

# DISTRICT COUNCIL 16 Northern California Health and Welfare Trust Fund

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Date February 15, 2022

**To:** All Active Employees, Retirees and their Dependents including COBRA beneficiaries of

District Council No. 16 Northern California Health & Welfare Trust Fund

From: Board of Trustees

This Participant Notice will advise you of certain changes to your benefits from the District Council No. 16 Northern California Health & Welfare Trust Fund. **This information is VERY IMPORTANT to you and your Dependents**. Please take the time to read it carefully.

# NEW PAID MATERNITY LEAVE PROGRAM FOR SELECTED PARTICIPANTS Effective February 15, 2022

The Board of Trustees has entered into a collaboration with the Painters and Allied Trades Labor Management Cooperation Initiative to implement a new Paid Maternity Leave Benefit for selected participants. This new program will become effective on February 15, 2022. Capitalized terms are defined in the section labeled "NEW/REVISED DEFINITIONS OF THE PLAN."

#### **Benefit Amount**

- You will receive 2/3 of your weekly pay, up to \$800 per week. Weekly earnings will be determined based on your hourly wage for a 40-hour work week. Benefits will be calculated at the rate of 1/7 of the weekly benefit for each day of total disability if you are totally disabled for less than one week. Benefit payments are calculated using the following formula: 66.67% of Normal Hourly Wage x  $2080 \div 52 =$  Weekly Benefit (\$800 cap).
- Benefits from this Paid Maternity Leave Benefit will be coordinated with any benefits from the State of California, such as State Disability Insurance and Paid Family Leave. You will not receive more than 100% of your weekly pay from the combination of the maternity leave program, State Disability Insurance, Paid Family Leave or another governmental source.

#### **Eligibility**

The following participants are eligible for Paid Maternity Leave:

- Paid Maternity Leave is available only to you if contributions are made to the Fund on *your* behalf. Dependents of participants, such as spouses and children, are not eligible;
- You must have worked at least 100 hours over the past 3 months and currently are eligible for Fund coverage as of the date of your disability;
- You must not have used this benefit more than once within the past 24 months;
- [Pre-delivery leave only] You must be unable to perform the duties of your trade due to physical limitations associated with your pregnancy. You must submit certification from your

physician to the Trust Fund Office, which verifies your inability to work due to these limitations.

- This program is unavailable for surrogate-related pregnancies, adoption of a child or foster care arrangements;
- Canadian residents are not eligible.

## **Time Period for Eligibility**

There are two parts of the Paid Maternity Leave benefit, a pre-birth benefit and a post-birth benefit.

#### Pre-Birth Benefit

- Eligibility for this benefit will not begin before the 4<sup>th</sup> month of pregnancy. The cumulative pre-delivery/birth benefit may be intermittent but may not exceed 6 months. After 6 months, the benefit payments will stop regardless of whether you are able to return to work.
- You will need to submit recertification of your continued inability to work every 2 months, as provided by your physician during the pregnancy

### Post-Birth Benefit

• You will receive up to 6 weeks of paid leave after giving birth with an additional 2 weeks if you give birth by cesarean section.

For an application for paid maternity leave, please contact the Administrative Office:

Health Services & Benefit Administrators, Inc.

4160 Dublin Blvd., Suite 400 Dublin, CA 94568-7756

Toll Free Telephone: 1-800-922-9902

Email: dc16info@hsba.com

Please keep this important notice with your Plan Document/Summary Plan Description (SPD) for easy reference to all Plan provisions. Should you have any questions, please contact the Administrative Office at (800) 922-9902.

Receipt of this notice does not constitute a determination of your eligibility. If you wish to verify eligibility, or if you have any questions regarding the Plan changes, please contact the Administrative Office.

In accordance with ERISA reporting requirements this document serves as your Summary of Material Modifications to the Plan and we are advising you of these Plan changes within 60 days of the adoption of those changes, if applicable.