



**NON-INDUSTRIAL  
DISABILITY  
SUPPLEMENT  
AND  
CSDI  
SUPPLEMENTATION  
BENEFIT**

**An ILWU-PMA Welfare Plan  
Benefit for eligible active  
Longshoremen, Ship Clerks,  
Walking Bosses/Foremen, and  
Watchmen in California**

Supplemental Summary Plan Description

# A Supplemental Summary Plan Description of the Non-Industrial Disability Supplement and CSDI Supplementation Benefit.

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This is a general description of supplemental disability benefits provided by the ILWU-PMA Welfare Plan under an administrative services only (ASO) agreement between the Trustees of the Welfare Plan and the Coastwise Claims Office. It is subject to and does not change the provisions of the ILWU-PMA Welfare Agreement.

Each participant of the ILWU-PMA Welfare Plan has been provided with a Summary Plan Description, as required by the Employee Retirement Income Security Act (ERISA). The Summary Plan Description describes the Welfare Plan and its eligibility requirements. It also informs participants about Supplemental Plan Descriptions pertaining to individual benefit programs. The Supplemental Summary Plan Descriptions are available from the Plan office upon request.

ILWU-PMA Welfare Plan  
1188 Franklin Street, Suite 300  
San Francisco, CA 941109  
(415) 673-8500

IRS Employer Identification No. 94-6068578  
Plan No. 501

<b>Union Trustees</b>	<b>Employer Trustees</b>
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## ELIGIBILITY

The ILWU-PMA Welfare Plan provides a Non-Industrial Disability Supplement and a CSDI Supplementation Benefit to qualified active Longshoremens with Welfare Plan eligibility employed in California during periods of disability absence due to non-industrial illness or injury. Welfare Plan eligibility is explained in detail in the Welfare Plan Summary Plan Description. Longshoremens, as the term is used in this booklet, refers to registered Longshoremens, Ship Clerks, Walking Bosses/Foremen, and for purposes of the Non-Industrial Disability Supplement **only**, Watchmen members of Locals 26 and 75.

To be entitled to either of these Welfare Plan benefits, you must be receiving California State Disability Insurance (CSDI). Additional eligibility requirements for these benefits are explained in the benefit descriptions which follow.

## NON-INDUSTRIAL DISABILITY SUPPLEMENT

A Non-Industrial Disability Supplement is payable to any active Longshoreman with Welfare Plan eligibility who incurs a non-industrial illness or injury and on that account receives CSDI in California. The Disability Supplement is payable at the rate of \$125 per week or \$17.86 per day, irrespective of the amount of the CSDI benefit.

## ■ Limitations

- A Longshoreman who incurs a CSDI claim and who retires under the ILWU-PMA Pension Plan or ILWU-PMA Watchmen Pension Plan during the course of that claim has his Non-Industrial Disability Supplement terminated as of the date he retires.

*Exception:* If he retires on a Disability Pension, the Disability Supplement continues until his CSDI is exhausted.

- When CSDI payments are issued on account of a controverted workers' compensation claim, a Non-Industrial Disability Supplement will be payable 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.

- 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.

## CSDI SUPPLEMENTATION BENEFIT

A CSDI Supplementation Benefit is payable when an eligible Longshoreman's CSDI benefits are reduced because Pay Guarantee Plan (PGP) payments are not included as wages in the calculation of CSDI benefits.

To qualify to receive a CSDI Supplementation Benefit, you must have received a CSDI benefit in a lesser amount than you would have received had PGP payments been included in the calculation.

tion of your CSDI benefit. You must have been a recipient of PGP during the CSDI 12-month base period, and your CSDI benefit must be less than the maximum benefit.

The amount of the CSDI Supplementation Benefit is equal to the amount of CSDI you do not receive solely because PGP payments are not included in the CSDI calculation. This amount is calculated by the Benefit Plans office.

**■ Limitations**

- A CSDI Supplementation Benefit is not payable if there is a workers' compensation lien against a CSDI claim.
- A CSDI Supplementation Benefit is not payable to a Longshoreman who is entitled to an LWU-PMA Welfare Plan Weekly Indemnity Benefit.
- A Longshoreman who incurs a CSDI claim and who retires under the LWU-PMA Pension Plan during the course of that claim has his CSDI Supplementation Benefit terminated as of the date he retires.

*Exception:* If he retires on a Disability Pension, the Benefit continues until his CSDI is exhausted.

**HOW TO CLAIM BENEFITS**

Submit claims to:  
LWU-PMA Coastwise Claims Office  
814 Mission Street, Suite 300  
San Francisco, CA 94103

Each new claimant must submit an **LWU-PMA Welfare Plan Claim Form for CSDI Disability Supplement**, with his *initial* CSDI proof of payment. Claim forms are available at Locals or the Welfare Plan office. Proof of payment is usually the check stub or slip of paper enclosed with the CSDI payment.

After the initial CSDI payment, the check stub alone can be submitted for continuing absence. It is important that you send proof of payment for every CSDI payment you receive. This is the only way the Claims Office is informed that you are receiving CSDI.

When applicable (in the case of controverted workers' compensation claims), an Agreement to Reimburse Benefits form will be required in addition to the initial Claim Form and proof of payment (see **Limitations**, page 4).

The Coastwise Claims Office will issue Non-Industrial Disability Supplement payments (\$125 per week) periodically during the course of your disability, as your proofs of payment are received.

If your CSDI is less than the maximum, your claim will be examined for possible entitlement to a CSDI Supplementation Benefit. If it appears that you may qualify for a CSDI Supplementation Benefit, you will be contacted by the Benefit Plans office. You will be asked to complete a claim form and submit a CSDI Notice of Computation. The CSDI Notice of Computation is obtained from the State. When your claim is complete, the Benefit Plans office will issue CSDI Supplementation payments *after* your proofs of payment are received and your Non-Industrial Disability Supplement payments are issued by the Coastwise Claims Office. A notice of explanation will be enclosed with each payment. You will be notified if you do not qualify for a CSDI Supplementation Benefit.

**CLAIMS REVIEW PROCEDURES**

The procedures described below apply to requests for benefits under the Non-Industrial Disability Supplement and CSDI Supplementation Benefit. Please note that a mere inquiry about whether a particular item is covered under the Plan is not a claim for this purpose.

## ■ Claim Denial

If a claim is denied or partly denied, notice will be given to the claimant in writing. The notice will be written in understandable language and will state:

- Specific reasons for denial of the claim;
- Specific reference to provisions of the Welfare Agreement, the Non-Industrial Disability Supplement and CSDI Supplementation Benefit, or contract provisions upon which the denial is based;
- A description, if appropriate, of additional information or material which might enable the claimant to perfect the claim;
- An explanation of how, where and when the claimant may obtain a review of the denial;
- If the denial is based on an internal rule, guideline, or protocol, the claimant has the right to request a free copy of the rule guideline, or protocol.

Notice of claim denial must be given to the claimant within a reasonable period of time, but not later than 30 days after the date the claim is received. This period may be extended an additional 15 days if the Coastwise Claims Office or LLWU-PMA Welfare Plan determines that an extension is necessary due to matters beyond its control and the claimant is notified of the extension before the end of the initial 30-day period and the date by which the Coastwise Claims Office or LLWU-PMA Welfare Plan expects to render a decision on the claim. If an extension is required because the claimant failed to submit sufficient information to enable the Coastwise Claims Office or the LLWU-PMA Welfare Plan to make a determination of the claim, the notice of the extension will also describe the additional information required. In such a case, the claimant will be given at least 60 days to provide the additional

information. The period from the date the claimant is notified of the additional required information to the date the claimant responds is not counted as part of the determination period. If the Coastwise Claims Office or the LLWU-PMA Welfare Plan does not respond to the claimant's claim within the time periods specified above, the claimant may deem his claim denied for this purpose as of the expiration of the applicable time period above.

### ■ Request for Claim Review by Trustees of the LLWU-PMA Welfare Plan

Within 180 days after notice that a claim has been denied by the Coastwise Claims Office or the LLWU-PMA Welfare Plan, or after the claim is deemed denied as provided above, the claimant or his/her representative may make a written request for a review of the denial by the Trustees of the LLWU-PMA Welfare Plan. The claimant or his/her representative may request copies free of charge, of all documents, records and other information relevant to the claim. This includes documents relied on in making the benefit determination or submitted or generated in the course of the review.

A request for a review by the Trustees must be submitted to:

LLWU-PMA Benefit Plans  
1188 Franklin Street, Suite 300  
San Francisco, CA 94109

### ■ Decision on Review by Trustees of the LLWU-PMA Welfare Plan

The Trustees of the LLWU-PMA Welfare Plan, or a committee of the Trustees, will render their decision on the claim within 60 days of receipt of the request for review.

The decision of the Trustees will be communicated in writing, and in understandable language. It will include specific references to the Welfare Agreement or contract provisions upon which the decision is based.

If the Trustees do not respond to the claimant's request for review within the time periods specified above, the claimant may deem his claim denied on review for this purpose as of the expiration of the applicable time period above.

### ■ Request for Arbitration

After notice that a claim has been denied by the Trustees on review, or after the claim is deemed denied on review as provided above, the claimant may request that the claim be decided by the Coast Arbitrator. In order to obtain a review of a claim by the Coast Arbitrator, the claimant must have obtained a prior determination on the claim by the Trustees (or a deemed denial) in accordance with the procedures outlined above. The claimant or his/her representative may request copies, free of charge, of all documents, records and other information relevant to the claim. This includes documents relied on in making the benefit determination or submitted or generated in the course of the review by the Trustees.

A request for review by the Coast Arbitrator must be submitted to:

LLWU-PMA Benefit Plans  
1188 Franklin Street, Suite 300  
San Francisco, CA 94109

### ■ Decision by Coast Arbitrator

The Coast Arbitrator will render a decision on the claim within 30 days of receipt of the request for review. The decision of the Coast Arbitrator will be communicated in writing, and in understandable language. It will include specific references to the Welfare Agreement or contract provisions upon which the decision is based.

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## ■ Judicial Review

A claimant has the right to file a suit in a court of law if a claim is denied or partly denied by the Coast Arbitrator. Plan provisions and applicable law require, however, that the claimant first exhaust all of his or her appeal rights under the Plan. This means that a claimant must obtain determinations by the Trustees and by the Coast Arbitrator before he or she may file a lawsuit for a benefit under the Plan.

### **Other ILWU-PMA Welfare Plan Programs**

In addition to the Non-Industrial Disability Supplement and the CSDI Supplementation Benefit described in this booklet, the ILWU-PMA Welfare Plan provides coverage for other benefits including hospital-medical-surgical benefits, prescription drugs, dental benefits, hearing aid benefits, vision care, death and dismemberment benefits, and alcoholism/drug recovery program benefits.

For information regarding these benefits and eligibility requirements, see the Summary Plan Description and the applicable Supplemental Summary Plan Descriptions.

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