

Paid Maternity Leave - Enabled by Parento

Congratulations!

The International Union of Operating Engineers (herein the “Union”) offers paid maternity leave (hereinafter “Paid Maternity Leave”) enabled by Parento. Under this new program, all eligible members giving birth will receive paid time off to prepare for the arrival of, or bond with, a newborn child. Eligible members may also receive support resources and new parent coaching as outlined in this policy document.

Please note that the Union reserves the right to interpret or terminate this policy in its sole discretion at any time, with or without notice to members. Paid Maternity Leave is paid by the Union, and covers only what’s not paid by other private or state programs that are available. Nothing in this policy should be construed as a contract of employment or alters the status of any member’s membership with the Union.

The Union complies with all applicable federal, state, and local laws. To the extent any applicable federal, state, or local law or regulation provides a member with greater rights than this policy provides, that law or regulation will control.

READY TO TAKE PAID MATERNITY LEAVE?

REGISTER TO ANNOUNCE & MANAGE YOUR LEAVE AT [IUOE.PARENTO.ME](https://iuoe.parento.me)

Parent Coaching & Guidance

In addition to Paid Maternity Leave, eligible members will receive 8 hours of access to Parento’s personalized support. Parento’s Parent Experience Program is built on the expert guidance of a trained postpartum doula and certified parent coach, designed to improve parenting confidence, mitigate concerns, provide a toolbox of resources, and empower a healthy work-life integration. *Support is free of charge and confidential.*

Members can mix-and-match support, with 8 hours of 1-on-1 coaching or unlimited access to group coaching sessions, personalized parental leave plan building, and a library of resources. Parento offers:

1. Parent Coaching: individual parent coaching sessions, including a postpartum anxiety and depression screening for all parents
2. Parental Leave Pathways: build a plan for your birth, leave, and recovery with our expert parent coaches and postpartum doulas
3. Parento Pods: group coaching with other new parents, cohorts that includes actionable advice steps

Digital parenting resources are available to qualifying members at iuoe.parento.me by creating a login.

Eligibility

Unless applicable law or regulation provides otherwise, a member is eligible for Paid Maternity Leave to bond with or prepare for the arrival of a newborn child if the member has met the following conditions:

- The member is pregnant and expected to give birth within 30 days, or has given birth after the effective date after this policy;
- Been a Union member in good standing for at least 12 months before the birth of the child;
- Is a member in good standing at the time the Union is notified of their need for Paid Maternity Leave AND the birth of the child; and

- Is working full-time under a Union collective bargaining agreement, at least 30 hours per week, for the preceding 2 months OR qualifies for IUOE Health & Welfare Benefits sponsored by the Union, a Union employer or other approved plan.

Eligible members may take Paid Maternity Leave beginning up to 30 (thirty) days prior to OR upon the birth of the child.

Paid Leave and Leave Allotment

The Union will provide an eligible member taking Paid Maternity Leave with the member's wages or regular hourly rate during Paid Maternity Leave as follows:

<p style="text-align: center;">PARENTAL LEAVE ALLOTMENT</p> <p style="text-align: center;">12 Weeks</p> <p style="text-align: center;">at</p> <p style="text-align: center;">100% of Wages, up to \$800/week, minus what's paid per week by other programs</p>

As more fully discussed below, all Paid Maternity Leave must be taken at the same time as federal or state-mandated leave, short-term disability, or leave programs the member has access to as applicable, and the amount payable shall be reduced in accordance with other programs.

Any weeks in which members receive at least \$800/week from private or state sources shall not receive payment from the Union during those weeks, but the weeks still count toward the leave allotment.

Qualifying Event

To qualify for Paid Maternity Leave, the Eligible Member must qualify under the Family and Medical Leave Act (29 U.S.C. § 2601, et seq.) for the birth of a child to the Eligible Member.

Continuous or Intermittent Leave

Unless applicable law or regulation provides otherwise, eligible members must take Paid Maternity Leave continuously within six (6) months from the first day of Paid Maternity Leave or the qualifying event, whichever is first. Members are not permitted to work part of a week while on Paid Maternity Leave. Paid holidays do not extend Paid Maternity Leave.

Interaction with Other Paid Leave

Members also may be eligible for partial-wage replacement from a disability insurance carrier, state-sponsored or mandated disability benefits, or family leave benefits. Members eligible for such benefits must first apply for such benefits prior to obtaining Paid Maternity Leave.

The Union will pay the difference between any applicable disability insurance and/or state program payments a member may qualify for, in order to make sure the member receives 100% of wages, but no

more than \$800/week, while on Paid Maternity Leave from all sources of pay. Payments to fringe benefit funds are not included.

At no time will an eligible member receive more than one hundred percent (100%) of their regular wages from all sources while on Paid Maternity Leave. *If a member receives at least \$800 in a week from other sources while on Paid Maternity Leave due to their child bonding leave or pregnancy disability leave, the Union will not pay the member anything.*

Eligible members may take Paid Maternity Leave once per rolling 12-month period. The 12-month period will renew on the last day of the leave or the last day of the rolling 12-month period, whichever comes first.

Paid Maternity Leave does not guarantee approval under federal or state leave entitlements (either pursuant to a benefits plan or required by law), including but not limited to the Family and Medical Leave Act (FMLA).

Maintenance of Benefits on Leave

Members qualifying for IUOE Health & Welfare benefits must remain eligible for such benefits during Paid Maternity Leave to the same extent as if the member were working. All members must maintain Union membership in good standing to remain eligible for benefits. Please note that all Union benefits available to members are subject to the terms and conditions of applicable benefit plans.

Documentation and Requesting Paid Maternity Leave

A member must provide the Union (via Parento's portal at [IUOE.parento.me](https://iuoe.parento.me)) with notice of the request for Paid Maternity Leave at least thirty (30) days prior to the proposed date of the leave (or if the need for Paid Maternity Leave is not foreseeable, as soon as possible).

A member must provide the necessary information and provide all documentation as required to substantiate the request. Documentation may be submitted to Parento via Parento's portal at [IUOE.parento.me](https://iuoe.parento.me). Parento will process the Paid Maternity Leave request, send a letter to the member that will acknowledge their Paid Maternity Leave Request, and outline expectations with regards to paid leave as described herein.

Unless applicable law or regulation provides otherwise, acceptable forms of documentation for Paid Maternity Leave are as follows:

Provide ONE of the following for Qualifying Event Documentation; documentation must name the individual giving birth AND the child's date of birth:

- Certificate of Live Birth;
- Birth verification letter;
- Birth certificate, if available; or
- Documentation from a health care provider.

Additional Required Documentation:

- Your last paystub before taking leave;
- Your first paystub after returning from leave;
- Short-term disability insurance confirmation letter, if applicable;
- State disability insurance confirmation letter, if applicable, for those working in CA, DC, NJ, NY, RI, HI; and
- Paid Family Leave confirmation letter, if applicable, for those working in CA, CO, CT, DC, MA, NJ, NY, OR, RI, WA.

Questions

For any questions or concerns regarding Paid Maternity Leave, please email iuoe@parentoleave.com.

Supplemental Information
Applicable to IUOE Paid Maternity Leave Benefit Participants
(Updated May 5, 2025)

Plan Name: The Plan is known as the IUOE Paid Maternity Leave Benefit.

Type of Plan: The Plan provides benefits to eligible IUOE members in the form of paid maternity leave. The current Paid Maternity Leave Policy Document sets forth the Plan's eligibility requirements.

Plan Sponsor: The Plan is sponsored and maintained by the International Union of Operating Engineers. The address and telephone number of the IUOE is:

International Union of Operating Engineers
1125 Seventeenth Street, N.W.
Washington, D.C. 20036
Telephone: (202) 429-9100

Plan Administrator: The IUOE General Executive Board administers the Plan and has delegated certain responsibilities to an Appeals Committee and certain ministerial responsibilities to a third-party entity, Parento, Inc. The address and telephone number the IUOE General Executive Board and the Appeals Committee are as follows:

International Union of Operating Engineers
General Executive Board
1125 Seventeenth Street, N.W.
Washington, D.C. 20036
Telephone: (202) 429-9100

Employer Identification Number: The IUOE's Internal Revenue Service Employer Identification Number is 53-0088590.

Agent for Service of Legal Process: The names and titles of the persons designated as agent for service of legal process and the addresses at which process may be served on such persons are:

John L. Downey General President 1125 Seventeenth Street, N.W. Washington, D.C. 20035	Matthew G. McGuire General Counsel 1125 Seventeenth Street, N.W. Washington, D.C. 20035
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Funding Source: Benefits are provided out of the general assets of the IUOE derived wholly or partly from membership dues. Assets used to fund Plan benefits are not held in trust.

Date of the End of the Plan Year: December 31

CONSTRUCTION AND DETERMINATIONS BY THE APPEALS COMMITTEE

The Appeals Committee shall have full and exclusive authority and discretion to determine all questions of coverage and eligibility, methods of providing or arranging for benefits, amounts and timing of benefits, deciding appeals, and all other matters related to Plan administration, including making factual determinations and weighing evidence. They shall have full power to resolve any ambiguities and conflicts, and interpret, construe and apply the provisions of the Plan, the terms used, the regulations issued, or any related document, instrument or writing, including this document. Any such determination or constructions adopted by the Appeals Committee in good faith shall be conclusive and binding upon all persons and entities dealing with the Plan. The Appeals Committee shall be the sole judge of the standard of proof required in any matter. Any decision or interpretation made by the Appeals Committee shall be given deference in any arbitration or judicial appeal of the decision. The Appeals Committee's decisions may be overturned only if the decision or interpretation was arbitrary and capricious.

CLAIMS AND APPEALS PROCEDURES

Individuals must register and make all claims for benefits through the Parento web portal at <https://iuoe.parento.me/register>. The Paid Maternity Leave Policy Document describes the initial claims process. Individual questions and causal inquiries about benefits or the circumstances under which benefits might be paid are not claims. The IUOE or Appeals Committee may respond to inquiries about benefits that are not claims, but the claims and appeals procedures do not apply.

You will be notified in writing of the Plan's initial determination regarding your claim as soon as possible, but in no event later than forty-five (45) days after receipt of the claim. This 45-day period may be extended for up to an additional thirty (30) days if special circumstances require additional time for processing your claim, in which case you will be given written notice of the delay prior to the expiration of the forty-five (45) day period stating the reason(s) why the extension is necessary and the date by which a decision will be made.

If your claim for benefits from the Plan is denied in whole or in part, you will have the right to file an appeal with the Appeals Committee. The IUOE General Executive Board has delegated to an Appeals Committee the responsibility for deciding appeals and making a final decision on appeals. Appeals shall be in writing, directed to the attention of IUOE Maternity Leave Benefit Appeals Committee, 1125 Seventeenth Street, N.W., Washington, D.C. 20036, and set forth in detail the nature of the benefits claimed, the reason given for the initial denial, and the grounds for the appeal. Such appeal must be received by the Appeals Committee no later than sixty (60) calendar days from the date on which the benefits were originally denied, and a copy must be submitted to Michael J. Antrobus, IUOE Chief Financial Officer, 1125 Seventeenth Street, N.W., Washington, D.C. 20035.

The Appeals Committee shall, within sixty (60) calendar days of the receipt of the appeal, provide a written response to the claimant either granting or denying the benefits, with an explanation for such decision. In deciding appeals, the Appeals Committee shall conduct such investigation and make inquiries as determined appropriate under the circumstances in its sole and exclusive discretion. The Appeals Committee shall report to the IUOE General Executive Board from time to time as determined appropriate.

If special circumstances require an extension of time for processing an appeal decision, the Appeals Committee may defer a decision for no more than an additional sixty (60) days. The claimant will receive written notice of the extension before it begins. If special circumstances exist that may give rise to the need

for expedited processing of an appeal, any claimant may request expedited processing by identifying the special circumstances giving rise to the request. The Appeals Committee shall not be obligated to agree to requests for expedited processing.

During the appeal process, claimants are entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to the claimant's claim for benefits. During the appeal process, claimants are permitted to submit written comments, documents, records, and other information relating to their claim for benefits, without regard to whether such information was submitted or considered earlier in the benefit determination and appeal process. An appeal does not need be written like a "legal" document. However, an appeal should explain why the claimant believes they are entitled to have the initial determination changed. The Appeals Committee will consider on appeal all comments, documents, records and other information submitted by the claimant. Claimants have the right to bring a civil action under Section 502(a) of ERISA after exhausting the appeal process following an adverse benefit determination.

You may not commence a proceeding against any person, entity or the Plan with respect to a claim for benefits without first exhausting the claims and appeals procedures. If you have exhausted those procedures and are dissatisfied with the decision by the Appeals Committee, you may bring an action under Section 502 of ERISA in an appropriate court to review the Appeals Committee's decision, but only if the action is commenced no later than the earlier of (1) the applicable statute of limitations, and no later than the earlier of (2) the first anniversary date of the decision on appeal.

BENEFIT AMENDMENT AND TERMINATION

The IUOE General Executive Board reserves the right to terminate or amend benefits at any time, including the right to amend or terminate benefits or eligibility for any class of individuals in its sole and exclusive discretion.

ERISA RIGHTS

Eligible Plan participants are entitled to certain rights and protections under the Employee Retirement Income Security Act (ERISA). ERISA provides that all Plan participants are entitled to the following rights:

Receive Information About Your Plan and Benefits

You have the right to:

- Examine, without charge, at the Plan Administrator's office all documents governing the Plan.
- Obtain, upon written request to the Plan Administrator, copies of documents governing the operation of the Plan, including an updated version of this document and the Policy Document. The Administrator may make a reasonable charge for the copies.

PRUDENT ACTIONS BY PLAN FIDUCIARIES

In addition to creating rights for plan participants ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plan. The people who operate your Plan, called “fiduciaries” of the Plan, have a duty to do so prudently and in the interest of you and other Plan participants and beneficiaries. No one, including your employer, your union, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a benefit or exercising your rights under ERISA.

ENFORCE YOUR RIGHTS

If your claim for a benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request a copy of Plan documents and do not receive them within thirty (30) days, you may file suit in a Federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials are not sent because of reasons beyond the control of the Administrator.

If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in a state or Federal court. If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a Federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

ASSISTANCE WITH YOUR QUESTIONS

If you have any questions about your Plan, you should contact the Plan Administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the Plan Administrator, you should: 1) contact the nearest office of the Employee Benefits Security Administration (EBSA), U.S. Department of Labor, listed in your telephone directory; or 2) call the EBSA's Toll-Free Employee & Employer Hotline at 1-866-444-EBSA (3272); or 3) write to the EBSA's Office of Participant Assistance at the following address:

Office of Participant Assistance
Employee Benefits Security Administration
U.S. Department of Labor
200 Constitution Avenue, NW, Suite N5625
Washington, DC 20210

You may also obtain certain publications about your rights and responsibilities under ERISA by calling the EBSA's Toll-Free Employee & Employer Hotline at 1-866-444-EBSA (3272).