

# LOCAL 807 LABOR-MANAGEMENT HEALTH & PENSION FUNDS

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### LOCAL 807 LABOR-MANAGEMENT HEALTH PLAN SUMMARY OF MATERIAL MODIFICATION TO THE SUMMARY PLAN DESCRIPTION

We are providing you and your family with this notice to inform you of benefit changes adopted by the Board of Trustees of the Local 807 Labor-Management Health Fund (the "Fund"). These changes, which will be effective January 1, 2018 relate to the New York State Paid Family Leave law.

Effective January 1, 2018, a new section entitled "Paid Family Leave" is added to page 71 of the Summary Plan Description after the section entitled "Disability Benefits". This new section will read as follows:

#### **Paid Family Leave**

During the calendar year January 1, 2018 through December 31, 2018, if you are covered for Disability Benefits through the Fund, the Fund will also cover you for benefits for which you are eligible under New York State's Paid Family Leave law ("PFL"). During this period, you will not be required to pay for your PFL coverage and no contributions should be deducted from your paychecks for PFL coverage. **You are not eligible for PFL coverage if you do not work in New York or do not work for an Employer that is covered by the PFL law.**

#### ***Eligibility***

If you are normally scheduled to work at least 20 hours per week, you are eligible to take PFL after 26 consecutive weeks of employment. If your regular work schedule is less than 20 hours per week, you are eligible to take PFL after you have worked for at least 175 days.

However, you cannot take PFL if you:

- are collecting New York State disability benefits;
- are not working or are on administrative leave;
- are collecting sick pay or paid time off from your employer; or
- are working the same hours for which the paid leave would be taken.

## ***PFL Benefits***

For 2018, you are permitted to take up to 8 weeks of PFL. Your weekly PFL benefit will equal the lesser of (a) 50% of your average weekly wage or (b) \$652.96, which is 50% of the New York State average weekly wage.

You may take PFL for the following reasons:

- To care for or bond with a child during the first 12 months following the child's birth, adoption, or placement for foster care (but not before the birth, adoption or placement);
- To provide physical or mental care for a spouse, domestic partner, child, parent, parent in-law, grandparent or grandchild with a "serious health condition". A serious health condition is an illness, injury, impairment, or physical or mental condition that involves: (i) inpatient care in a hospital, hospice, or residential health care facility, or (ii) continuing treatment or continuing supervision by a health care provider; or
- To address certain emergencies, specified in the federal Family and Medical Leave Act, when a spouse, child, domestic partner or parent is on, or has been notified of an impending call or order to active military duty.

## ***Applying for PFL Benefits***

In order to apply for benefits, you must obtain a Request Form from Hartford, the Fund's PFL carrier, at the following address:

The Hartford Insurance Company  
Paid Family Leave Claims Department  
P.O. Box 14306  
Lexington, KY 45012  
Telephone: 800-523-2233  
Fax: 866-411-5613

You may also obtain a Request form at [www.thehartfordatwork.com](http://www.thehartfordatwork.com). You must use the Request Form that applies to the type of PFL that you are seeking and provide all of the information and documents noted on that form. The completed Request Form and documents must be submitted to Hartford at least 30 days before the date that you wish to take leave if your leave is foreseeable. If your leave is not foreseeable, the Request Form and documents must be provided to Hartford as soon as practicable. If you have any questions about claims or claim status, call 800-549-6514.

**Please contact Hartford to obtain a copy of the Request Form.**

## ***Maintaining Your Health Benefits***

Your employer is required to continue contributing to the Fund so that your health benefits will continue during your leave.

### **Notice of Grandfathered Health Plan**

The Local 807 Labor-Management Health Fund believes this plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the “Affordable Care Act”). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator at (718) 274-5353. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). This website has a table summarizing which protections do and do not apply to grandfathered health plans.

You should keep this Notice together with your Summary Plan Description at all times. The two documents should be read together for an accurate depiction of your current health plan benefits. If you have any questions, contact the Health Fund.

Plan Sponsor: Board of Trustees of Local 807 Labor-Management Health Fund

Sponsor's EIN #: 13-5548780      Plan Number: 501      Plan Year: September 1 to August 31