Workers' Compensation
****See Reverse Side for a description of the Disability Benefits, including eligibility Requirements****

Name: _____ UBC, SSN, or CFAO ID#: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ Cell phone #: (____) _____

Other Telephone #: (____) _____

**Email address (optional): _____

1. Claim Effective Date from State Disability ***or*** First Day of Payment from Workers' Comp: ____/____/____

2. Last Date Worked **before** the Date Provided Above: ____/____/____

3. Provide Any/All Dates You Returned to Work During the Disability Period: _____

4. Name of Last Employer: _____

5. Check box below to confirm type of Temporary Disability Payments Received:

☐ **State Disability Insurance (SDI) OR,**

☐ **Workers' Compensation OR,**

☐ **Longshoremen's & Harbor Workers' Compensation**

6. **Remember to provide Proof of all Payments received thus far from your Temporary Disability Carrier -- State Disability Insurance (SDI) or Workers' Compensation.**

THE ABOVE ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I hereby certify under penalty of perjury under the laws of the State of California, that the information given in this form is true, correct and complete 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 any overpayments made under the Supplemental Weekly Disability Benefit.

7. _____
PARTICIPANT SIGNATURE

DATE

DISABILITY BENEFITS: The following Disability Benefits may be available to Active Participants:

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

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.

Additionally, to qualify for Disability Extension you must:

- Have earned eligibility based on work hours or hour bank for the month in which the First Day of Disability falls as well as the following month;
- Have worked for a Contributing Employer at least 1 day in the 30 days prior to the First Day of Disability;
- Have been eligible under the Plan based on work hours or hour bank for the 12-month period before the First Day of Disability month; and
- Have filed an application with the Fund Office 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 month. (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.)

PENSION 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 required form for Future Service Eligibility Credit and submitting the required proof, such as:

- Copies of checks showing proof of payment of temporary SDI benefits.
- Copy of a letter from Workers' Compensation.

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

****Electronic Delivery of Plan Correspondence:** Electronic materials are emailed, typically in Portable Document Format(PDF), and are identical to the paper versions you've been receiving. There is no charge for accepting materials online. You will need an internet connection and a computer with an operating system capable of receiving, accessing and displaying and either printing or storing the electronic documents received. You should have Adobe Reader to access PDF files. Learn more and download Adobe Reader directly from Adobe's website, www.adobe.com. Change your email address at any time by contacting the Fund Office at benefitservices@carpenterfunds.com, (510) 633-0333, or Toll-Free (888) 547-2054. The change must be in writing, with your signature. Some example documents that may be sent electronically include Summary Plan Descriptions, Notice of Plan changes, Explanation of Benefits, Benefit and Claim Department letters, Prohibited Employment Committee letters and Fund Trustee memos. Your consent to electronic delivery of Plan documents is valid unless and until you withdraw your consent. You can withdraw your consent and reset your preference to mail at any time by contacting the Fund Office at benefitservices@carpenterfunds.com, (510) 633-0333, or Toll-Free (888) 547- 2054. The change must be in writing, with your signature. While e-delivery may significantly reduce the amount of mail we send you, certain documents and service-related correspondence will continue to be sent via U.S. Mail. Additionally, you may request a paper copy of any documents received electronically. Unless otherwise instructed, your email address will be shared with the Carpenters Union, Apprenticeship Training Committee and the Carpenters Trust Funds. I hereby certify under penalty of perjury under the laws of the State of California, that the information given in this form is true, correct, and complete to the best of my knowledge.