

Harrison Active Plan Participant:

Here is a brief description of the benefits available and actions required to complete the Time Loss, FMLA and Disability Waiver application(s):

➤ **Health Plan Benefits Form/Time Loss Form.**

- This benefit is designed to partially replace your income while disabled in the event of a non-occupational illness or injury. The weekly Time Loss benefit is \$400 per week to a maximum of 52 weeks.
  - This benefit for your own Pregnancy is designed to partially replace your income while disabled due to your pregnancy. The weekly Time Loss Benefit is \$800 for up to 17 weeks prior to your verified expected due date and up to 17 weeks after your delivery. The maximum number of weeks provided at \$800 a week is 26 weeks.
1. Complete PART I, and sign in Box 12/Authorization to Release Information. You do not need to sign in Box 13.
  2. Request your employer (if currently employed) or Union (if not dispatched) complete the Employer Section on the back side of the form.
  3. Request your physician complete Part 2 of the form. The physician can disregard parts 24, 27, 28 and 29 of the form. The physician must provide a "Through" date of partial disability. The "Through" date can be an estimate. Unknown, N/A, to be determined, etc. will result in the form being returned to you to for a "Through" date.
  4. **Complete the direct deposit authorization on the front page of the Health Plan Benefit Form to receive your weekly Time Loss benefit via direct deposit.**
  5. Return the completed form to the Harrison Trust Office.

**If Time Loss is due to a Third-Party injury (for example: motor vehicle accident or homeowners insurance) please contact the Harrison Trust Claims Department at ext. 1618.**

➤ **Disability Waiver Application.** This benefit is designed to waive the amount charged for your Health & Welfare coverage in the event you become disabled. You are allowed six (6) 30-day disability waivers in a lifetime (6 months of coverage).

1. Complete the Employee section of the form.
2. Request your physician complete the Certificate of Attending Physician section.
3. Request your Local Hall sign the "Local Union Approval" at the bottom of the form.
4. Return the completed form to the Harrison Trust Office.

➤ **Application – Family or Medical Leave (FMLA).**

- This benefit is designed to waive the amount charged for your Health & Welfare coverage in the event you leave work for Family and Medical Leave, for up to 3 months.
  - For your own Pregnancy this benefit is designed to pay the amount charged for your Health & Welfare coverage in the event you leave work for Family and Medical Leave, for up to 26 weeks. This benefit can be used up to 13 weeks prior to your verified expected due date and up to 13 weeks after your delivery.
1. Complete the Employee portion on Page 1
  2. Request that your Employer complete Page 2 .
  3. Return the completed form to the Harrison Trust Office.

For complete details of the Time Loss, Disability Waiver, and FMLA benefits, please refer to your Harrison Electrical Workers Trust Fund Summary Plan Description. This booklet can be accessed on the Harrison Trust website at [www.harrisonbenefits.org](http://www.harrisonbenefits.org).

If we can be of further assistance, please feel free to contact us at (503) 224-0048 or (800) 547-4457. Please direct your Disability Waiver and FMLA questions to Eligibility at ext.1679. Please direct your Time Loss questions to the Claims Department at ext.1618.