# MEMBER BENEFIT
# DISABLED DUES PROGRAM

Any member placed under a doctor's care that is not able to work, may apply for dues assistance from Local 578.

## CONDITIONS FOR APPROVAL BY EXECUTIVE BOARD

1. Member must be in good standing with the local at the time of Disability.
2. Member must have form filled out by a doctor. (Form is available in the local office)
3. The disability may have occurred on the job or at home. (This is not a factor)
4. It is the member's responsibility to inform the local of the month that they will return to work. This notice will include window dues payment for the month of return and any months remaining in the quarter.

## DEFINITION OF DISABILITY BENEFIT

1. The benefit shall consist of payment of minimum dues for the member. At this time the amount is $15.80 ($20.80 if you are enrolled in Union Benefit Life Insurance Plan) per month.
2. The benefit shall be paid no longer than a twelve (12) month per member per incident.
3. The twelve (12) month benefit shall not be extended for any reason.
4. The benefit shall be paid from the Contingent Fund of Local 578.
5. Five Hundred dollars ($500.00) shall be transferred from the General Fund to initiate this fund.
6. Deposits from the General Fund shall be made on a quarterly basis to fund this member benefit. Amount transferred as necessary.
7. This benefit <u>DOES NOT COVER</u> spouses or children of the member.
8. This benefit is a thirty-six (36) month benefit per life of the member. Payment for each separate incident is limited to twelve (12) months.

<u>EXAMPLE #1 -</u> A member in an automobile accident. Member sustains injury to back. Member under doctor's care four (4) months. The Member Assistance Plan pays four (4) months dues and member returns to work. The member has a remaining benefit of thirty-two (32) months for additional incidents.

<u>EXAMPLE #2-</u> A member suffers a heart attack. Member under doctor's care fourteen (14) months. The Member Assistance Plan pays twelve (12) months dues for this incident. Member pays full dues for the last two (2) months.

## Pile Drivers Local 578 – Disabled Members Dues Program

I a member of Local 578, am presently under medical care by a doctor. I swear and affirm that I am presently temporarily disabled and I have not been able to work. I request the assistance of my Local Union to pay my dues during the period that I am temporarily disabled and that I qualify under the terms of this Program. I am requesting dues assistance for the following period:

**From:** **To:**

**Members Signature:** **Date:**

*(Members Information - Please Print)*

**First Name:** **Last Name:** **Initial:**

**Union Number:**

**Home Address:** **City:** **State:** **Zip code:**

**Home Telephone Number:**

**Please Do Not Write Below This Line**________________________________________

Approved by Local Union 578: ___________________________ Date: ____________________
President

Months covered under the program_______________________________

Including from: _______________________________ To:______________________________

Number of months remaining under the program for this member: __________________________

Trustee _______________________________________ Date: ____________________________

Trustee _______________________________________ Date: ____________________________

Trustee _______________________________________ Date: ____________________________

**<u>Medical Certificate</u>:** Pile Drivers Local 578 – Disabled Members Dues Program

***(Physician's Information Please Print)***

**Physicians Name:**

**Physicians Address:**

**City:** **State:** **Zip code:**

**Physicians Telephone Number:**

**Name of Physician: ____________________________________**, hereby swear and certify that

**Client's name:** has been under my care and that he/she has been temporarily

disabled.

**DATE of initial disability:**

**Nature of Disability:**

**PROJECTED release from temporary disability status date:**

**Physician's Signature:** **Date:**

Please return this certificate to the Pile Drivers Local 578:

Pile Drivers Local Union 578
Attention: Financial Secretary
4979 Indiana Ave, Suite 211
Hinsdale, IL 60521