

**New York State Teamsters Council  
Health & Hospital Fund**

***Disability  
Benefits***

**Effective January 1, 2021**

**Your Funds.....Working For You**

# DISABILITY BENEFITS

The New York State Teamsters Council Health and Hospital Fund (“Fund”) Short-Term Disability Benefits (“Disability Benefits”) provide benefits when you are unable to work due to an illness, injury, or disease **that is not related to your job**. If you are under a doctor’s care, and your disability prevents you from working your normal work week schedule, the Disability Benefit will provide you with income.

The Disability Benefits are insured and administered by The Union Labor Life Insurance Company (“Ullico”) under a contract between Ullico and the Fund. The attached Ullico Group Insurance Policy (the “Policy”) contains a complete description of the Disability Benefits. The following is a summary of benefits provided under the Policy. The Policy is the official and governing language with respect to the Disability Benefits. In the event of any conflict between the language contained in this summary and the provisions contained in the Policy, the language and provisions of the Policy will control.

## WHEN YOU BECOME ELIGIBLE TO RECEIVE DISABILITY BENEFITS

*You will become eligible to receive Disability Benefits on:*

1. The first day of absence caused by an accident; or
2. The eighth day of disability due to an illness. If your illness lasts more than eight weeks, benefits will be paid from the first day of disability.

## AMOUNT OF DISABILITY BENEFITS

The amount of your Disability Benefits depends on which Benefit Option you are covered under.

The Benefit Option that applies to you is determined by the contribution rate paid to the Fund and the Benefit Selection Form signed by your employer and your local union. If you have any questions concerning the Benefit Option that applies to you, you may contact the Fund Office.

### **Benefit Option 1:**

*Your level of Disability Benefits will be based on:*

50% of your average weekly earnings to a maximum of \$300.00 per week

**Benefit Option 2:**

*Your level of Disability Benefits will be based on:*

50% of your average weekly earnings to a maximum of \$230.00 per week

For both Benefit Options, your weekly earnings are your usual weekly rate of pay from your employer (the weekly salary or wages and overtime received over the most recent 8-week period prior to the date your disability began, over the number of calendar weeks you worked for the employer prior to becoming disabled, if less than this period), not counting commissions, bonuses, or any other fringe benefit or extra compensation.

**MAXIMUM PERIOD OF DISABILITY BENEFITS**

The Plan provides Disability Benefits for up to 26 weeks for any one period of disability in a 52-week period. All periods of disability are considered to be the same period of disability, unless you return to work for at least **two (2)** full weeks between disabilities.

**HOW TO FILE A CLAIM**

Certain information is required in order to initiate your Disability Benefit claim. Before starting the process be sure you have the following information:

- Date last worked
- Commencement date of disability
- Cause/details of disability
- Employer, including supervisor, contact information (name, address, phone and/or fax numbers)
- Listing of all pertinent physicians and hospitals (name, address, phone and/or fax numbers)
- If claim is work related, Workers' Compensation information (name, address, phone and/or fax numbers of carrier and details regarding claim)

To initiate a Disability Benefit claim, you should contact Ullico at the following toll free number:

**1-888-855-4261**  
**8:00 am to 4:00 pm, Eastern Standard Time**  
**(Monday through Friday)**  
**Fax: 1-860-769-6986**

The claims staff will advise you of the claim process once the initial claim notification is received.

When you contact Ullico, a representative will request the necessary information to initiate your claim. The representative will also contact your physician for medical information and your employer for average weekly earnings and work schedule required to process your claim.

Your doctor may be contacted to provide periodic medical information to substantiate your continuing disability. When this is required, you will be so advised.

Ullico's mailing addresses are as follows:

**Home Office Address:**  
**The Union Labor Life Insurance Company**  
**8403 Colesville Road**  
**Silver Spring, Maryland 20910**

**Claims Office Address:**  
**The Union Labor Life Insurance Company**  
**P.O. Box 49**  
**Bloomfield, Connecticut 06002**

**Filing Limit:**

Section 217 of the Disability Law requires that all claims for disability must be filed with the disability carrier within **thirty (30)** days after the commencement of disability. If your disability is not filed within the required period, the payment of benefits will begin **two (2)** weeks prior to the date that the required claim information is received.

**Payments:**

Disability Benefit payments are normally issued weekly once your claim for disability has been established. If you have any questions concerning your disability claim you should contact **Ullico at 1-888-855-4261.**

## **EXCLUSIONS**

**Payments cannot be made under the Fund's Disability Benefit for:**

1. Any period of disability that you were not under the care of a doctor.
2. Any accidental bodily injury arising out of and in the course of your employment, or an occupational disease.
3. Any disability that is the result of an intentional self-inflicted injury or illness.
4. Any injury or illness caused or sustained while perpetrating an illegal act or a riot.
5. Any disability due to an act of war, whether declared or undeclared or insurrection.
6. Any period of disability that is work related or is covered by Workers' Compensation or other similar laws.
7. Any disability due to service in the Armed Forces or units auxiliary to the Armed Forces.

## **FUTURE OF THE PLAN**

It is hoped that this Plan will be continued indefinitely, but the Board of Trustees of the Fund reserves the right to change or terminate this Plan and the terms of the Disability Benefit in the future at any time in its sole discretion.

**NOTE:** Please see the Fund's General Eligibility & Rights Information SPD booklet for the information about the Fund and these benefits that is required to be disclosed under 29 CFR 2520.102-3.