



## BAC of MICHIGAN Health and Welfare Fund

P.O. Box 99490 • Troy, MI 48099-9490 • Phone (248) 828-6000 • Fax (248) 828-6001

Dear Member,

Enclosed you will find BAC of Michigan Health and Welfare Fund's ("the Fund") Application for short term Disability/Loss of Time Hour Credit Benefit form. (Enclosed)

If you qualify for benefits, the Fund offers up to a maximum of 6 month's (26 weeks) of Loss of Time hour Credits, applied to your eligibility. If you qualify for benefits, the Fund offers up to a maximum of 6 months (26 weeks) of weekly Disability payments issued to you.

If you remain Disabled beyond the initial 6 month timeframe, no additional Disability payments are available through the Fund, but if you qualify you could receive up to an additional 6 months of free health insurance coverage under the 6 month extension portion of the Disability benefit.

If you would like to apply for Disability benefits, please complete Employee portion of the Application, have your employer complete the Employer Certificate portion and the physician disabling you complete the Physician Statement side of the Form and return it to the Fund Office. The Application needs to be submitted as soon as reasonably possible but no later than 180 days from the date of your accident or onset of illness and/or the disabling date indicated by your physician as to when you became Disabled.

Additional details for Disability/Loss of Time hour credit benefits are outlined in the Summary Plan Description booklet ("SPD). Please refer to the Fund's SPD for a complete description of your benefits or visit our website or you may request a copy of the SPD be mailed to you. [www.ourbenefitoffice.com/Bac/Local2.org](http://www.ourbenefitoffice.com/Bac/Local2.org)

Please feel free to contact the Fund office with any questions. 248-828-6000.

Thank you,

BAC of Michigan Health and Welfare Fund.

Enclosures

## **Loss of Time Hour Credit – Pages 16-17 of the Summary Plan Document**

### **Continuation during Short Term Disability (Loss-of-Time Credit)**

You will be eligible to receive a Loss-of-Time Credit equivalent to 30 hours of work for each week you:

- are eligible to receive Weekly Disability Benefits under this Plan (see page 43 of this Summary for an explanation of those Benefits) **or**
- are not eligible to receive Weekly Disability Benefits under this Plan because
  - your injury or illness was work related **or**
  - your injury was suffered in an auto/vehicular accident

*provided* you are eligible for benefits under this Plan at the time of the injury or illness.

Loss-of-Time Credits are applied to keep you eligible under the rules for Continuation by Working.

You must submit an application to the Fund Office for loss-of-time credits as soon as reasonably possible after the accident or sickness, but no later than 180 days after the accident or onset of sickness.

If you remain disabled after you have exhausted your eligibility for loss-of-time credits (based on the maximum of 26 weeks eligibility for Weekly Disability Benefits), then you will have six months of coverage from the Plan without any cost to you (“six-month extension”). If you remain disabled after you have exhausted the six-month extension, then you may exhaust the credits in your hour bank to continue coverage.

Finally, if you remain disabled after you have exhausted the credits in your hour bank, you may continue coverage one of two ways. If you meet the requirements for Permanent and Total Disability Coverage (see page 17 of this Summary), you may continue coverage by making self-payments at the rate for disabled employees. If you do not meet the requirements for Permanent and Total Disability Coverage, you may continue coverage by making self-payments at the rate for active employees for a period up to 12 consecutive months, as described on page 14 of this Summary.

If you elect not to make self-payments and, as a result, your eligibility is terminated, you will have the opportunity to continue coverage under COBRA (see page 28 of this Summary).

## **Permanent and Total Disability – Pages 17-19 of the Summary Plan Document**

### **Permanent and Total Disability**

#### **Eligibility**

To qualify for Permanent and Total Disability coverage under the Fund, you must meet each of the following requirements, and make timely monthly payments in an amount established by the Board of Trustees from time to time, which amount is subject to change by the Board at any time:

#### **Disability**

You must have become disabled while covered under the Fund and be a member of a bargaining unit represented by BAC Local #2 or be an Employee of a contributing employer who has signed a participation agreement in effect with this Fund. You must not be eligible for coverage as a Retiree. You must not have become disabled as a result of non-covered employment or during the commission of a felony. The eligibility of a participant who is determined to be permanently and totally disabled but does not have a Social Security Disability Award is limited to twenty-four (24) months (subject to all other requirements and limitations in this Plan for eligibility).

#### **Physical or Mental Condition**

You must have a physical or mental condition which, on the basis of satisfactory medical evidence, permanently and totally prevents you from engaging in any regular occupation or employment in the bricklaying, cement mason and/or tile, marble and terrazzo trades for wages or profit (except for rehabilitation as approved by the Board of Trustees) and which is expected to be permanent and continuous during the remainder of your life. You will not be deemed to be permanently and totally disabled for purposes of the Fund if your incapacity was contracted, suffered, or incurred while working in non-covered employment or while you were engaged in a felony.

## Hours of Work and Contributions

You must have been credited with at least 500 hours of work and contributions prior to the date of application and must have been eligible for benefits as an active participant for at least one month in the prior twenty-four consecutive months immediately preceding the date of application for Permanent and Total Disability coverage. In the alternative, if you have at least 10 years of service or more with the Bricklayers Pension Trust Fund – Metropolitan Area, the Michigan BAC Pension Fund, the Cement Masons Pension Trust Fund – Detroit and Vicinity, or, for tile setters, the Bricklayers and Trowel Trades International Pension Fund, or at least 10,000 hours of work with employer contributions to the this Fund; you must have received a Social Security Disability Award within 30 months of your last month of active employment; and maintained coverage with the Fund via self-payments and/or COBRA continuation coverage.

## Completed Application

You must complete an application for Permanent and Total Disability coverage, accompanied by your Social Security Disability Award Letter, and all IRS Forms W-2, 1099 and 1040 received by or submitted by you, as applicable, from the date of your last covered employment through the date of application. If you do not have a Social Security Disability Award, your eligibility is limited to twenty-four months. You are required to notify the Fund immediately in the event of any change in your status with respect to Social Security disability eligibility.

## Termination of Permanent and Total Disability Coverage

Once you are granted Permanent and Total Disability coverage, your coverage will continue until the earliest date any of the following occur:

- you engage in an occupation or in employment (except for rehabilitation as determined by the Board of Trustees) which is inconsistent with the finding of total and permanent disability;
- you refuse or fail to submit, upon request from the Board of Trustees which it shall make no more frequently than annually, proof of continuing receipt of Social Security Disability Benefits, and copies of all IRS Forms W-2, 1099 and 1040 received by or submitted by you, as applicable, from the date of commencement of your eligibility for Permanent and Total Disability Coverage through the date of the request;
- you become employed in an effort at rehabilitation as allowed under paragraph (a) hereof, but fail to provide satisfactory evidence of income when requested by the Board of Trustees;
- the Fund Office does not receive your monthly payment for coverage in the amount required, and when due;

  

- after twenty-four (24) months, if you do not have a Social Security Disability Award
- you become eligible for coverage as a Retiree; or
- the Fund no longer provides Permanent and Total Disability coverage.

## **Weekly Disability Benefit – Page 43 of the Summary Plan Document**

### **Weekly Disability Benefits (Active Participants Other Than S-1 NBUES)**

All Active Participants (other than S-1 NBUEs participants) are eligible for Weekly Disability Benefits (subject to all other terms and requirements on the Fund's Plan).

If you are covered by the Fund and are unable to work because of an accident occurring off the job or any illness not connected with employment or an auto accident, you will be entitled to \$500 in Weekly Disability Benefits for a period of 26 continuous weeks or the period of your disability, whichever is shorter, after you file an application with the Fund Office. You will not be eligible for Weekly Disability Benefits for any weeks in which you are collecting State unemployment benefits. Payment for any one payable day of disability benefits is 1/7<sup>th</sup> of the weekly benefit amount.

If you are eligible for Weekly Disability Benefits, you are also eligible for Loss-of-Time Credit (see page 16 of this Summary for an explanation of that Credit).

If your disability is due to an accident, the accident must have occurred when you were actively employed and eligible for benefits under the Plan based on your active employment. You must also be under the care of a physician or surgeon. However, an Employee who is eligible by reason of self-payment shall not be eligible for Weekly Disability Benefits if his disability is incurred after the first four consecutive months of self-payments and while the Employee is still making self-payments.

Benefits begin on the first day of disability due to an accident, and on the eighth day of disability due to an illness (which include pregnancy and substance abuse). If you are pregnant, your period of disability due to that pregnancy is normally considered to be for the period six weeks prior to the delivery date through the six to eight weeks following the delivery date. You must provide medical documentation deemed sufficient by the Board of Trustees to receive Weekly Disability Benefits for a longer period, not to exceed the twenty-six (26) continuous week maximum.

**Note:** You must apply for Weekly Disability Benefits within 180 days from the onset of your disability on a form provided by the Fund Office.

You will not be eligible for a new period of Weekly Disability Benefits until you have been re-employed in Covered Employment on a full-time basis for a minimum of one (1) day (eight hours of work). Under no circumstances will you be eligible for more than three (3) disability periods as a result of disability due to the same cause.

Non-working Owners and other S-1 NBUEs (see page 20 of this Booklet) are not entitled to Weekly Disability Benefits (or continuation of coverage during short-term disability).

## 2023 - Summary of Material Modification

- **Benefit Improvement - Change in Eligibility Requirements for Weekly Disability Benefits:** Participants are not eligible for Weekly Disability Benefits after 4 consecutive months of self-payments. Previously, months in which you had some work hours and made a partial self-payment toward continuing coverage ("short-hours" payment) were considered self-payments for this purpose. As a result of this benefit improvement, now only full self-payments (months in which you have no work hours and made a self-payment to continue coverage) will be counted against the limit of 4 consecutive self-payments. For more information on Weekly Disability Benefits, please refer to your copy of the Summary Plan Description.