

The Union News

Special Edition: *Your Negotiated Benefits!*



Local 743

Jan/Feb 2018

www.ll743.org

Volume 14 Issue 1

Don't Throw Away Your Negotiated Benefits!

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You will find information in this article referring to many of the UTC summary plans which are available on *Your Gateway*. There is information contained in the summary plans that is not detailed in our CBA (Collective Bargaining Agreement) and they are a great resource when

you are in need of using some of the benefits you are entitled to as a UTAS bargaining unit employee. Many of our benefits differ from the UTC Choice salaried benefits.

You could be throwing thousands of dollars away if you don't understand what benefits you are entitled to. UTAS offers health and welfare benefits such as; short term disability and paid parental leave that you may need now or sometime down the road. While you may be aware of these benefits, you may not know what the process is to access them. In some cases, you may have been denied benefits that you should have had access to. The hope is by the end of this article you will be more informed and prepared the next time you are faced with a situation which requires you to make a decision regarding your benefits.

A good rule of thumb is to always question "why". Asking the right questions can help if you suspect you paid more than you should have on a particular health care claim. The Benefits Center provides a Benefits Advocate and they can be reached by calling 1-800-243-8135 to assist you by researching questions and concerns regarding your claim. If you feel your doctor coded your visit incorrectly which resulted in a higher cost, the Benefit Advocate can assist. The Benefits Advocate can also help you understand your available benefits including; health, life, disability and spending account issues.

If you get a bill or are asked to pay a co-payment for any preventative visits or procedures that you feel were incorrectly charged, please call the Benefits Advocate to research the issues.

STD - Short Term Disability

Recently it has been brought to our attention that a lot of employees are not submitting STD (Short Term Disability) claims when they are out for extended periods of time while under their doctor's care.

When you are out sick, if after several days you decide to go to the doctor because you are not getting any

better or your doctor could not get you in to see him right away, the policy outlined in the 2018 Short Term Disability Summary Plan, says the claim will be back



dated to the date of the beginning of the illness, up to a maximum of 2 weeks prior to seeing the doctor. You will be paid for all days you were disabled prior to seeing the physician if it falls within that 2 week window.

The following was taken from the current disability summary plan document. Remember all of the summary plans referenced in this article and more are available and ready for print on *Your Gateway* through the internet at home or through "EmpowerU" at work.

UTC's weekly disability program provides benefits if you are unable to work due to illness, injury, pregnancy or surgery. Weekly STD benefits are payable if you are unable to work because of a non-occupational accident or illness. You must be under a physician's care to receive benefits. However, if you see a physician within the first two weeks of claiming disability, then benefits may begin as of the first day of eligibility, as described in the section named Payment of Benefits. If you see a physician after this two-week period, the physician can backdate the date of disability by only a maximum of two weeks from the first date of treatment. For example, if you see the physician 30 days after your date of disability, the earliest your benefits can begin is day 16.



Your Negotiated Benefits...continued

Payment of Benefits – When Payments Begin

If you are unable to work at your regular job because of a covered non-occupational injury, illness or pregnancy, you will begin receiving weekly disability benefits on the earliest of:

- Starting on the 1st (first) day of disability due to injury, if you are unable to work for at least 24 hours immediately following the injury, or
- Starting on the 1st (first) day you are confined in a hospital or have outpatient surgery, or
- Starting on the 6th (sixth) day of disability due to an illness or pregnancy if you are not hospitalized.
- You may receive up to 52 weeks of STD benefits for each period of disability.

NOTE: Saturdays and Sundays are included when calculating the 1st (5) day hold and for calculating the amount of consecutive days to be paid in total for the continued period of absences.

Your weekly STD benefit is shown in the current summary plan under the section named Coverage Details. (Also on page #186 in the CBA - Collective Bargaining Agreement) The weekly amount is based on your hourly base rate of pay. If you are unable to work a full week, your benefit will be prorated. This means that you will receive 1/7 of the weekly benefit shown for each day you are disabled.

The following is an example of what an employee would collect while out on an STD (Short Term Disability) leave and is based on the maximum weekly disability benefit amount listed on the chart on page #186 of the CBA along with an 11 day absence with an illness such as the flu.

If the last day of work was on a Wednesday, then the following Tuesday will be considered the 6th day of the illness absence and the 1st day in which you will start to receive benefits. You should receive pay for a total of 6 of the 11 days of absence. Base Rate of pay \$37.01/hour (or higher) qualifies you for the maximum benefit of \$760/week divided by 7 days = \$108.57 per day X 6 days = Total amount of check \$651.42.

The same 11 day absence with a back injury will pay you for every day of absence beginning on the 1st day you are disabled from work and the check would be \$108.57 X 11 days = Total check \$1194.27.

It's definitely worth filling out a few lines on a form isn't it? Many people do not collect any money at all because they believe the process is too difficult with tons of paperwork and forms, but it is not. It's very simple once you understand what you need to do.

TPD - Total and Permanent Disability

You must be disabled for a minimum of 1 year and under a physician's care in order to be eligible to apply for TPD (Total & Permanent disability). Approximately 3 months prior to the end of your maximum weekly disability period, you will receive a TPD application from Cigna Group Insurance. You must complete and return the application to Cigna in order to be considered for the benefit. Cigna will render a decision within 30 days of receiving the completed application and supporting medical documentation. The TPD benefit will pay a monthly amount based on your last active regular hourly rate at the time you became disabled. The amount of your TPD benefit is listed under the TPD column on the chart on page #186 of the CBA. The TPD monthly benefit you will receive is based on the last active life insurance coverage you have at the time of your disability. This benefit is paid to you out of your life insurance policy and you will receive a payment each month that you are disabled, and under a physician's care, until you recover, reach age 65 or receive an amount equal to your life insurance plus interest, whichever occurs first.

Example: max benefit \$114,000 life & AD&D insurance = \$2,065.68 per month TPD benefit. If an employee passes away while collecting TPD monthly payments, the amount remaining in the life insurance policy will be paid out to their beneficiary. Cigna administers the life insurance and TPD monthly payments.

Note: The following facts are contrary to popular belief. You do NOT have to use any of your sick or vacation time while out on STD not even for the 5 day wait for an illness when you are not being paid. It is your choice if you wish to take earned incentive time, vacation time, or sick time for any, all, or none of those days. As a bargaining unit employee you can take unpaid absent days during that 5 day period and it will be covered under FMLA as part of your whole absence. You may need to use your 5 sick days later in the year when you are absent with an illness that may not be long enough to qualify you for STD benefits.





However, salaried employees must take their sick time before they are eligible for STD benefits which could be why some supervisors believe you have to take them. If your supervisor puts you in for sick or vacation time simply because they did not know you were going to be absent as long as you were or it was not known at the time that you would be filing for STD, you can request to have that time/pay reversed and get the vacation or sick time loaded back into your bank to be used later in the year. If you choose not to pay the money back for the reversed vacation or sick days, then just know you will take the time off at a later date without the pay. The reversal must be approved by Human Resources and you must request it through your supervisor. This will not happen automatically just because you are approved for STD. You cannot have sick/vacation days on any days you are applying for STD. No double dipping.

You do not have to be out for a full 7 day week to collect STD benefits. If you are unable to work a full week, your benefit will be prorated. This means that you will receive 1/7 of the weekly benefit shown for each day you are disabled. If you feel you qualify for this and have questions, you should call Liberty Mutual directly. For example, if you miss 3 or 4 days for an injury you can submit a claim with Liberty Mutual for those days. Saturdays and Sundays are included in the 5 day wait calculations and they are also a part of the 7 day benefit calculation.

Your UTC benefits WILL continue with no disruptions while you are out on STD or TPD (Total & Permanent Disability). You will not have to make payments on your weekly contributions for medical and dental coverages while out on disability. You will pay it back upon your return from your extended leave of absence in the manner described below in #4 (catch up payments).

“Catch Up” Payments / Weekly Medical Contributions - If you are absent for a full week or more your weekly medical contributions will be deducted from your pay upon your return to work. Starting with your 1st paycheck, the company will deduct approximately \$25 extra per week on top of your normal weekly medical contribution until your deductions are caught up.

“HSA” (Health Savings Account) You must have a high deductible healthcare plan in order to have an HSA account. If you have weekly contributions being deducted from your pay towards your HSA goal amount, you may want to go into *Your Gateway* account or contact the Benefits Center at 1-800-243-8135 to **suspend your weekly contributions** until you return to work.

When you return to work you can reinstate your elections. The contributions will be calculated by the total amount you want to deposit divided by the remaining weeks left in the calendar year. Otherwise, if you do nothing, your first paycheck when you come back to work may have a huge lump sum deducted from your pay to cover the contributions that were not deducted while you were out on leave.

Reduction of Monthly Union Dues If you are out on short term or permanent disability and you are out a majority of regular working days in a month, you are eligible to pay only \$2.00 for union dues for the month. Go to WWW.LL743.org under forms and get the dues excusal form. Drop off or fax (860-292-8506) it to local 743. As soon as you know your return to work date, call Secretary Treasurer Roger Nadeau at the hall (860-292-8577) so he can inform Payroll not to deduct the full union dues.



The Most Important Thing to Know: It's Your Responsibility to Contact Liberty Mutual

It's important to understand that disability benefits are not paid automatically. It's up to you to ensure you notify the appropriate resources to ensure you receive your benefits. Claims filed after 90 days will automatically be denied. If you need to be absent because of a covered non-occupational injury, illness or pregnancy, you should notify your supervisor as well as your local Human Resources (HR) Representative. They will help you through the process.

Union representatives can also help guide you to the people and resources for answers you need.



Local 743

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How to File a Claim

There are 3 ways to start a disability claim:

1. **Recommended** Go to LL743 website www.LL743.org and click on the tab that says "Forms", then click on the link that says Short Term Disability claim. Print the form and fill out the first section on page 1. It's very little information. Things like your name, address, clock#, last date you worked and the return to work date if that is known at the time. Then the doctor fills the next section out on page 2.
2. **Call The Benefits Center at 1-800-243-8135** - When applying for STD or Intermittent FMLA (separate days or hours of absences as opposed to consecutive days) or to simply call to check on an existing claim with any questions you may have, you can call 1-800-243-8135 and follow the prompts for either FMLA or Short Term Disability. Liberty Mutual will email you the forms within 3 business days. You may request the form to be sent by USPS mail if you don't have access to a computer or a printer at home.
3. **Liberty Mutual Website** - Go on the website directly by logging on to www.mylibertyconnection.com (Claimant Services ID: UTCUnion) to file a claim. You will need to register and create a User ID and password for the site. This password will expire and needs to be reset after 6 months.

If your return to work date is unknown at the time you are starting your claim, which is very common, the doctor needs to write your follow up appointment date on the form for the return to work date and Liberty Mutual can fax an extension form to your doctor for them to fill out at your next appointment if the doctor feels you need to be out longer. This will ensure your checks from Liberty Mutual are sent in a timely manner. It is your responsibility to work directly with your doctor and Liberty Mutual to ensure a claim determination is made which will ensure timely payments from Liberty Mutual.

If after faxing your form you don't hear from Liberty Mutual within 3 business days, call the number listed in #2 above and follow the prompts for STD claims to speak with a leave specialist regarding the status of your claim. Some people wait weeks only to finally make that call and find out that Liberty Mutual says they never received the forms. This happens VERY frequently. DO NOT wait to make that call. Be proactive in following up on your claim so you can ensure the forms are received and that your claim is managed in a timely manner.

Remember, you may appeal a denied claim within 180 days (filing within 30 days is recommended) after you receive Liberty Mutual's notice of denial for short term or total and permanent disability. The appeal process is outlined in the company's disability summary plan.

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