Construction & Metal Trades Divisions

The Steamfitters' Industry Fund Office.

5 Penn Plaza, New York, N.Y. 10001-1887 (212) 465-8888 FAX (212) 465-9198 www.steamfitters.com FundOffice@steamny.com

To: All Contributing Employers -

Metal Trades Branch, Steamfitters' Local Union 638

Date: July 20, 2016

Re: Metal Trades Branch Welfare Fund

DISABILITY STATUS PROGRAM

On July 1, 2012, the Welfare Fund established a Disability Status Program to help participants and their families maintain health coverage after an accident or illness for up to a year as long as certain requirements were met.

In an on-going effort to educate the members about this benefit, we would appreciate it if you could prominently post the enclosed Notice in the same area where you display Workers Compensation, Minimum Wage, Unemployment Insurance and other important employee material.

If you would like copies of this Notice suitable for enclosing with employee pay checks or other distribution channels please contact our office at 212.465.8888, Option 5 and we will gladly accommodate you.

Thank you for your cooperation with our education efforts.

TRUSTEES OF THE METAL TRADES BRANCH WELFARE FUND

Jerome Morreale (Co-Chairman)
Jennifer Dehardt
Marc Newman
Anthony Saporito

Patrick Dolan, Jr. (Co-Chairman) Robert Bartels James Moriarty Daniel Mulligan

ATTENTION: METAL TRADES BRANCH LOCAL 638 MEMBERS

DISABILITY STATUS PROGRAM

If you get injured or become ill, and that condition prevents you from working, the Metal Trades Branch Welfare Fund can help! All members and their families are eligible for up to one year of health coverage if you meet the following requirements:

- 1. You must be covered in the Welfare Fund at the time of your injury or illness.
- 2. You must have a minimum of 10 Years of Credited Service in the Pension Fund at the time of your injury or illness.

- 3. You must be covered in the Welfare Fund for no less than 48 of the 60 months prior to your injury or illness.
- 4. Your completed DSP application must be received within thirty (30) days of your injury or illness and be accompanied by a letter from your attending physician detailing the injury or illness.
- 5. You must provide continued proof of your disability by submitting copies of Disability or Workers Compensation payments.

Contact the Fund Office at 212.465.8888, Option 4 for an application or with any questions.