

#### DISTRICT COUNCIL 16

## Northern California Health and Welfare Trust Fund

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# <u>District Council 16/LMCI</u> <u>Maternity Leave Program and Application</u>

DC16 has approved funding for a maternity leave program. the program creates a benefit for 6-weeks of paid leave for all working participants who give birth. If the participant gives birth by caesarean section, the paid leave may be extended to 8 weeks. Further, if a participant is certified by their health care provider as being unable to work during their pregnancy, they may receive up to 6 months of paid leave prior to giving birth.

The weekly benefit amount is based on two-thirds (2/3) of the participant's regular weekly pay, up to a maximum of \$800 per week.

## 1. Eligibility Criteria

- a. Program is available <u>only to a participant</u> on whose behalf contributions are made to the local health plan, not spouses or children;
- b. Certification of pregnancy from a medical doctor verifying they are unable to perform the duties of their trade due to physical limitations arising from the pregnancy (for predelivery leave only);
- c. Participant has worked at least 100 hours over the past three months and was eligible for coverage under their local health plan on the date of disability;
- e. Participant has not used this benefit within the past 24 months; and
- d. Maternity Program is not available to:
  - Canadian residents
  - Members who do not participate in local welfare fund
  - Surrogate-related pregnancies
  - Adoption of a child
  - Foster care situations

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## 2. Time Periods for Eligibility

- a. Pregnancy (Pre-Delivery/Birth):
  - i. For Paid Maternity Leave to commence prior to delivery/birth, the participant must be deemed unable to work by their medical doctor. This certification must indicate that the participant is not able to work due to physical limitations arising from the pregnancy, but eligibility for the benefit shall not begin until the onset of the 4th month of pregnancy. This cumulative pre-delivery/birth benefit may be intermittent and may not exceed six (6) months. After six months, the Paid Maternity Leave benefit payments will stop regardless of whether the participant is able to return to work or not.
  - ii. At any time, plan shall require re-certifications of continued inability to work, from time to time by the participant's medical doctor during the pregnancy.

#### b. Post-Delivery/Birth:

i. Regardless of what was covered pre-delivery, the participant will be eligible for up to six (6) weeks of paid leave after the birth of their child, with two (2) additional weeks available for Cesarean deliveries.

#### 3. Benefit Amount

- a. Benefit Payment: is equal to 66.67% of the participant's normal weekly earnings to a maximum of \$800
- b. Weekly earnings shall be determined to be the hourly wage based on a 40-hour work week. Benefits shall be calculated at the rate of 1/7 of the weekly benefit for each day of Total Disability when totally disabled for less than a full week. Benefit payments are calculated using the formula below:

66.67% of Normal Hourly Wage x  $2080 \div 52 =$  Weekly Benefit (\$800 cap)

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