



If you have any questions, please contact

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IRONWORKERS.ORG

MATERNITY PROVISION POLICY

Benefit Description

January 2017

IMPACT is pleased to provide you with a summary of the MATERNITY PROVISION POLICY 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.



IMPACT Maternity Leave Program

The Ironworker Management Progressive Action Cooperative Trust (IMPACT) provides paid maternity leave ("Paid Maternity Leave") to female members ("Members") who are qualified based on the criteria outlined below. It is paid leave associated with the birth of a Member's own child.

Paid Maternity Leave is available to Members if all of the following criteria are met. It may be used during pregnancy and post-delivery.

- Member has submitted a certification of their pregnancy from their medical doctor
- Member has worked at least 100 hours over the past three months and was eligible for the Local Union's health plan on the date of disability, and
- They have not used this benefit within the past 24 months, and
- There are no such benefits available through other means, such as time loss benefits through their employer or Local Union's health Plan, government provided benefits (federal, state or local), or any other means available

Pregnancy (Pre-Delivery/Birth): Six (6) Months Maximum Benefit.

For Paid Maternity Leave to commence prior to delivery/birth, the Member must be deemed unable to work by their medical doctor. This certification must indicate that the Member is not able to work due to physical limitations arising from the pregnancy. This can occur at any time during the 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 Member is able to return to work or not.

This benefit will be available after all other applicable benefit sources have been exhausted per item d) list above.

For example: Current Health Plan provides 6 weeks of paid leave at 60% of salary. This plan will pay the difference between the two plans (66.67% - 60% = 6.67% of salary) for the first 6 weeks, then 66.67% for the remaining eligible time.

IMPACT may require re-certifications of continued inability to work, from time to time by the Member's medical doctor during the pregnancy.

Post-Delivery/Birth: Six (6) Weeks Maximum Benefit, Eight (8) Weeks Maximum for Cesarean birth.

Regardless of what was covered pre-delivery, the Member 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.

Benefit Payments: For maternity leave as described above. The benefit payment is equal to 66.67% (to a maximum of \$800) of the Member's normal weekly earnings, less any disability income benefits available from your Local Union or Home Fund's Health Plan, 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 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% (to a maximum of \$800) of Normal Hourly Wage x 2080 ÷ 52 = Weekly Benefit

Definition of "Normal Hourly Weekly Wage": Most prevalent wage rate for that Member over the past 90 days based on a 40-hour work week.

IMPACT has the exclusive right to determine the Normal Hourly Wage Rate.

Coordination with Other Income Benefits: If you are entitled to other weekly income benefits from your Local Union or Home Fund's Health Plan during any week for which a weekly Maternity Policy benefit is payable under this Plan, the amount of the benefit payable from that week will be reduced so that the sum of the weekly maternity benefit payable plus your Local Union or Home Fund's Health Plan income benefit does not exceed 66.67% (or a maximum of \$800). If the sum of all other income benefits equal or exceed 66.67% (or a maximum of \$800) of your weekly earnings, no weekly maternity benefit is payable from this Plan for that week of disability.

Returning to Work: Benefits under this program will cease when a member is released by her physician to resume employment, or when benefits are no longer payable under the terms of the Plan.

Other:

- Notification should be submitted to your safety and diversity representative as soon as possible.

- Other leave provided by your employer, such as vacation and sick leave, may cease to accrue while on Paid Maternity Leave, depending on the employer's policy.
- In situations where the Family and Medical Leave Act applies, paid leave under this policy will run concurrently with FMLA leave.
- Unless the doctor's certification eliminates sitting in a classroom, Apprentices are expected to continue their classroom training.
- It is IMPACT's intention to maintain full compliance with the law; therefore, in situations where this policy conflicts with applicable federal, state or local law, including, but not limited to, the Pregnancy Discrimination Act, the law shall prevail.
- This is not a vested benefit. IMPACT reserves the exclusive right to interpret this policy and/or modify any terms and conditions of this policy. The International also has the right to terminate this policy at any time.
 - Maternity Program is not available to
 - Canadian residents
 - Surrogate related pregnancies
 - Adoptions
 - Foster care

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

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, you may request a review by the Board of Trustees. Such a request for review must be made within 90 days after the employee has learned of the Administration Office's decision. No action may be brought prior to exhausting the claim appeal procedures.

How to Apply: Benefits under this Policy must be requested using the attached Application for Maternity Provision Benefits and Physician's Statement.

If you have any questions, please contact Vicki O'Leary, District Representative, Safety/Diversity at 202702-7828 or voleary@iwinl.org.