

## LOSS of TIME BENEFIT

## **Coverage Clause:**

Upon receipt by the Plan of the required notice and satisfactory proof that you have become totally disabled due to non-occupational bodily injury or sickness while eligible for benefits, the Fund will pay weekly to you in accordance to the Schedule of Benefits. Benefits will begin as of the first day of disability due to an accident or as of the eighth day of disability due to sickness and will continue for any one period of disability for a maximum of twenty-six (26) weeks. Fractional parts of the week will be paid at a rate of one-seventh (1/7) of the weekly benefit for each day. You do not have to be confined to your home to collect benefits, but you must be under the care of physician.

## **Period of Total Disability:**

Successive of disability periods separated by less than one (I) week of continuous active employment shall be considered as one continuous period of disability unless the arise from different and unrelated causes, in which case returned to work on full-time basis is required.

#### Limitation:

Benefits are not payable for any period of total disability during which you are not under the regular care and attendance of a Physician. If your disability is a result of an auto injury or injury on the job in which a workers compensation claim has been denied and is under an appeal, a subrogation lien must be completed by you and your attorney as claims/benefits may be paid by a third party as a result of your injury.

### **Benefit:**

Weekly Indemnity - Maximum of 26 weeks

Job Classification	Benefit Amount
General Foreman, Foreman, R5, R1 & MESJ	\$ 500.00 per week
R2 and Apprentice 5th Year	\$ 360.00 per week
R3, R4, MES2, MES3, Apprentice 2 <sup>nd</sup> Year, 3 <sup>rd</sup> Year, 4 <sup>th</sup> Year and MAT	\$ 250.00 per week

# **Applying for Loss of Time Benefit:**

Application for Loss of Time Benefit must be completed, signed and dated by you. You must also submit a valid photo ID. Your Physician/Provider must complete & sign the "Attending Physician's Statement" Failure to provide complete information may delay or prevent receipt of any applicable benefit.