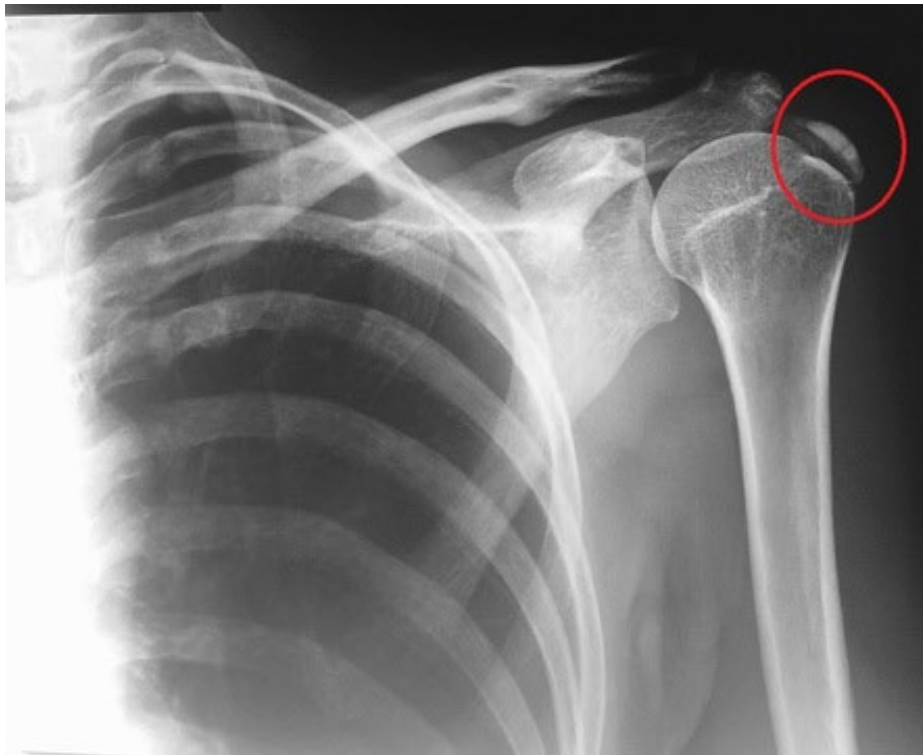




IMPACT Off-the-Job Accident Program

Proudly administered by Welfare & Pension
Administration Service, Inc. (WPAS) since 2012

Agenda



- Injury Defined
- California and Canada Caveat
- Historical Claims Data
- Top Conditions Per Year
- Member Claim Averages
- Website Navigation
- Claim Form Review
- Brochure Review
- Claim Cycle
- Claim Submission
- Avoiding Claims Processing Delays
- Benefit to Employers
- Customer Service



Injury Defined

- The IMPACT Off-the-Job Accident Plan defines an Injury as a bodily injury which is sustained as a direct result of an unintended, unanticipated accident that is external to the body and that occurs while you are eligible under your Home Health Fund.
- Injury does not mean sickness, disease, mental incapacity, or bodily infirmity.



Benefit caveat ~ California and Canada



Canada and California both offer government sponsored disability benefits expected to be richer than the IMPACT benefits

- Canadian residents are only eligible for benefits when:
 - Performing work in the USA for time period granting eligibility in the reciprocal health plan
- California Locals adopted the IMPACT program in 2020
Plan language was added regarding offset of benefits:
 - Local City or Municipality, State or federal government sponsored programs, regardless of whether benefits are received
 - IMPACT benefits are reduced by the amount of those benefits payable
 - IMPACT benefits do not exceed 66.67% of weekly earnings (to a maximum of \$800)
 - When the sum of other income benefits equals or exceeds the maximum IMPACT benefit, no benefit is payable



Top Condition Per Year

Year	Cause	Top Condition	Members with Claims
2012	N/A	Dislocation of Knee	64
2013	N/A	Inguinal Hernia	181
2014	Lifting	Back Injury	257
2015	Fall	Medial Cartilage/Meniscus Tear	299
2016	Fall	Medial Cartilage/Meniscus Tear	441
2017	Fall	Medial Cartilage/Meniscus Tear	517
2018	Lifting	Inguinal Hernia	485
2019	Fall	Sprain/Strain Shoulder/Upper Arm	515
2020	Lifting	Inguinal Hernia	407
2021	Strain/Sprain	Medial Cartilage/Meniscus Tear	410
2022	Lifting	Complete Rupture of Rotator Cuff	416
2023 (YTD)	Strain/Sprain	Medial Cartilage/Meniscus Tear	214

Member Claim Averages

Year	Average weeks paid per claim	Average Benefit Paid
2012	5.24	\$2,640.14
2013	5.13	\$2,709.24
2014	5.31	\$2,867.64
2015	5.32	\$3,059.11
2016	5.33	\$2,996.99
2017	5.39	\$3,229.91
2018	5.34	\$3,182.79
2019	5.22	\$3,203.07
2020	5.56	\$3,487.92
2021	5.42	\$3,425.96
2022	5.43	\$3,370.88
2023 (YTD)	5.19	\$3,212.77

How to Find Information on the IMPACT Website

IMPACT
REINFORCE OUR FUTURE

Ironworker Management
Expanding Job Opportunities

ABOUT US | MEMBER PROGRAMS | MEMBER SEARCH

HOME / MEMBER PROGRAMS

Member Programs

- Contractors +
- Ironworkers +
- Program Search & Registration

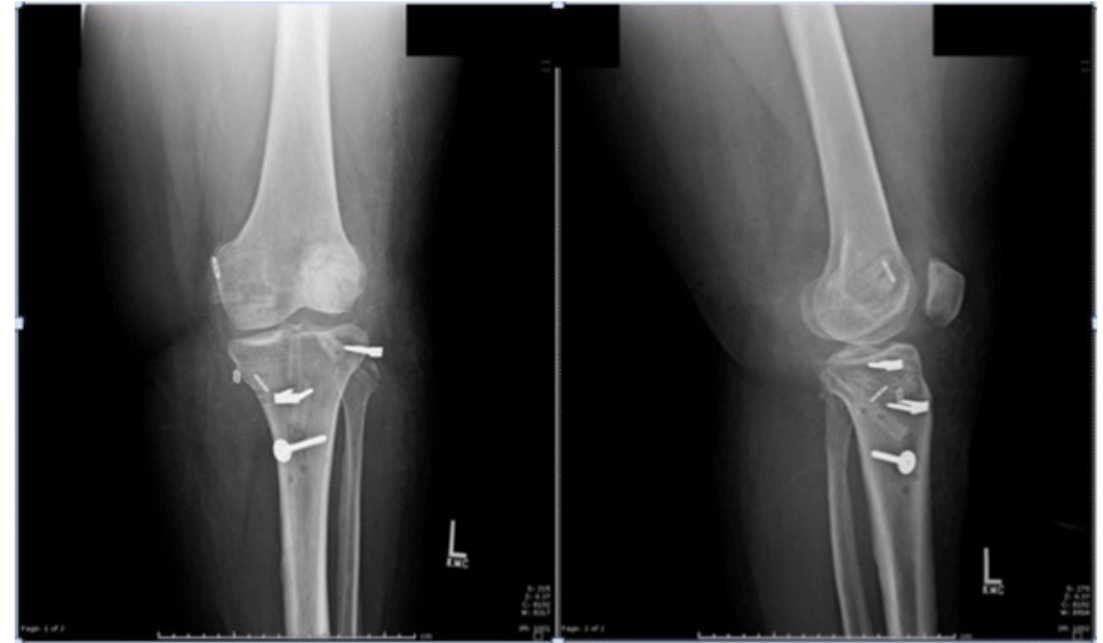
Member Programs

- Contractors**
Here you'll find cc
- Ironworkers**
Here you'll find cc

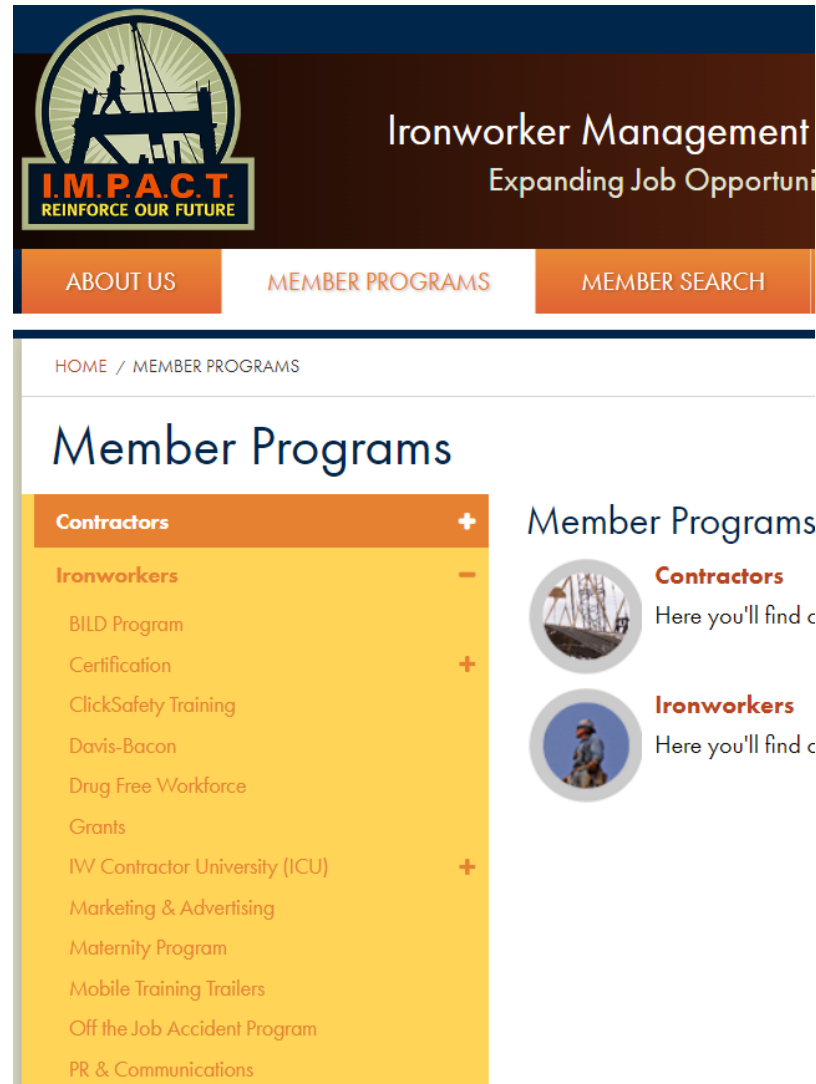
"IMPACT is an unmatched cooperative effort between the Iron Workers and its contractors. It brings the best contractors, working and learning hand-in-hand with the locals and top Iron Workers management. It is a must for both contractors and the Iron Workers to keep both parties pushing in the same direction."

- Brad Churchill, CEO, US Erectors, Inc.

<https://www.impact-net.org/member-programs>



Off-the-Job Accident Program Drop Down



The screenshot shows the Ironworker Management website. The header includes the I.M.P.A.C.T. logo with the tagline "REINFORCE OUR FUTURE" and the text "Ironworker Management Expanding Job Opportunities". Navigation buttons for "ABOUT US", "MEMBER PROGRAMS", and "MEMBER SEARCH" are visible. The breadcrumb trail reads "HOME / MEMBER PROGRAMS". The "Member Programs" section is expanded, showing a list of programs under the "Ironworkers" category, including "Off the Job Accident Program".

Ironworker Management
Expanding Job Opportunities

ABOUT US | MEMBER PROGRAMS | MEMBER SEARCH

HOME / MEMBER PROGRAMS

Member Programs

- Contractors** +
- Ironworkers** -
 - BILD Program
 - Certification +
 - ClickSafety Training
 - Davis-Bacon
 - Drug Free Workforce
 - Grants
 - IW Contractor University (ICU) +
 - Marketing & Advertising
 - Maternity Program
 - Mobile Training Trailers
 - Off the Job Accident Program
 - PR & Communications



Off-the-Job Accident Program – Member Programs



En Español | Login | Register | Forgot Password | Connect with us:    

Ironworker Management Progressive Action Cooperative Trust

Expanding Job Opportunities for Ironworkers and their Contractors

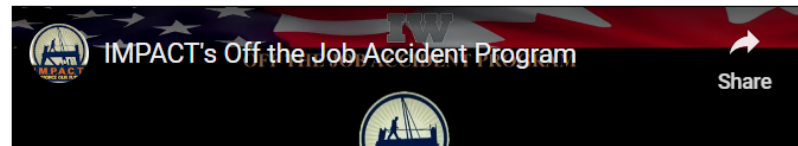
ABOUT US | MEMBER PROGRAMS | MEMBER SEARCH | NEWS | EVENTS | SAFETY | DIVERSITY | PUBS/RESOURCES

HOME / MEMBER PROGRAMS / IRONWORKERS / OFF THE JOB ACCIDENT PROGRAM

Member Programs

- Contractors +
- Ironworkers -
 - BILD Program
 - Certification +
 - Click Safety Training

Off the Job Accident Program

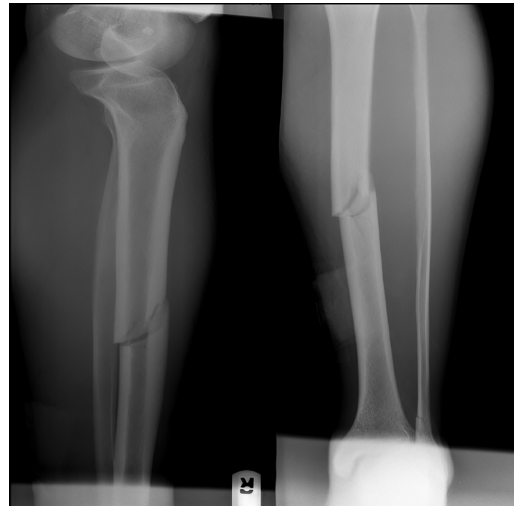


RELATED LINKS

- MyTrust Login

RELATED FILES

- Off-the-Job Accident Plan Description
- Accident Claim Form




MyTrust Login

- Improved member login experience!
 - No more waiting for a PIN to arrive by mail
 - New Multi-factor authentication
 - Create your own username and password
 - Reset your password
 - Forgot password reset
 - View your Explanation of Benefits and demographic information on-line

https://member.wpas-inc.com/login

Welcome to the new member portal!

We have some great news! A PIN is no longer required to access your personal information. Please click on the "Create new account" link below to create your new account and password.


Welfare & Pension
Administration Service, Inc.

Email or SSN

Password

Remember me [Create new account](#)

[Forgot your password?](#) **LOG IN**

Newly Revised Benefit Application (Claim Form)

IMPACT Off-the-Job Accident Plan

PLAN 76

WEEKLY TIME LOSS CLAIM FORM

PO Box 34687 • Seattle, WA 98124-1687 Phone (800) 331-6158 • Fax (206) 441-9110

Administered by Welfare & Pension Administration Service, Inc.

Initial request for benefits Supplemental information on active disability claim Check here if your address is new

SECTION A TO BE COMPLETED BY THE IRONWORKER				
IRONWORKER NAME	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH	BOOK NO.	SOCIAL SECURITY NO.
HOME ADDRESS	CITY	STATE	ZIP	TELEPHONE NO.
EMAIL ADDRESS:				

A. DESCRIPTION OF ACCIDENT OR INJURY _____

B. DATE OF ACCIDENT OR DATE OF INJURY _____ C. WERE YOU AT WORK? YES NO
HAVE YOU OR WILL YOU FILE FOR WORKERS' COMPENSATION BENEFITS? YES NO

D. WERE YOU UNDER THE INFLUENCE OF INTOXICANTS WHILE OPERATING A VEHICLE? YES NO

E. NAME OF YOUR DOCTOR _____

F. NAME AND ADDRESS OF HOSPITAL _____

G. DATE ENTERED HOSPITAL _____ DATE DISCHARGED _____ IF YES, WHEN: _____

H. ARE YOU RETIRED? YES NO IF NO, ANTICIPATED DATE OF RETIREMENT: _____
IF YES, WHEN: _____

I. ARE YOU RECEIVING OR ENTITLED TO RECEIVE UNEMPLOYMENT BENEFITS? YES NO

J. IF YES, WHAT IS/WAS YOUR LAST DATE OF WEEKLY UNEMPLOYMENT BENEFITS? _____ K. IF NO, DO YOU INTEND TO FILE A CLAIM FOR UNEMPLOYMENT BENEFITS? _____

"I hereby authorize any Dentist, Physician, Hospital, Pharmacy, Insurance Company, Employer, Health Plan Administrator or Local Union Organization to release any information regarding the medical, dental, mental, alcohol or drug abuse history, treatment or benefits payable including disability or employment related information concerning this claim to Welfare & Pension Administration Service, Inc. or its authorized agent for the purpose of validating and determining benefits payable in connection with this claim. This data may be extracted for use in audit or statistical purposes. I understand that I or my authorized representative will receive a copy of this authorization upon request."

SIGN HERE ► _____ IRONWORKER SIGNATURE _____ DATE SIGNED _____

SECTION B TO BE COMPLETED BY THE LOCAL UNION	
EMPLOYER:	LOCAL UNION NO. RAB:
JOB CLASSIFICATION: <input type="checkbox"/> APPRENTICE <input type="checkbox"/> JOURNEYMAN <input type="checkbox"/> FOREMAN <input type="checkbox"/> GENERAL FOREMAN <input type="checkbox"/> OTHER _____	GROSS BASIC WEEKLY EARNINGS: \$ _____
DATE IRONWORKER LAST WORKED: _____	DATE IRONWORKER RETURNED TO WORK, IF APPLICABLE: _____
WAS THE IRONWORKER A MEMBER ON THE DATE OF INJURY? <input type="checkbox"/> YES <input type="checkbox"/> NO	

SIGN HERE ► _____ AUTHORIZED REPRESENTATIVE _____ DATE SIGNED _____

SECTION C TO BE COMPLETED BY ATTENDING PHYSICIAN				
PATIENT'S NAME:	AGE:			
DIAGNOSIS (ICD10):	IF HOSPITALIZED FOR THIS CONDITION GIVE DATE OF ADMIT:			
IS CONDITION DUE TO INJURY OR SICKNESS ARISING OUT OF PATIENT'S EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	PREGNANCY? IF YES, APPROXIMATE DATE OF DELIVERY: <input type="checkbox"/> YES <input type="checkbox"/> NO			
IS CONDITION RESULT OF INJURY/ACCIDENT OR SICKNESS/ILLNESS? <input type="checkbox"/> INJURY/ACCIDENT <input type="checkbox"/> SICKNESS/ILLNESS				
DATE SYMPTOMS FIRST APPEARED OR INJURY/ACCIDENT HAPPENED:	DATE PATIENT FIRST CONSULTED YOU FOR THIS CONDITION:			
HAS PATIENT EVER HAD SAME OR SIMILAR CONDITION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES", WHEN & DESCRIBE:	IS PATIENT STILL UNDER YOUR CARE FOR THIS CONDITION? <input type="checkbox"/> YES <input type="checkbox"/> NO			
PATIENT WAS CONTINUOUSLY UNABLE TO WORK FROM: _____ TO: _____	LAST DATE WORKED:			
IF STILL DISABLED, DATE PATIENT SHOULD BE ABLE TO RETURN TO WORK:	DATE IRONWORKER RETURNED TO WORK:			
DATE	PHYSICIAN'S NAME (PRINT)	SIGNATURE	DEGREE	TELEPHONE
STREET ADDRESS		CITY - STATE - ZIP CODE		

09/04/08

SEE REVERSE SIDE FOR INSTRUCTIONS

S:\Forms\Claims\976-02 - Form - Weekly Time Loss Claim Form.docx

PROCEDURE FOR FILING A CLAIM

1. Complete the Ironworker Information in 'Section A'
2. Have your Local Union complete 'Section B'
3. Have your Doctor complete the Attending Physician's Statement in 'Section C', for each disability
4. Mail completed claim form to:

IMPACT Off-the-Job Accident Plan
PO Box 34687
Seattle, WA 98124-1687

Fax: (206) 441-9110

or Scan and Email to: claimstatus@wpas-inc.com

Questions? Call Phone: (206) 441-7574
or (800) 331-6158

Off-the-Job Accident Plan Benefit Description ~ Program Provisions

EXCLUSIONS

Benefits are not payable for disabilities caused by or resulting from the following:

- ▶ Attempted suicide or intentionally self-inflicted injuries.
- ▶ Being under the influence of drugs.
- ▶ Being under the influence of intoxicants while operating a vehicle or other means of transportation.
- ▶ Felonious activity.
- ▶ Infections of any kind regardless of how contracted, except bacterial infections that are directly caused by botulism, ptomaine poisoning or an accidental cut or wound independent and in the absence of any underlying sickness, disease or condition including but not limited to diabetes.
- ▶ Injuries incurred during periods of time in which the employee is not eligible for benefits under the terms of the Plan.
- ▶ Injuries incurred while the employee is on full-time, active, or reserve duty in any armed forces.
- ▶ Sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from any of these.
- ▶ Stroke or cerebrovascular accident or event, cardiovascular accident or event, myocardial infarction or heart attack; coronary thrombosis; aneurysm.
- ▶ Travel or flight in any vehicle used for aerial navigation.
- ▶ War or acts of war, whether declared or not
- ▶ Work-related causes.

www.impact-net.org/programs/off-the-job-accident/

CLAIM APPEAL PROCEDURES

If a claim is wholly or partially denied, you may file a written appeal provided you or your authorized representative make written request within 90 days of the benefit denial. The appeal must include the reason(s) why you disagree with the determination. The Administration Office will make an initial review and provide a written determination. If you remain dissatisfied, the matter will be referred to an Independent Review Organization (IRO). The IRO will assign a medical review officer (MRO). The MRO will submit a detailed report based on their findings with reference to supporting peer-based literature. The MRO will take into consideration your direct testimony. If you remain dissatisfied, you may request a review by the Executive Committee of the IMPACT Board of Trustees. Such a request for review must be made within 90 days after you have learned of the determination of the MRO. No action may be brought prior to exhausting the claim appeal procedures.



PLAN ADMINISTERED BY:
**WELFARE & PENSION
 ADMINISTRATION SERVICE, INC.**
 P.O. BOX 34203
 SEATTLE, WA 98124-1203
 (800) 331-6158

Printed August 2022; this brochure
 replaces all prior publications



www.impact-net.org/programs/off-the-job-accident/

The image shows the cover of the 'IMPACT Off-the-Job Accident Plan Benefit Description' brochure, August 2022 Edition. At the top is the logo of the International Association of Shipbuilders, Structural, Ornamental and Reinforcing Iron Workers (I.A.S.I.R.I.W.), featuring a circular emblem with 'I.W.' in the center and the full name around the perimeter. Below the logo, the title 'IMPACT Off-the-Job Accident Plan' is prominently displayed, followed by 'Benefit Description' and 'August 2022 Edition'. The main body of the cover contains the text: 'IMPACT is pleased to provide you with a summary of the IMPACT Off-the-Job Accident Plan benefits. We urge you to read this brochure carefully so that you are aware of your benefits and the conditions under which they are available to you. Please keep this brochure with your Health and Welfare information and other important papers.' At the bottom, there are two smaller versions of the IMPACT logo with the tagline 'REINFORCE OUR FUTURE' and the website 'WWW.IMPACT-NET.ORG'.

ELIGIBILITY

Eligibility in the IMPACT Off-the-Job Accident Plan is based on your Union membership in the Iron Workers International Union, your District Council area's participation, and your Health plan's eligibility rules and conditions.

Eligibility will be verified with your Local Union or Home Health Fund Administrator at the time an Off-the-Job Accident claim is filed.

No benefits will be payable if, at the time the accident occurred, you were not a member of the Iron Workers International Union, if you weren't eligible in your Home Health Fund at the time of the accident, or the injury occurred prior to your District Council Area's participation in this program.

DEFINITION OF TOTAL DISABILITY

Disability means that you (the member) cannot work and are prevented from performing any and every duty of your job because of an Off-the-Job accident that caused injury and the injury is not covered by workers' compensation law. You must be under the continual care of a physician. You cannot be eligible to receive any form of unemployment compensation.

Injury means bodily injury which is sustained as a direct result of an unintended, unanticipated accident that is external to the body and that occurs while you are eligible under your Home Health Fund. Injury does not mean sickness, disease, mental incapacity, or bodily infirmity.

The Board of Trustees has the right to request a physician's statement verifying your injury, as well as updated physician statements to confirm your ongoing disability.

WHEN BENEFITS BEGIN

Benefits for an Off-the-Job accident disability will begin on the eighth (8th) calendar day of your Total Disability.

Benefits are paid, subject to the provisions shown

www.impact-net.org/programs/off-the-job-accident/

below, if (a) you become Totally Disabled due to an Off-the-Job accident, (b) are unable to work, and (c) are under the care of a licensed physician practicing within the scope of their license.

AMOUNT OF BENEFITS

The amount of the benefit is the lesser of (1) \$800 or (2) 66.67% of weekly earnings, less any weekly disability income benefits available from your Local Union or Home Fund's Health Plan or any Local City or Municipality, State or Federal Government sponsored program, regardless of whether you receive a benefit. Weekly earnings shall be determined to be your hourly wage based on a 40-hour work week.

Benefits will be calculated at a rate of 1/7th of the weekly benefit for each day of Total Disability when totally disabled for less than a full week.

COORDINATION WITH OTHER INCOME BENEFITS

If you are entitled to other weekly income benefits from your Local Union or Home Fund's Health Plan or any Local City or Municipality, State or Federal Government sponsored program during any week for which a weekly Off-the-Job accident benefit is payable under this Plan, the amount of the benefit payable for that week will be reduced so that the sum of the weekly accident benefit payable plus your Local Union or Home Fund's Health Plan or any Local City or Municipality, State or Federal Government sponsored program income benefits for that week does not exceed 66.67% of weekly earnings (or a maximum of \$800). If the sum of all other income benefits equals or exceeds 66.67% (or a maximum of \$800) of your weekly earnings, no weekly accident benefit is payable from this Plan for that week.

TAXES

Your weekly benefit payments are subject to federal income taxes. Federal regulations require you to report payment of these benefits to the IRS. IMPACT will send you a 1099-Misc Form at year end for reporting purposes.

www.impact-net.org/programs/off-the-job-accident/

RECURRENT DISABILITY

Successive periods of disability that are separated by less than two weeks of continuous active employment will be considered as one continuous period of disability, unless they are due to different, unrelated causes.

WHEN BENEFITS END

Benefits will end on the earlier of: the date your disability ends, or after six (6) weeks of benefits have been paid under the Plan.

HOW TO FILE A CLAIM

Claim forms are available from the Administration Office, at www.IWaccidentplan.com or from your Local Union. Please read the form carefully, answer all questions, have your Local Union and your physician complete the appropriate sections, and mail, fax or scan and e-mail the completed form to:

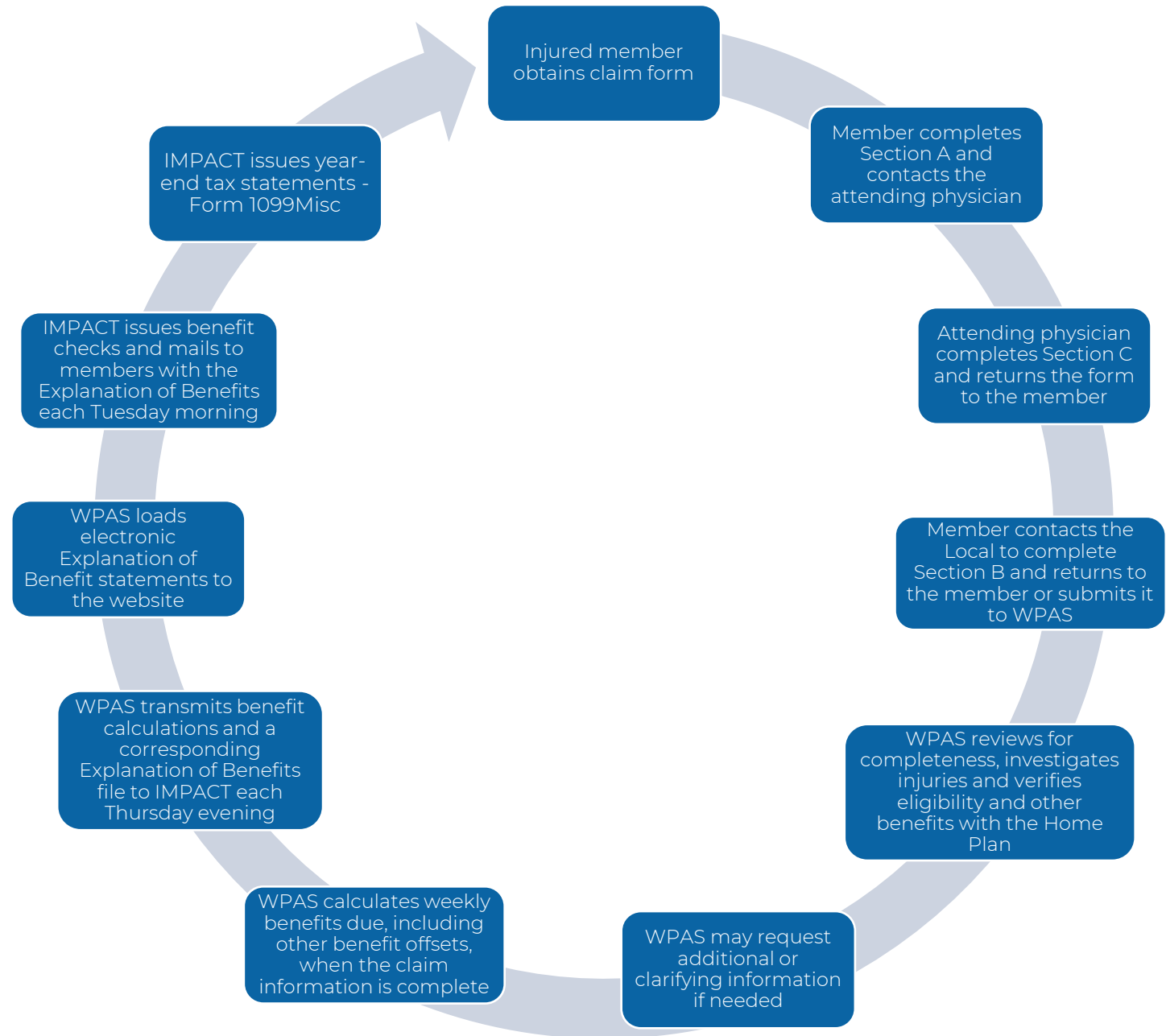
IMPACT OFF-THE-JOB ACCIDENT PLAN
 PO BOX 34687
 SEATTLE, WA 98124-1687
 FAX: (206) 441-9110
 E-MAIL: CLAIMSTATUS@WPAS-INC.COM

Claims must be filed within 12 months of the Off-the-Job accident. Claims filed after this timely filing limit will be permanently denied.

www.impact-net.org/programs/off-the-job-accident/

Claim Cycle

Claim submission to Claim Payment



Claims Submission

Who Sends Claims to WPAS	How WPAS Receives Claims
Members	Email: claimstatus@wpas-inc.com
Locals	Fax: 206-441-9110
IMPACT	Mail: PO Box 34203 Seattle WA 98124
Health Care Providers	
Attorneys	In-Person (by appointment): 7525 SE 24 th St, Ste 200 Mercer Island WA 98040
Home Plans	



Claims Processing Delays ~ How to Avoid Them

- ❑ **Review your claim form carefully**
 - Be sure all information outlined in Sections A, B, and C is completed
- ❑ **Sign your claim form**
 - The form must be signed by you, the Local, and your attending physician
- ❑ **Verify that your claim form was submitted**
 - Be sure your physician or the Local submits the completed claim form if they are sending it on your behalf
- ❑ **Verify your contact information**
 - Ensure your address, email address and phone number are current and legible
- ❑ **Check your mail**
 - WPAS may send you a form requesting additional information
 - Be sure to promptly complete and return all paperwork WPAS mails to you
- ❑ **Contact your doctor if WPAS notifies you information was requested from them**
 - Be sure your physician's office promptly completes and returns requested information to WPAS
- ❑ **Apply for local City, Municipality, State or Federal government benefits, if applicable**
 - WPAS will need this information in order to calculate benefit offsets
- ❑ **WPAS will ask your health plan to verify eligibility on the date of your injury**
 - Confirm you are eligible under your health plan during the month of your off-the-job injury

Benefit to Employers

The IMPACT Off-the-Job Accident Program was created with members **and employers** in mind

❖ Workers Compensation Premiums

➤ Employers realize premium savings by participating in the IMPACT Off-the-Job Accident Program

❖ Non-Work Related Injuries

➤ Employees are now able to honestly file IMPACT Off-the-Job Accident claims rather than filing false work-injury claims

❖ Healthier Employees

➤ Off-the-Job Accident benefits provide income to injured employees

- ✓ Employees recovering from injuries can remain off work and not work while injured
- ✓ Reduced re-injury and complications
- ✓ Avoidance of reduced work performance



WPAS Customer Service

- WPAS serves members, Locals, healthcare providers and IMPACT
 - Monday through Friday 7:30 a.m. through 5:00 p.m. Pacific Standard Time
- WPAS proudly announces our new innovative phone system
 - ✓ No more voice mail
 - You don't need to remain on hold with our new call back feature
 - ✓ You keep your place in line and receive a call back from the next available representative
 - ✓ Call analytics
 - Identifies calls that need escalation or quality control review
 - Trends heavy call times for support staff intervention
 - ✓ Use of AI
 - Aids management in developing training guides for enhanced customer service
- WPAS can be reached the following ways
 - ❑ Phone: (800) 331-6158, option 2
 - ❑ Fax: (206) 441-9110
 - ❑ Email: claimstatus@wpas-inc.com
 - ❑ In person: By appointment



Thank you

It's been a pleasure serving you!