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

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Average weeks paid per claim</th>
<th>Average Benefit Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>5.24</td>
<td>$2,640.14</td>
</tr>
<tr>
<td>2013</td>
<td>5.13</td>
<td>$2,709.24</td>
</tr>
<tr>
<td>2014</td>
<td>5.31</td>
<td>$2,867.64</td>
</tr>
<tr>
<td>2015</td>
<td>5.32</td>
<td>$3,059.11</td>
</tr>
<tr>
<td>2016</td>
<td>5.33</td>
<td>$2,996.99</td>
</tr>
<tr>
<td>2017</td>
<td>5.39</td>
<td>$3,229.91</td>
</tr>
<tr>
<td>2018</td>
<td>5.34</td>
<td>$3,182.79</td>
</tr>
<tr>
<td>2019</td>
<td>5.22</td>
<td>$3,203.07</td>
</tr>
<tr>
<td>2020</td>
<td>5.56</td>
<td>$3,487.92</td>
</tr>
<tr>
<td>2021</td>
<td>5.42</td>
<td>$3,425.96</td>
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<tr>
<td>2022</td>
<td>5.43</td>
<td>$3,370.88</td>
</tr>
<tr>
<td>2023 (YTD)</td>
<td>5.19</td>
<td>$3,212.77</td>
</tr>
</tbody>
</table>
How to Find Information on the IMPACT Website

https://www.impact-net.org/member-programs
Off-the-Job Accident Program Drop Down
Off-the-Job Accident Program – Member Programs

Ironworker Management Progressive Action Cooperative Trust
Expanding Job Opportunities for Ironworkers and their Contractors

Member Programs

Contractors
- Ironworkers
- BILD Program
- Certification
- Off the Job Accident Program

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
**Newly Revised Benefit Application (Claim Form)**

**IMPACT Off-the-Job Accident Plan**

**PLAN 76**

**NEWLY REVISED CLAIM FORM**

**WEEKLY TIME LOSS CLAIM FORM**

PO Box 34887 Seattle, WA 98124-1687 Phone (206) 441-9110 Fax (206) 441-9110

| Initial request for benefits | $5.00, $10.00, or $25.00 *add $5.00, $10.00, or $25.00 to claim form* | Check here if your address is new |

**SECTION A**

<table>
<thead>
<tr>
<th>TO BE COMPLETED BY THE INJURED WORKER</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INJURIED WORKER NAME</strong></td>
</tr>
<tr>
<td><strong>HOME ADDRESS</strong></td>
</tr>
<tr>
<td><strong>DATE OF INJURY</strong></td>
</tr>
<tr>
<td><strong>SOCIAL SECURITY NO.</strong></td>
</tr>
<tr>
<td><strong>EMPLOYEE NO.</strong></td>
</tr>
<tr>
<td><strong>DATE OF BIRTH</strong></td>
</tr>
<tr>
<td><strong>SEX</strong></td>
</tr>
<tr>
<td><strong>PHONE</strong></td>
</tr>
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</table>

**SECTION B**

<table>
<thead>
<tr>
<th>TO BE COMPLETED BY THE LOCAL UNION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LOCAL UNION NO.</strong></td>
</tr>
<tr>
<td><strong>UNION OFFICER</strong></td>
</tr>
</tbody>
</table>

| **SECTION C**
<table>
<thead>
<tr>
<th>TO BE COMPLETED BY ATTENDING PHYSICIAN</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PATIENT'S DESCRIPTION</strong></td>
</tr>
<tr>
<td><strong>INJURED WORKER'S ADDRESS</strong></td>
</tr>
<tr>
<td><strong>DATE OF INJURY</strong></td>
</tr>
<tr>
<td><strong>INJURED WORKER'S SOCIAL SECURITY NO.</strong></td>
</tr>
</tbody>
</table>

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**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 34887
   
   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
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.
- Fears or apprehensions.
- Infections of any kind, regardless of how contracted, by any means other than those directly caused by invasion, provided poisoning, or an accidental cut or wound sustained independently 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 sustained while the employee is on a full-time, active, or reserve duty in any armed forces.
- Sickness, disease, mental incapacity or bodily infirmity wherein 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 bypass surgery, amputation.
- Fatal or flight in any vehicle used for aerial navigation.
- War or war-like, whether declared or not.
- Work-related causes.

CLAIM APPEAL PROCEDURES

If a claim is denied or partially denied, you may file a written appeal provided you or your authorized representative make written request within 90 days of the denial decision. The appeal must include the reason why you disagree with the determination. The Administration Office will make an initial review and provide a written determination. If you desire a review of the determination, the Appeals Committee of the IMPACT Board of Trustees shall be submitted a detailed report based on its findings with reference to supporting your appeal. The Committee will render a decision in writing. The determination of the Committee shall be final.

IMPACT Off-the-Job Accident Plan

Benefit Description

August 2022 Edition

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.

Printed August 2022; this brochure replaces all prior publications.

www.impact.net/programs/off-the-job-accident/
Claim Cycle

Claim submission to Claim Payment

1. **Injured member obtains claim form**
2. **Member completes Section A and contacts the attending physician**
3. **Attending physician completes Section C and returns the form to the member**
4. **Member contacts the Local to complete Section B and returns it to WPAS**
5. **WPAS reviews for completeness, investigates injuries and verifies eligibility and other benefits with the Home Plan**
6. **WPAS transmits benefit calculations and a corresponding Explanation of Benefits file to IMPACT each Thursday evening**
7. **IMPACT issues benefit checks and mails them to members with the Explanation of Benefits each Tuesday morning**
8. **WPAS calculates weekly benefits due, including other benefit offsets when the claim information is complete**
9. **WPAS loads electronic Explanation of Benefit statements to the website**
10. **IMPACT issues year-end tax statements - Form 1099Misc.**
11. **IMPACT issues benefit checks and mails them to members with the Explanation of Benefits each Tuesday morning**
12. **WPAS reviews for completeness, investigates injuries and verifies eligibility and other benefits with the Home Plan**
13. **WPAS transmits benefit calculations and a corresponding Explanation of Benefits file to IMPACT each Thursday evening**
14. **IMPACT issues benefit checks and mails them to members with the Explanation of Benefits each Tuesday morning**

**WPAS may request additional or clarifying information if needed.**
## Claims Submission

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

**IMPACT**

Mail: PO Box 34203 Seattle WA 98124

**Health Care Providers**

In-Person (by appointment): 7525 SE 24th St, Ste 200

**Members**

Email: claimstatus@wpas-inc.com

**Locals**

Fax: 206-441-9110

**Attorneys**

In-Person (by appointment): 7525 SE 24th St, Ste 200

**Home Plans**

Mercer Island WA 98040
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!