

NATIONAL IAM BENEFIT TRUST FUND

SAMPLE \$500 PER WEEK DISABILITY PLAN

EMPLOYEE SHORT TERM DISABILITY INCOME COVERAGE

The Trust Fund will pay a Disability Income Benefit for Active Employees who become Totally Disabled by a covered Disability while covered under the Employee Short Term Disability Income Coverage.

Benefit

A “**Disability Income Benefit**” is 1/7 of the Weekly Benefit shown in the Schedule of Disability Benefits. The “**Weekly Benefit**” is the maximum benefit amount that is payable by the Plan on a weekly basis. The Weekly Benefit is subject to FICA withholding, as well as the reductions described below. The Disability Income Benefit will be paid while you are Totally Disabled by a covered Disability for each day:

1. That follows the applicable Disability Waiting Period; and
2. Is within the Maximum Payment Period.

The “**Disability Waiting Period**” is the number of unpaid days that must elapse before any Disability Income Benefits are payable. All sick pay must be exhausted before the Disability Waiting Period starts, or any Disability Income Benefits are paid, unless your collective bargaining agreement provides otherwise. The “**Maximum Payment Period**” is the maximum period of time that Disability Income Benefits are payable under the Plan, following the Waiting Period, for any covered Disability.

The Disability Waiting Period and the Maximum Payment Period apply separately to each covered Disability, and are shown in the Schedule of Disability Benefits.

Covered Disability

A “**Covered Disability**” is a Total Disability:

1. That starts while you are covered under the Employee Short Term Disability Income Coverage; and
 2. That lasts longer than the applicable Disability Waiting Period; and
 3. That is the result of an Illness, Injury, or Pregnancy that is also covered by the medical Plan.
- As used here, “**Total Disability**” and “**Totally Disabled**” mean that:

1. You are unable, due to Illness, Injury, or Pregnancy, to perform the substantial and material duties of the occupation in which you were engaged when you became so Disabled; and
2. You are not engaged in any gainful occupation.

Any two Covered Disabilities shall be deemed to be a single Disability unless:

1. You have returned to work on a full-time basis for two consecutive weeks between the two Covered Disabilities; or
2. The later Disability:
 - A. Is due to an Injury or Illness that is entirely unrelated to the causes of the earlier Disability; and
 - B. Begins after you have returned to work on a full-time basis for at least one day following the earlier Disability.

Reductions

A Disability Income Benefit will be reduced by the daily amount of your State Disability and Federal Social Security Disability Income Benefits, if any. "State Disability and Federal Social Security Disability Income Benefits" are any Disability income benefits to which you are entitled for the covered Disability (or could have been entitled if you had properly applied for them) under either the Federal Social Security Act or a state Disability income plan.

Disability Exclusions

No Disability Income Benefit will be paid:

1. For your dependents (Disability Income Benefits are provided for Employees only); or
2. For any days where you receive wages from your Employer, including time worked, holiday pay, sick pay, or vacation pay; except where your collective bargaining agreement allows the use of sick pay or vacation pay to supplement the Disability Coverage; or
3. For any period of time that you are not under the care of a Physician or other Allied Health Provider; or
4. For any period of time prior to your first visit with the certifying Physician or Allied Health Provider for the disabling condition, except where you are treated first in the Emergency room or other Hospital setting and are referred to your Physician for continuing care; or
5. For any Disability that is the result of a work related condition; or
6. For any Disability for which treatment is excluded under the medical Plan Exclusions.

Payment of Benefits

Employee Short Term Disability Income Benefits are paid weekly by the Fund office for the previous 7-day period, or portion thereof as applicable. The Fund office will not issue benefits past the Disability date certified by your Physician, or your expected return to work date, whichever is earlier. If you reach the end of a certification period and remain Totally Disabled, you must obtain a written extension of Disability from your Physician and forward it to the Fund office to receive continued payment of available benefits. The Fund office will send you a blank extension form when you reach a certification date, or when you request one.

It is your responsibility to notify the Plan when you are released from your Total Disability, or if you return to work prior to the date certified by your Physician. You are responsible for reimbursement of any overpayment of Employee Short Term Disability Income Benefits due to your failure to notify the Plan of your release, or your Physician’s error in certification of your Total Disability period. Please contact the Fund office if you have any questions.

Schedule of Benefits - Employee Short Term Disability Income Coverage

The schedule uses certain terms that have special meanings. These terms are defined in the Definitions section of this booklet, and in other parts of the related text.

Weekly Benefit:

Active Employees 70% of gross weekly wages up to a maximum of \$500

Waiting Period:

For Accident or Injury 0 days

For Illness 7 days

The Waiting Period shown for Accident or Injury applies only when the Payment Period begins within 90 days of the Accident or Injury, and only one time per Accident or Injury, otherwise the Waiting Period for Illness will apply.

If you are admitted to a Hospital on an Inpatient basis before you complete the Waiting Period, then the Waiting Period will end the day before the Inpatient confinement starts.

Maximum Payment Period:

Payment Period26 weeks

Employee Short Term Disability Income Benefits are **Not Available** to Retirees.