

**WEEKLY INDEMNITY PROGRAM and NON-INDUSTRIAL DISABILITY SUPPLEMENT**  
A Supplemental Summary Plan Description

**ELIGIBILITY**

The ILWU-PMA Welfare Plan Weekly Indemnity Program and Non-Industrial Disability Supplement provides benefits to qualified Active Longshoremen with Welfare Plan eligibility employed in Oregon and Washington who incur disability absence due to non-industrial illness or injury.

To qualify for these benefits, an Active Longshoreman with Welfare Plan eligibility must:

1. have worked at least one day in the 31 days before the first day of disability (PGP payments, paid vacation, and travel time count as time worked),
2. be under the regular care, during the continuance of the disability, of a licensed doctor who certifies that the Longshoreman cannot work, and
3. must not be available for work under the Pay Guarantee Plan, unless such availability does not result in PGP payments.

NOTE: Eligible Active Longshoremen who transfer from a California port to a Northwest port, or from a Northwest port to a California port, receive the Weekly Indemnity benefit for which they are qualified, less any California State Disability Insurance (CSDI) benefit for which they are qualified.

**WEEKLY INDEMNITY BENEFITS**

Effective January 20, 2008, if you are an eligible Participant whose Assigned Port is in the state of Washington or Oregon and you are suffering from a certified non-industrial disabling illness or injury, and you worked or were available for work on at least one day during the 31 days preceding the first day of such disability, you will be paid a Weekly Indemnity benefit each week that is equal to a percentage of your average weekly earnings (including all industry wages, vacation benefits, holiday pay, Pay Guarantee payments, Clerks Work Opportunity Guarantee payments and reported full and part-time Union employment) during your highest calendar quarter of earnings in the “Base Period” (as defined below). Weekly Indemnity benefit levels are shown in the attached chart which shall be revised from time to time.

The “Base Period” is defined as follows:

1. If you submit a claim for Weekly Indemnity benefits due to a non-industrial illness or injury that commenced in the months of January, February, or March, the corresponding Base Period for that claim is the 12 months ending on September 30 of the preceding calendar year.
2. If you submit a claim for Weekly Indemnity benefits due to a non-industrial illness or injury that commenced in the months of April, May or June, the corresponding Base Period for that claim is the 12 months ending on December 31 of the preceding calendar year.
3. If you submit a claim for Weekly Indemnity benefits due to a non-industrial illness or injury that commenced in the months of July, August or September, the corresponding Base Period for that claim is the 12 months ending on the prior March 31.

4. If you submit a claim for Weekly Indemnity benefits due to a non-industrial illness or injury that commenced in the months of October, November or December, the corresponding Base Period for that claim is the 12 months ending on the prior June 30.

The Weekly Indemnity benefit period shall be a maximum of 52 weeks. If you incur a recurring and/or unrelated non-industrial illness or injury prior to or following recovery from the initial disabling illness or injury, then you may submit a new claim for Weekly Indemnity benefits for that condition provided no further benefits are payable with respect to the initial claim. However, the new benefit amount will be determined with respect to the new Base Period in the same manner as described above, and will therefore usually be much lower than the original benefit amount, if not zero, until you have built up sufficient earnings in the applicable Base Period.

### **When Benefits Start**

**In case of illness:** Benefits are payable starting on the eighth consecutive day of a disabling illness. The 7-day waiting period begins on the first day certified by the licensed doctor that the Longshoreman cannot work. The Longshoreman must be seen by a licensed doctor prior to the first period for which benefits are payable.

**In case of injury:** Benefits are payable from the first day if the injury is the direct result of a disabling accident and a doctor is seen immediately. If a doctor is not seen within 24 hours after an accident, benefit payments are subject to a 7-day waiting period. The Longshoreman must be seen by a licensed doctor prior to the first period for which benefits are payable.

**Recurring disability:** If disability from the same illness or injury occurs again within a 14-day period after the licensed doctor's certification that the Longshoreman is able to return to work, a new 7-day waiting period will not be required. In the case of such a recurring disability, benefits are payable only if a licensed doctor is seen and a new certification of disability is submitted.

**Successive periods of disability:** Successive periods of disability due to the same or related causes will be considered one period of disability unless they are separated by a two-week period during which the Longshoreman is actively at work or available for work. Successive periods of disability due to entirely unrelated causes will be considered as one period of disability unless they are separated by complete recovery from the first disability and return to or were available for active work.

### **When Benefits End**

Weekly Indemnity benefits are payable up to the earlier of:

- a) the first day the doctor certifies that the Longshoreman is able to return to work or, if earlier, the day he or she returns to work, or
- b) the end of the 52-week maximum period, or
- c) retirement on any ILWU-PMA Pension other than a disability pension.

A Longshoreman who returns to work sooner than the date of return to work estimated by the doctor should notify the ILWU-PMA Coastwise Claims Office that he or she has returned to work.

### **Method of Payment**

Provided that necessary claim information has been received, benefit payments are issued and mailed a few days after the end of the week for which the benefits are being paid.

## **Limitations**

- The Trustees have the sole and unreviewable discretion to reduce benefits under this program if they determine that the total cost of providing the benefits during a fiscal year is likely to exceed employee contributions to the Welfare Plan for that year.
- Benefits are not payable under this program for conditions for which Workers' Compensation is payable.
- Weekly Indemnity payments (and concurrent Non-Industrial Disability Supplement payments) are issued on account of a controverted Workers' Compensation claim **only** upon completion by the claimant of an Agreement to Reimburse Benefits form. This is an agreement to reimburse the Trustees of the ILWU-PMA Welfare Plan for any Welfare Plan benefits paid on account of an injury or illness, to the extent benefits or other compensation are received for the same injury or illness under Workers' Compensation laws or from any third party.
- Benefits are not payable for holidays paid under the Pacific Coast Longshore Agreements.

## **NON-INDUSTRIAL DISABILITY SUPPLEMENT**

A Non-Industrial Disability Supplement is payable to any Active Longshoreman with Welfare Plan eligibility in Oregon or Washington who is receiving Weekly Indemnity on account of non-industrial illness or injury. Effective February 15, 2019, the Disability Supplement is payable at the rate of \$150.00 per week or \$21.43 per day. Eligibility requirements and limitations are the same as those which apply to Weekly Indemnity.

## **HOW TO CLAIM BENEFITS**

Claim forms for Weekly Indemnity benefits are available at the Locals, the Benefit Plans office or online at [www.benefitplans.org](http://www.benefitplans.org). The claim form must be completed by both the employee and his or her treating doctor. Claims should be submitted within 30 days of the first day of disability. The address for all claims and correspondence is:

ILWU-PMA Coastwise Claims Office  
P.O. Box 429101  
San Francisco, CA 94142

Longshoremen who are entitled to Weekly Indemnity benefits need not file any special claim for the Non-Industrial Disability Supplement. At the time Weekly Indemnity benefit claims are processed, the Disability Supplement benefit will be automatically calculated and issued.

## **CLAIMS REVIEW PROCEDURE**

Requests for review of a denied Weekly Indemnity benefit or Non-Industrial Disability benefit claim should be submitted to the Benefit Plans office. The Claims Review Procedure is described completely in your Welfare Plan Summary Plan Description.

***The Information in this booklet is subject to and does not change the provisions of the ILWU-PMA Welfare Plan Agreement or the provisions of the Welfare Plan Summary Plan Description.***

ILWU-PMA Welfare Plan  
Weekly Indemnity Benefit Amounts

(This chart reflects maximum weekly benefit amounts for claims incurred on or after February 15, 2019.)

This chart shows what your weekly benefit might be based on your highest quarter of earnings in your base period.

<b>If your illness began in:</b>	<b>Your base period is the 12 months ending last</b>
January, February or March	September 30
April, May or June	December 31
July, August or September	March 31
October, November or December	June 30

Wages in the High Quarter:	Weekly Benefit Amount:	Wages in the High Quarter:	Weekly Benefit Amount:	Wages in the High Quarter:	Weekly Benefit Amount:
\$75.00 - \$1,095.71	\$50 - \$59	\$9,728.34 - \$9,945.00	\$450 - \$459	\$18,395.01 - \$18,611.67	\$850 - \$859
\$1,095.72 - \$1,281.43	\$60 - \$69	\$9,945.01 - \$10,161.67	\$460 - \$469	\$18,611.68 - \$18,828.33	\$860 - \$869
\$1,281.44 - \$1,467.14	\$70 - \$79	\$10,161.68 - \$10,378.33	\$470 - \$479	\$18,828.34 - \$19,045.00	\$870 - \$879
\$1,467.15 - \$1,652.86	\$80 - \$89	\$10,378.34 - \$10,595.00	\$480 - \$489	\$19,045.01 - \$19,261.67	\$880 - \$889
\$1,652.87 - \$1,838.57	\$90 - \$99	\$10,595.01 - \$10,811.67	\$490 - \$499	\$19,261.68 - \$19,478.33	\$890 - \$899
\$1,838.58 - \$2,024.29	\$100 - \$109	\$10,811.68 - \$11,028.33	\$500 - \$509	\$19,478.34 - \$19,695.00	\$900 - \$909
\$2,024.30 - \$2,210.00	\$110 - \$119	\$11,028.34 - \$11,245.00	\$510 - \$519	\$19,695.01 - \$19,911.67	\$910 - \$919
\$2,210.01 - \$2,395.71	\$120 - \$129	\$11,245.01 - \$11,461.67	\$520 - \$529	\$19,911.68 - \$20,128.33	\$920 - \$929
\$2,395.72 - \$2,581.43	\$130 - \$139	\$11,461.68 - \$11,678.33	\$530 - \$539	\$20,128.34 - \$20,345.00	\$930 - \$939
\$2,581.44 - \$2,767.14	\$140 - \$149	\$11,678.34 - \$11,895.00	\$540 - \$549	\$20,345.01 - \$20,561.67	\$940 - \$949
\$2,767.15 - \$2,952.86	\$150 - \$159	\$11,895.01 - \$12,111.67	\$550 - \$559	\$20,561.68 - \$20,778.33	\$950 - \$959
\$2,952.87 - \$3,138.57	\$160 - \$169	\$12,111.68 - \$12,328.33	\$560 - \$569	\$20,778.34 - \$20,995.00	\$960 - \$969
\$3,138.58 - \$3,324.29	\$170 - \$179	\$12,328.34 - \$12,545.00	\$570 - \$579	\$20,995.01 - \$21,211.67	\$970 - \$979
\$3,324.30 - \$3,510.00	\$180 - \$189	\$12,545.01 - \$12,761.67	\$580 - \$589	\$21,211.68 - \$21,428.33	\$980 - \$989
\$3,510.01 - \$3,695.71	\$190 - \$199	\$12,761.68 - \$12,978.33	\$590 - \$599	\$21,428.34 - \$21,645.00	\$990 - \$999
\$3,695.72 - \$3,881.43	\$200 - \$209	\$12,978.34 - \$13,195.00	\$600 - \$609	\$21,645.01 - \$21,861.67	\$1,000 - \$1,009
\$3,881.44 - \$4,067.14	\$210 - \$219	\$13,195.01 - \$13,411.67	\$610 - \$619	\$21,861.68 - \$22,078.33	\$1,010 - \$1,019
\$4,067.15 - \$4,252.86	\$220 - \$229	\$13,411.68 - \$13,628.33	\$620 - \$629	\$22,078.34 - \$22,295.00	\$1,020 - \$1,029
\$4,252.87 - \$4,438.57	\$230 - \$239	\$13,628.34 - \$13,845.00	\$630 - \$639	\$22,295.01 - \$22,511.67	\$1,030 - \$1,039
\$4,438.58 - \$4,624.29	\$240 - \$249	\$13,845.01 - \$14,061.67	\$640 - \$649	\$22,511.68 - \$22,728.33	\$1,040 - \$1,049
\$4,624.30 - \$4,810.00	\$250 - \$259	\$14,061.68 - \$14,278.33	\$650 - \$659	\$22,728.34 - \$22,945.00	\$1,050 - \$1,059
\$4,810.01 - \$4,995.71	\$260 - \$269	\$14,278.34 - \$14,495.00	\$660 - \$669	\$22,945.01 - \$23,161.67	\$1,060 - \$1,069
\$4,995.72 - \$5,181.43	\$270 - \$279	\$14,495.01 - \$14,711.67	\$670 - \$679	\$23,161.68 - \$23,378.33	\$1,070 - \$1,079
\$5,181.44 - \$5,367.14	\$280 - \$289	\$14,711.68 - \$14,928.33	\$680 - \$689	\$23,378.34 - \$23,595.00	\$1,080 - \$1,089
\$5,367.15 - \$6,478.33	\$290 - \$299	\$14,928.34 - \$15,145.00	\$690 - \$699	\$23,595.01 - \$23,811.67	\$1,090 - \$1,099
\$6,478.34 - \$6,695.00	\$300 - \$309	\$15,145.01 - \$15,361.67	\$700 - \$709	\$23,811.68 - \$24,028.33	\$1,100 - \$1,109
\$6,695.01 - \$6,911.67	\$310 - \$319	\$15,361.68 - \$15,578.33	\$710 - \$719	\$24,028.34 - \$24,245.00	\$1,110 - \$1,119
\$6,911.68 - \$7,128.33	\$320 - \$329	\$15,578.34 - \$15,795.00	\$720 - \$729	\$24,245.01 - \$24,353.34	\$1,120 - \$1,124
\$7,128.34 - \$7,345.00	\$330 - \$339	\$15,795.01 - \$16,011.67	\$730 - \$739	\$24,353.35 and above	\$1,125
\$7,345.01 - \$7,561.67	\$340 - \$349	\$16,011.68 - \$16,228.33	\$740 - \$749		
\$7,561.68 - \$7,778.33	\$350 - \$359	\$16,228.34 - \$16,445.00	\$750 - \$759		
\$7,778.34 - \$7,995.00	\$360 - \$369	\$16,445.01 - \$16,661.67	\$760 - \$769		
\$7,995.01 - \$8,211.67	\$370 - \$379	\$16,661.68 - \$16,878.33	\$770 - \$779		
\$8,211.68 - \$8,428.33	\$380 - \$389	\$16,878.34 - \$17,095.00	\$780 - \$789		
\$8,428.34 - \$8,645.00	\$390 - \$399	\$17,095.01 - \$17,311.67	\$790 - \$799		
\$8,645.01 - \$8,861.67	\$400 - \$409	\$17,311.68 - \$17,528.33	\$800 - \$809		
\$8,861.68 - \$9,078.33	\$410 - \$419	\$17,528.34 - \$17,745.00	\$810 - \$819		
\$9,078.34 - \$9,295.00	\$420 - \$429	\$17,745.01 - \$17,961.67	\$820 - \$829		
\$9,295.01 - \$9,511.67	\$430 - \$439	\$17,961.68 - \$18,178.33	\$830 - \$839		
\$9,511.68 - \$9,728.33	\$440 - \$449	\$18,178.34 - \$18,395.00	\$840 - \$849		

Note that this schedule does not include an additional \$150 weekly supplement