

## 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/](http://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

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[WWW.IMPACT-NET.ORG](http://WWW.IMPACT-NET.ORG)

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## IMPACT Off-the-Job Accident Plan

### Benefit Description

June 2021 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.



[WWW.IMPACT-NET.ORG](http://WWW.IMPACT-NET.ORG)

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# IMPACT Off-the-Job Accident Plan

## ELIGIBILITY

Eligibility in the IMPACT Off-the-Job Accident Plan is based on 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 you are not eligible in your Home Health Fund at the time of the Off-the-Job accident causing your injury or the injury occurred prior to your District Council Area's participation in the off-the-job accident 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

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.

## 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](http://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](mailto: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/](http://www.impact-net.org/programs/off-the-job-accident/)

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