

Highlights of Short Term Disability Benefits

- Money available if you get sick or injured and are unable to work
- \$280 per week for up to 20 weeks (less taxes)
- You and your doctor complete a blue disability form
- Taxable benefit, send W-4 to Fund Office or have standard withholding
- There is a one week waiting period for "sicknesses"
- Checks mailed every Friday
- Complete a continuance form prior to week 10
- Eligible for up to 250 disability credit hours (DCH) for Insurance
- Eligible for up to 2,000 DCH or 2 credits for Pension
- No pay for work related disabilities, but eligible for DCH
- Need additional BWC documentation for granting pension DCH for work related disabilities

Short Term Disability Benefits



OLFBP
Ohio Laborers' Fringe Benefit Programs

Benefit Exclusions

No benefit is provided for loss caused by or resulting from:

1. Declared war or undeclared war or any act of war;
2. The use of any amphetamine, barbiturate, hallucinogen, or narcotic, except when prescribed by a physician and used in accordance with his or her directions;
3. Injury or Sickness arising out of or in the course of occupation or employment for compensation, profit or gain, or which is compensable under any Workers' Compensation or occupational disease act or law;
4. Disability while receiving pension benefits. However, if the disability occurs prior to the pension effective date, such benefits will continue to be payable for that period of disability, subject to the maximum benefit period;
5. Self-inflicted Injury while sane or insane;
6. Participation in a felony attempted or committed assault (intentional or unintentional);
7. Treatment of drug abuse, or chemical dependency; or
8. Injury or Sickness which arises at the time the member has a blood alcohol concentration level of 0.08 or above or from an accident for which the member is subsequently charged and convicted of DUI or similar offense.

Additionally, you are not eligible if you are making self-payments or COBRA payments.

To the extent any information in this pamphlet conflicts with the plan documents or the summary plan descriptions of the OLDC-OCA Insurance Fund or the LDC&C Pension Fund of Ohio, those documents shall prevail. If you have any questions regarding any information contained in this pamphlet, please contact the OLFBP Fund Office:

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Westerville, OH 43081-3302

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Short Term Disability Benefits

If you get injured or become sick and are unable to work, you may be eligible for Short Term Disability Benefits.

The Basics

If you are eligible for Class I Insurance Benefits and become disabled (*unable to work*), you can get a monetary benefit from the OLDC-OCA Insurance Fund. Often called A & S benefits (*for Accident and Sickness*), this benefit pays **\$280 per week** (after standard FICA and Medicare withholdings, \$303.20 per week gross) for a maximum of **20 weeks** for non-work related disabilities. (There are no monetary benefits available for work related disabilities.) A period of less than a full week will be calculated on a daily basis. Your date of disability cannot be earlier than the day after you last worked.

Getting Started

In order to get this benefit started, you need to **complete a blue disability form**. You can get a form by calling the OLFBP Fund Office, visiting your Local Union Office, or downloading one from www.olfbp.com. You need to complete the top section

of the form and have your doctor complete the bottom section. Once you and your doctor complete your respective sections, simply send the form to the Fund Office.

Taxability

These **benefits are taxable**. If you do not complete and submit a W-4 with the blue disability form, federal taxes will be withheld from your Short Term Disability benefit at a standard withholding of Single with Zero Allowances. You should contact the OLFBP Fund Office to get federal (W-4) and state tax forms if interested.

Payments

Once the OLFBP Fund Office is in receipt of the disability form and the information is verified with your doctor, your payments begin. For disabilities related to **sickness, there is a one week waiting period** before the benefit will start. There is not a waiting period for accidents. Short-Term Disability checks are mailed every Friday.

Continuance

If your disability lasts ten weeks or

longer, you will be **required to complete a disability continuance form**. The continuance form is used to make sure your return to work date has not changed. The form is mailed with a weekly check prior to your tenth week of disability. Like the initial blue form, both you and your doctor must complete a portion of the form. If the continuance form is not returned to the OLFBP Fund Office by week ten, your benefits will be suspended until receipt.

Disability Credit Hours

In addition to the monetary benefit available, you may also be **entitled to disability credit hours** (DCH) from both the OLDC-OCA Insurance Fund and LDC&C Pension Fund of Ohio. The Insurance Fund grants members 28 DCH per week up to a maximum of 250 hours per disability. This may help extend your insurance eligibility even though you are unable to work.

The Pension Fund grants up to 2,000 DCH or 2 pension credits in a lifetime. If you have already worked 1,000 hours in the year of the disability, no DCH will be granted. If you have worked less than 1,000 hours in the year of the disability, DCH will be granted to get you to 1,000 hours in that year.

Work Related Disabilities

If your disability was work related, there are **no monetary benefits** available to you from OLFBP. **However, you may be entitled to the Disability Credit Hours**. In order to get the DCH from the Insurance Fund, simply complete and submit the blue disability form for review.

In order to get the Pension DCH, the disability must have resulted in your laboring employment with a signatory contractor. The following documentation from the Ohio Bureau of Workers' Compensation (BWC) must be provided to grant the pension DCH:

- The type of benefits received (Temporary Total, Living Maintenance, and Wage Continuation claims only),
- The time period the benefits were received,
- The date of injury, and
- The name of the company on which the claim was filed.