
LOSS OF TIME INFORMATION

OPERATING ENGINEERS LOCAL 101 HEALTH AND WELFARE FUND

YOUR LOSS OF TIME BENEFITS

This packet contains information regarding the Loss of Time benefit and the necessary form to apply for Loss of Time benefits under the Operating Engineers Local 101 Health and Welfare Plan.

An Active Eligible Employee is entitled to \$350.00 weekly for a maximum of twenty six (26) weeks when an accidental bodily injury or sickness occurs which:

- prevents the employee from performing the material and substantial duties of his or her occupation,
- the employee requires the regular care of a Physician, and
- a Physician confirms the disability

Note: An injury or sickness related to pregnancy may qualify for Loss of Time Benefits.

Loss of Time benefits are not available for:

- Injury or Sickness which arises out of, or occurs in the course of any occupation or employment,
- Loss of Time commencing when the Employee:
 - is eligible through self-contributions under COBRA continuation of coverage,
 - is eligible as an Owner-Operator,
 - is an eligible non-bargaining unit Employee of a Contributing Employer, or
 - is receiving Benefits under the Operating Engineers Local 101 Pension Plan or Central Pension Fund

HOW TO APPLY FOR BENEFITS

The Loss of Time claim form includes two sections which must be completed in full and signed.

You should complete the claimant's portion of the enclosed form and have your doctor complete the physician's statement. An envelope has been enclosed for your convenience in returning the completed claim form.

Please make sure the entire form is complete. Any portion of the form, which is not complete, will result in the Fund Office returning the form for completion and may result in needless delays in processing your claim and issuing your Loss of Time check. Claims forms must be filed with the Fund office within 12 months of the onset of an injury or sickness which prevents you from working and requires the regular care of a Physician or Surgeon.

Once we receive your completed claim form, it will take approximately one week to make a claim decision. If we have not reached a decision within one week, you will be notified with the details.

OTHER BENEFITS THAT MAY BE AVAILABLE TO YOU

If you are a Participant in the Operating Engineers Local 101 Pension Plan, you may be entitled to a Total and Permanent Disability Benefit. To qualify for this benefit, you must have suffered a Total and Permanent Disability; earned at least five years of service; and worked at least one hour in Covered Employment during the 12 consecutive month period immediately preceding the date you are deemed disabled. If you believe you meet the eligibility requirements, please contact the Fund Office and request a packet.

WHEN YOU RETURN TO WORK

Your Loss of Time benefit stops when you return to work. ***Be sure you notify the Fund Office immediately when you plan to return, or have returned to work*** to assure no overpayment of benefits occur.

Questions regarding this benefit should be directed to the Operating Engineers Local 101 Health and Welfare Fund at 816-737-5959.

LOSS OF TIME

OPERATING ENGINEERS LOCAL 101

CLAIM FORM

HEALTH AND WELFARE FUND

Initial Claim for Loss of Time Benefits

CLAIMANT'S STATEMENT

Name

Social Security Number

Address

Phone Number

Provide the start date you are unable to work and the date you are able to return to employment.

Start Date of Disability

Estimated Return to Work Date

If this Loss of Time incident was caused by an accident, please provide the following information:

Date of Accident

Where Accident Occurred

I hereby certify that I have been totally and continuously unable to work on the dates listed above.

Claimant's Signature

Date

ATTENDING PHYSICIAN'S STATEMENT

ANSWER ALL QUESTIONS TO AVOID DELAY

Patient Name

Social Security Number

Diagnosis (ICD-10 diagnosis codes are required)

Date Patient Became Unable to Work

Accident? Yes No
Worker's Comp? Yes No

Initial Date of Treatment

Date of Most Recent Treatment

Next Date of Treatment

IN MY OPINION: The patient has been continuously unable to work:

From To

Is the patient permanently unable to return to work? Yes No

Date Patient Able to Return to Work

Remarks

Physician Signature

Date

Address

Phone Number

Tax ID Number

**IMPORTANT: Form must be completed in full.
Incomplete forms will be returned.**

**Operating Engineers Local 101 Health and Welfare Fund
6601 Winchester, Ste 250
Kansas City, MO 64133
816-737-5959**