
IBEW Local 269 Employee Benefit Fund Office

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NOTICE

The Trustees of the Local 269 Supplemental Welfare & Unemployment Fund (SUB) have elected to provide a new benefit to Plan Participants. This new benefit has been named the "Extended Coverage Subsidy" (ECS). It is designed to pay the monthly *COBRA* bill to the Local 269 Health and Welfare Plan (HW) for those Participants that have received notification from I.E. Shaffer & Co that their health care benefits will cease unless they make the *COBRA* payment themselves.

There are strict requirements that Plan Participants must follow in order to qualify and remain qualified for this benefit. The SUB Fund will pay your *COBRA* payments for up to 12 months per claim. However, you must do your part to apply and remain eligible for this benefit.

First, if you receive a termination letter from I.E. Shaffer & Co, you must provide a copy to the Funds Office **WITHIN THIRTY (30) DAYS**. The thirty-first day will be too late!

Next, you must, in part:

- complete an application for this benefit
- you must be an eligible Plan Participant in the Local 269 SUB Fund
- you must be an eligible Plan Participant in the Local 269 HW Fund
- you must provide the Funds Office with written proof that you have applied for and/or are receiving state unemployment benefits
- you must be registered on the Local 269 Out-of-Work List (OWL) and retain your relative place on the OWL assigned when you initially registered for employment
- you must be unemployed due to an involuntary lay-off and cannot have been fired or quit a job within the 12 months immediately preceding your application for ECS benefits
- you must accept an offer of employment within three attempts by the referral agent to refer you for employment
- you must not refuse any referral for employment that is offered to you by the referral agent

Enclosed for your convenience is an application. If you receive, or have received a termination/*COBRA* letter from I.E. Shaffer & Co, and wish to take advantage of this valuable benefit, act today to get your paperwork to the Funds Office.

Plan for an Extended Health & Welfare Coverage Subsidy Provided by and Through the Supplemental Welfare Fund

This subsidy is available exclusively to IBEW® Local 269 Health & Welfare Plan (Welfare Plan) participants faced with long-term¹ involuntary unemployment.

1. A Health and Welfare Extended Coverage Subsidy (ECS) benefit payment shall be incorporated into and provided by the Supplement Welfare Fund (SUB). The maximum number of monthly ECS payments, per claim, shall be 12.

- a. Eligibility

- i. The applicant must be an eligible Participant of the SUB Fund;
- ii. The applicant must be a Plan Participant in the IBEW® Local 269 Health & Welfare Plan;
- iii. The applicant must provide proof that benefits from the Welfare Plan have been terminated, and continuation of coverage requires COBRA payments;
- iv. The applicant must provide written proof that he/she filed for state unemployment insurance (SUI) benefits and is entitled to benefits thereunder; or has been denied SUI benefits and the reason(s) for such denial;
- v. The applicant must be registered on the Local 269 out-of-work-list; *except*, office employees of Local 269, the Local 269 JATC, and the Local 269 Funds Office that are eligible participants of both Plans but are not bargaining unit employees employable under a Local 269 Collective Bargaining Agreement, shall not be required to register on the out-of-work-list;
- vi. The applicant must maintain his/her position on the out-of-work-list;
- vii. The applicant must be on involuntary lay-off and not have been discharged for cause and/or quit covered employment within the 12 calendar months immediately preceding the date of the application

¹ Long term is defined as those periods wherein greater than 10% of the Plan's participants are involuntarily unemployed and remain unemployed for 3 or more calendar months.

- viii. The applicant must not refuse any referrals for covered employment from the Local 269 hiring hall. After three attempts by the hiring hall for employment, the employee will receive notification and thus be deemed ineligible for ECS benefits;
- ix. Failure to comply with and maintain any eligibility requirement shall be cause for immediate disqualification from the ECS benefit;
- b. Enrollment
 - i. The applicant must open a claim for ECS benefits at the Local 269 Funds Office on an enrollment application form provided by the Funds Office;
 - ii. The applicant must apply within 30 days of notification by the Welfare Plan that those benefits have been terminated and COBRA payments are required to sustain health benefits thereunder;
- c. Payment
 - i. ECS payments will be made directly to the Welfare Plan on behalf of each eligible Participant, on a monthly basis;
- d. Termination of ECS Payments
 - i. ECS payments made under an open ECS claim will terminate when 12 payments have been made on behalf of the Participant;
 - ii. Should a Participant return to employment whereupon employer contributions to both plans are resumed prior to the Participant receiving 12 payments, the Participant's initial claim will remain open. Upon subsequently becoming unemployed, ECS payments will resume with the next numbered payment from the open initial claim, and the ECS will thereafter terminate upon payment number 12. *Except*, should the Participant's period of employment consist, in total, of [600] hours or more within two (2) consecutive calendar quarters, the Participant shall be eligible to apply to open a new claim for 12 payments upon subsequently becoming involuntarily unemployed;
- e. Requalification for Eligibility
 - i. In addition to the eligibility requirements set forth in §3-a. hereinabove, once a Participant has received 12 ECS monthly payments on his/her behalf, the participant must be employed a minimum of 600 hours, in two consecutive calendar quarters, wherein employer contributions are remitted on his/her behalf. Thereafter, the Participant becomes eligible to open a new claim for ECS payments.