



# International Union of Painters and Allied Trades



(IUPAT)



## District Council #4



## Glaziers Local #677





# District Council #4



Michael Hogan  
Business Manager Secretary Treasure

## Departments

Servicing	Organizing	Office Staff	Training	Trust Funds
<b>Director</b> Brian Lipczynski #660	<b>Director</b> Frank Stento	<b>Fin. Secretary</b> Heather Velie	<b>Director</b> Marc Braunstein	<b>Manager</b> Sue Bernat
<b>Business Reps</b>	<b>Organizers</b>	<b>Admin</b>	<b>Coordinators</b>	<b>Benefits Admins</b>
Joe Comfort #677	Guy Falsetti	Judy Salansky	Bob Brueckman (WNY)	Velitchka Kireva
David Chaffee #150	Wesley Schlossin	<b>Dues Admin</b>	Josh Osterhout (CNY)	Wendy Styn
Dominic Zirilli #43/#112	Don Meyers	Shannon Albano	<b>Staff</b>	Victoria Antonicelli
Dan LaFrance #31/#38	Joe Guza		Kathy Velie	Nancy Haddad
Dan Jackson #11/#178			Hillary Laud	



## District Council #4/Glaziers Local #677 Information/Numbers

[www.dc4.org](http://www.dc4.org)

**District Council #4 Headquarters:**

585 Aero Drive  
Cheektowaga, Ny 14225  
**Phone# (716) 565-0303**

**CNY Training Center**

1875 Lorings Crossing  
Cortlandville, Ny 13045

**Business Manager: Michael Hogan**

585 Aero Drive  
Cheektowaga, NY 14225  
[mhogan@dc4.org](mailto:mhogan@dc4.org)

**Dues: Shannon Albano**

585 Aero Drive  
Cheektowaga, NY 14225  
**Phone# (716) 565-0303**  
[salbano@dc4.org](mailto:salbano@dc4.org)

**Funds Office: Wendy Styn**

585 Aero Drive  
Cheektowaga, NY 14225  
**Phone# (716) 565-0234**  
[wstyn@dc4.org](mailto:wstyn@dc4.org)

**Business Representative DC #4/ Local 677: Joe Comfort**

6605 Pittsford Palmyra Rd E-6  
Fairport, NY 14450  
**Phone# (585) 727-6228**  
[jcomfort@dc4.org](mailto:jcomfort@dc4.org)

**Director of Organizing: Frank Stento**

168 Susquehanna St  
Binghamton, NY 13904  
**Phone# (607) 727-5208**  
[fstento@dc4.org](mailto:fstento@dc4.org)



## District Council #4/Local #677 Information/Numbers

[www.dc4.org](http://www.dc4.org)

### **Apprentice Department**

585 Aero Drive  
Cheektowaga, NY 14225  
**Phone# (716) 565-0112**

**Director of Training and Apprenticeship: Marc Braunstein**

[mbraunstine@dc4.org](mailto:mbraunstine@dc4.org)

### **Apprentice Coordinators:**

**Josh Osterhout (CNY)**

**Phone# (607) 429-9401**

[josterhout@dc4.org](mailto:josterhout@dc4.org)

**Bob Brueckman (WNY)**

**Phone# (585) 815-5112**

[rbrueckman@dc4.org](mailto:rbrueckman@dc4.org)

### **Apprentice Department Staff:**

**Kathy Velie**

[kvelie@dc4.org](mailto:kvelie@dc4.org)

**Hillary Laud**

[hsansone@dc4.org](mailto:hsansone@dc4.org)

### **International Pension Office**

7234 Parkway Drive  
Hanover, MD 21076  
**Phone# 1-800-554-2479**



# Glaziers Local 677

[www.dc4.org](http://www.dc4.org)

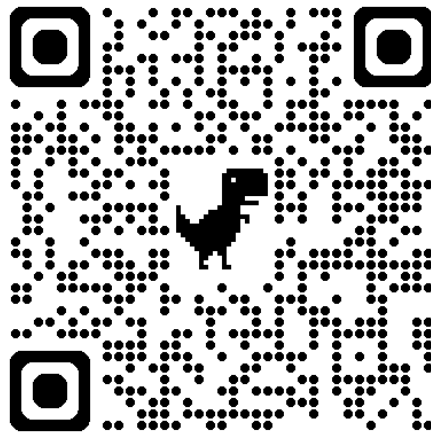


Union Meetings are the first Monday of the Month @ 5pm

Rochester- In person 6605 Pittsford Palmyra Rd E-6 Fairport, NY 14450

Syracuse- Zoom link will be sent in a text message

Binghamton- Zoom link will be sent in a text message



Glazier Collective Bargaining Agreement  
CBA



# Glaziers Local 677



## Social Media Information

\*\*\*Glaziers 677 Private Group\*\*\*

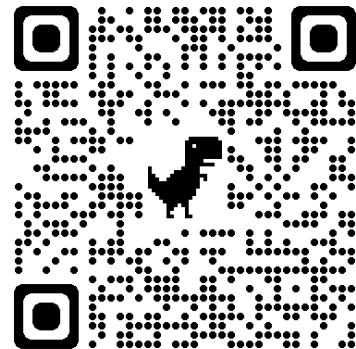


Glaziers 677 Instagram



**GLAZIERS\_LOCAL\_677**

Glaziers 677 Facebook page





# TOOLS REQUIRED FOR THE GLAZING TRADE



The Glazing trade requires various tools, here is a list of tools you will need to perform your work. You will need to acquire more tools accordingly, but this is a good starting point in order of tools needed.

- Tool Bag
- Tape Measure (25' is recommended)
- Utility Knife
- Tin Snips
- Mallet/Dead Blow
- Pry Bar (Jimmy Bar)
- Pruning Shears with Anvil
- Combination Square
- Speed Square
- Caulk Gun
- Caulking Tools
- Razor Scraper Handle
- Large Pry Bar (18" or 24")
- Allen Wrench Sets (Standard & Metric)
- Vice Grips (Regular & Needle Nose)
- Torpedo Level
- Files
- Screwdriver Set
- Hack Saw
- Tool Belt



# Glaziers Local #677

Rochester/Syracuse/Binghamton

**International Union of Painters & Allied Trades, District Council #4**

**Business Representative: Joe Comfort 585-727-6228**

6605 Pittsford Palmyra Rd. Suite #E6, Town of Perinton (Fairport), NY 14450

(585) 271-2490 Fax (585) 271-2907

[jcomfort@dc4.org](mailto:jcomfort@dc4.org)

<p><b><u>Ajay Glass &amp; Mirror Co. Inc.</u></b></p> <p>101 North Street Canandaigua, New York 14424 Phone: 585-393-0082 Fax: 585-393-0105 Contact: Jim Stathopoulos, President Email: <a href="mailto:jims@ajayglass.com">jims@ajayglass.com</a> or <a href="mailto:steves@ajayglass.com">steves@ajayglass.com</a> Curtain Wall/Storefront/Pre-Glazed/Panels Public/Private</p>	<p><b><u>Utica Glass Company</u></b></p> <p>P.O. Box 528 Utica, New York 13503 Phone: (315) 732-5131 Fax: 315-732-2437 Contact: Gary Puleo Email: <a href="mailto:garypuleo@uticaglass.com">garypuleo@uticaglass.com</a> or <a href="mailto:gp2@uticaglass.com">gp2@uticaglass.com</a> Curtain Wall/Storefront/Pre-Glazed/Panels Public/Private/Res.</p>
<p><b><u>Binghamton Plate Glass</u></b></p> <p>430 State Street Binghamton, New York 13902 Phone: 607-723-8293 Fax: 607-723-5561 Contact: Diane Emmi Email: <a href="mailto:bingplateglass@stny.rr.com">bingplateglass@stny.rr.com</a> <a href="mailto:dianebug@stny.rr.com">dianebug@stny.rr.com</a> Curtain Wall/Light Commercial/ Public/Private</p>	<p><b><u>N.E.P. Glass Co. Inc.</u></b></p> <p>P.O. Box 277 6224 State Route 5 Little Falls, New York 13365 Phone: 315-823-8800 Fax: 315-823-2330 Contact: Jim Smith Email: <a href="mailto:jsmith@nepglass.com">jsmith@nepglass.com</a> Curtain Wall/Storefront/Pre-Glazed/Panels Public/Private &amp; Residential</p>
<p><b><u>BRG (Buffalo Road Glass)</u></b></p> <p>111 Buffalo Road Rochester, New York 14611 Phone: 585-235-8560 Fax: 585-235-5322 Contact: Gus Tamoutselis or Mike Bassett Email: <a href="mailto:gus@brgcorporation.com">gus@brgcorporation.com</a> or <a href="mailto:mbassett@brgcorporation.com">mbassett@brgcorporation.com</a> Curtain Wall/Storefront/Pre-Glazed/Panels Public/Private</p>	<p><b><u>Forno Enterprises, Inc.</u></b></p> <p>County Rd. #27 Trout Creek, New York 13847 Phone: 607-865-7860 Fax: 607-865-4392 Contact: Brian Albanese, President Email: <a href="mailto:brian@teamforno.com">brian@teamforno.com</a> Curtain Wall/Storefront/Pre-Glazed/Panels Public/Private</p>
<p><b><u>Sterling Glass &amp; Dual Pane</u></b></p> <p>1415 Niagara St. Buffalo, New York 14213 Phone: 716-853-5800 Fax: 716-853-5805 Contact: Marty Loughran Email: <a href="mailto:mloughran@sterlingglassinc.com">mloughran@sterlingglassinc.com</a> Curtain Wall/ Storefront/ Pre-Glazed Public/Private</p>	<p><b><u>Southern Glass Service</u></b></p> <p>3131 State Route 352 Big Flats, New York 14814 Phone: 607-562-3029 Fax: 607-562-3104 Contact: Rebecca Roe/Chris Dean/Jim Sherwood Email: <a href="mailto:rroe@southernglassservice.com">rroe@southernglassservice.com</a> <a href="mailto:cdean@southernglassservice.com">cdean@southernglassservice.com</a> Curtain Wall/Storefront/Pre-Glazed/Panels Public/Private</p>





To New Member:

On \_\_\_\_\_ 2024 you made an application with DC#4/Local#677. You agree in part to pay a \$100.00 Initiation fee which will be due in 45 days. We have multiple ways for you to pay this fee.

1. You can mail a check to DC#4 Headquarters 585 Aero Dr. Cheektowaga, NY 14225 & attention it to Shannon Albano.
2. You can call (716) 565-0303 and make a payment with Debit/Credit Card. Your contact here again will be Shannon Albano
3. You can also make a payment to the Business Representative of the Local you belong to & will be given a receipt at the time of payment.

Thank you for your timely response to this matter.

Thank you,

Joe Comfort

Regional Business Representative DC#4/Local#677



# D.C. #4's 16<sup>th</sup> Annual STAR Safety Awards

Date, Time & Place to be announced



## **STAR Raffle Requirements:**

1. Must be a Member in good standing at the time of the Awards Ceremony.
2. Must be present at the 2023 Awards Ceremony.
3. Must complete a minimum of 800 "work hours" of employment for a signatory/signed employer during the Qualifying Period.
4. Must complete the Training Course requirements by the end of the Qualifying Period.

## **2023 STAR Course Requirements:**

For each 16 hours of classroom//hands-on training you receive during the Qualifying Period in a **Qualifying Class** at the Finishing Trades Institute of Western & Central New York, (the "Training Fund"), you will be entitled to one chance in each prize category. You must complete and pass the course to receive credit towards the 16 hours. To receive a list of classes or enroll in a class, you should call (716) 565-0112 Monday through Friday, 8:00 a.m. to 4:30 p.m.

As an example: If you complete and pass a 32 hour classroom/hands-on training class, you will have (02) chances for the Grand Prize Raffle & (02) chances for the Primary Prize Raffle and (02) chances for the Secondary Prize Raffle so in other words, every 16 hours of classroom /hands-on training puts your name in for another chance for each Prize Category.

## **::::: Important Definitions :::::**

**Members in Good Standing:** An apprentice or journey worker whose dues are currently paid and up to date. Members in good standing who are excluded from the raffle are: Business Manager, Regional Business Representatives/Organizers and staff of the District Council. Training Fund instructors are eligible if they meet the Safe Hour requirement through work under the collective bargaining agreement with a signatory employer, and complete the required courses as a student.

**Qualifying Class:** Any health, safety or training class offered by or approved of by the Training Fund, completed and passed by you during the Qualifying Period. As stated, you must complete the class to receive credit towards the 16 hour requirement. You cannot duplicate any Health & Safety classes in the Qualifying Period.

**Qualifying Period:** May 1, 2022 to April 30, 2023

**Attending Local Union Meetings:** For every Local Union meeting attended during the qualifying period, you will receive one (1) STAR credit hour.

**Stipulation:** You must attend and complete at least one (1) Health & Safety or Journeyman Upgrading class.



**PAINTERS DISTRICT COUNCIL #4 HEALTH & WELFARE FUND  
OPEN ENROLLMENT EFFECTIVE MARCH 1, 2024: BENEFIT SUMMARIES**

	<b>PROPOSED BENEFIT OPTION 800 (HIGH)</b>	<b>PROPOSED BENEFIT OPTION 800 (MED)</b>	<b>PROPOSED BENEFIT OPTION 800 (LOW)</b>
<b>IN-NETWORK DEDUCTIBLE</b>	\$500/\$1,000	\$2,000/\$4,000	\$2,000/\$4,000
<b>CO-INSURANCE</b>	90%/10%	80%/20%	80%/20%
<b>OUT OF POCKET MAXIMUM</b>	\$2,500/\$5,000	\$4,000/\$8,000	\$5,000/\$10,000
<b>OUT-OF-NETWORK DEDUCTIBLE</b>	\$1,500/\$3,000	\$3,000/\$6,000	\$3,000/\$6,000
<b>CO-INSURANCE</b>	70%/30%	60%/40%	60%/40%
<b>OUT-OF-POCKET MAXIMUM</b>	\$5,000/\$10,000	\$6,000/\$12,000	\$10,000/\$20,000
<b>PHYSICIAN COPAY</b>	\$20	\$25	20% AFTER DEDUCTIBLE
<b>SPECIALIST COPAY</b>	\$30	\$40	20% AFTER DEDUCTIBLE
<b>HOSPITAL COPAY</b>	\$500	20% AFTER DEDUCTIBLE	20% AFTER DEDUCTIBLE
<b>OUTPATIENT SURGERY COPAY</b>	\$75	20% AFTER DEDUCTIBLE	20% AFTER DEDUCTIBLE
<b>EMERGENCY ROOM</b>	\$150	\$150	20% AFTER DEDUCTIBLE
<b>URGENT CARE</b>	\$50	\$50	20% AFTER DEDUCTIBLE
<b>PRESCRIPTION DRUG</b>	\$5/\$30/\$50 AT RETAIL (2.5 TIMES AT MAIL)	\$5/20%/20% AT RETAIL (\$150 MAX/\$250 MAX) (2.5 TIMES AT MAIL)	\$15/50%/50% AT RETAIL (AFTER DEDUCTIBLE) (2.5 TIMES AT MAIL)
<b>SINGLE RATE</b>	\$783.14	\$628.49	\$492.68
<b>TWO PERSON RATE</b>	\$1,530.35	\$1,228.00	\$962.54
<b>FAMILY RATE</b>	\$1,995.58	\$1,640.71	\$1,317.22

# Aetna Dental Rates

# Starting March 2024

Single Coverage	\$20.86
Family Coverage	\$59.46



Painters District Council No. 4 Health & Welfare Trust Fund

Effective Date: 03-01-2021

## Dental Benefits Summary

	Active PPO MAX	
	With PPOll and Extend <sup>SM</sup> Networks	
	Participating	Non-participating
<b>Annual Deductible*</b>		
Individual	\$50	\$50
Family	\$150	\$150
<b>Preventive Services</b>	100%	100%
<b>Basic Services</b>	80%	50%
<b>Major Services</b>	50%	50%
<b>Annual Benefit Maximum</b>	\$2,500	\$2,500
Office Visit Copay	N/A	N/A
Orthodontic Services**	50%	50%
Orthodontic Deductible	None	None
Orthodontic Lifetime Maximum	\$1,000	\$1,000

\*The deductible applies to: Basic & Major services only  
 \*\*Orthodontia is covered only for children (appliance must be placed prior to age 20).

Partial List of Services	Active PPO MAX	
	With PPOll and Extend <sup>SM</sup> Networks	
	Participating	Non-participating
<b>Preventive</b>		
Oral examinations (a)	100%	100%
Cleanings (a) Adult/Child	100%	100%
Fluoride (a)	100%	100%
Sealants (permanent molars only) (a)	100%	100%
Bitewing Images (a)	100%	100%
Space Maintainers	100%	100%
<b>Basic</b>		
Full mouth series Images (a)	80%	50%
Amalgam (silver) fillings	80%	50%
Composite fillings (anterior teeth only)	80%	50%
Uncomplicated extractions	80%	50%
<b>Major</b>		
Inlays	50%	50%
Onlays	50%	50%
Crowns	50%	50%
Stainless steel crowns	50%	50%
Full & partial dentures	50%	50%
Pontics	50%	50%
Scaling and root planing (a)	50%	50%
Gingivectomy (a)*	50%	50%
Root canal therapy		
Anterior teeth / Bicuspid teeth	50%	50%
Molar teeth	50%	50%
Osseous surgery (a)*	50%	50%
Incision and drainage of abscess*	50%	50%
Surgical removal of erupted tooth*	50%	50%
Surgical removal of impacted tooth (soft tissue)*	50%	50%
Surgical removal of impacted tooth (partial bony/ full bony)*	50%	50%
General anesthesia/intravenous sedation*	50%	50%
Denture repairs	50%	50%

\*Certain services may be covered under the Medical Plan. Contact Member Services for more details.  
 (a) Frequency and/or age limitations may apply to these services. These limits are described in the booklet/certificate.

**District Council # 4 Trust Funds Rochester/CNY/Elmira Quick Reference Guide**

**Contributions being Entered:** Contractors have 45 days “after a month end” to send in a remittance report for work performed. When contractors send in monthly reports, it may not reflect the most current work performed, (ie: remittances for work performed for the month of May does not have to be submitted until July 15<sup>th</sup>).

Effective dates of Contributions: Once the Trust Funds receives a contribution, the member contributions will be based on the following:

**HCA/WRA Splits:** Basis on how splits are computed:

**\*\*A single contribution cannot be split multiple ways regardless of the dollar amount in your HCA/WRA. (This may put your HCA/WRA over the \$1,500/\$12,500 limit for that single contribution—the next contribution will be split accordingly)**

1. **HCA**-All HCA accounts must be at a minimum of \$1,500. Contributions will go 97% into HCA until that amount is met. (3% is admin fee out of the WRA)
2. **WRA**- If WRA reaches \$12,500, contributions will revert back to 97% into HCA (3% admin fee out of the WRA)
3. Health insurance type/level of coverage and split:

Single	50/50
2 Person	80/20
Family	97/3
HCA Amt below \$1500	97/3
No longer receiving Health Ins	80/20
Waive/ Employer based	20/80
Waive/Non Employer based	20/80

4. Date order of contribution: **A contribution will be allocated as of the Payroll ending date of the contribution.** Therefore whatever the health insurance status is at the payroll ending date of the contribution, will have the split go according to the split table above (in some instances- if contributions are sent in after a more current remittance from a contractor, the date order cannot be followed).

**Unemployment PAP Benefits \$250:** Member must have money in **WRA**, must show proof of unemployment history and complete request form.

**Unemployment Waiting Week (\$400):** Member must have money in **WRA**, must show proof of unemployment history and complete request form.

**Medical Reimbursements:** This is a reimbursement program, therefore you must pay the bill before submitting for reimbursement. A Claim form along with the patients’ name, statement of charges, service provided and date must be submitted with proof of payment, or claim may be denied.

**\*\*\*In order to get reimbursed for out of pocket medical, dental and vision expenses, you must have employer based insurance either through DC#4 or your spouse’s employer. If you have your spouse’s coverage, a waiver form must be on file showing the dependents who have the employer sponsored coverage. If any dependents are not on employer based coverage, no reimbursements can be made on their behalf.**

**Health/Dental Insurance:** Members must have the minimum balance of \$1,500 in the HCA in order to qualify for coverage. Paperwork will be sent in the mail. Members have 30 days from a qualifying event to enroll or members must wait until the annual Open Enrollment. Call the Trust Funds Office for rates.

**Direct Deposit:** We offer direct deposit for pap checks (vacations/holidays/medical reimbursements/pap benefits). We need to have the form completed along with a voided check or a statement from the bank with your routing and account number. Direct deposits go in the bank on Thursdays.

\*\* If you owe documentation or need to sign for your check, we cannot release the funds, therefore you will have a paper check that week.

**Inactivity Bucket:**

If there is no contribution to, or distribution from your Health Care Account or Wage Replacement Account for a period of sixty (60) consecutive months, then any balance in those accounts will be forfeited and added to the Fund's reserves. Further, any balance remaining in your Health Care Account upon your death (if you are not survived by a spouse or eligible dependents), or upon the death of the survivor of your spouse or eligible dependents, will be forfeited and added to the Fund's reserves. Any balance remaining in your Wage Replacement Account will be forfeited upon your death and added to the Fund's reserves.

**Vacations:**

There is a maximum of six (6) weeks of vacation that can be taken between June 1<sup>st</sup> and May 31<sup>st</sup> of the following year. FICA and Medicare taxes are mandatory to be taken as well as personal withholdings for state and federal taxes. Vacations are taken with the status of Apprentice (\$850.00 comes out of WRA), Industrial (\$850.00 comes out of WRA), or Journeyman (\$1,600.00 comes out of WRA). If a member calls in the request, they will need to pick up the check on Thursday or Friday and sign for it. If you owe documentation or need to sign for your check, we cannot release the funds, therefore you will have a paper check that week.

**Holidays:**

There are nine (9) holidays that can be taken each year. The cut off for taking the prior year's holidays is May 31<sup>st</sup>. You cannot request a holiday that is more than one week in the future (ie: Christmas Day cannot be requested until **one week prior** to that holiday occurring on the physical Calendar).

**HIPAA Forms:**

HIPAA forms allow members' spouse, parent or whomever they chose to be able to call/come in to discuss the options below: **PLEASE** complete one as spouses and parents may not understand when we are unable to give them account balances or info on when contributions came in and how much was contributed.

**Specific description of information to be used or disclosed:** (Please check all that apply)

Health Care Acct Balances       Medical Bills/Receipts       Reimbursement Checks

**Specific purpose of the disclosure:**

Submission of Medical Claims       Balance, status Inquiries       Allowed to pick up reimbursement checks

**Bereavement:**

- Up to three (3) days at \$300 per day for days missed from the job (you cannot be collecting unemployment)
- You must also have worked the business day before the bereavement days requested for, as well as the day after the last bereavement day requested.
- Funds must be available in the WRA in order to receive this benefit (if the funds are not available at the time of bereavement, this is valid one year from the date of passing).
- Bereavement request from and proof of death (obituary or death certificate) of family member is required.

- This only applies for immediate family members (parent or parent-in law, grand parent, spouse, child or sibling).
- Applicable to Social Security and Medicare employer and employee taxes in addition to federal and state taxes.

**Disability/Workers Compensation Benefit:**

- Proof of collection of benefits ( a copy of the check stub) is mandatory in order to be eligible for such benefits
- These checks are subject to Social Security and Medicare taxes (both employer and employee portions)
- Personal Federal and State taxes are optional to the member
- Funds must be available in your WRA in order to collect these benefits  
ie: for two (2) weeks of disability- a total of \$500.00 (\$250 each week), you are required to have a balance of \$562.75 in your WRA to receive the benefit.

**Life Insurance:** Members who work 500 hours between May 1<sup>st</sup> and April 30<sup>th</sup> of the next year will qualify for our Hartford Life insurance benefit (free of cost). The plan year runs from August 1<sup>st</sup> to July 31<sup>st</sup> the following year.

The benefit breakdown is as follows:

- \$50,000 coverage for the member
- \$5, 000 coverage for the members spouse
- \$2,500 coverage for the members eligible dependents ages 6 months to 19 years of age
- \$250 coverage for the members eligible dependents ages 14 days to 6 months

**\*\*Note:** A beneficiary designation form is mailed out to all of the members upon qualification that needs to be completed and returned to DC#4 EVERY YEAR. It is ***your responsibility*** to make sure the beneficiary form is completed and turned in at a timely manner to ensure you or your beneficiaries will receive these benefits.

**Address:**

Always keep your address updated with District Council #4. This is very important for mailings, W-2's and checks getting mailed out.

The Address change form is located on our DC4 website or you can obtain the form by calling the District Council #4 Office at 716-565-0303. Address change forms must be notarized and sent back to DC#4.

**IUPAT Pension & Annuity Phone #: 1-800-554-2479 Ext. 5533** Any questions on your pension and annuity, you must call this phone number.

**SUMMARY OF MATERIAL MODIFICATION  
TO THE PLAN OF BENEFITS  
OF  
PAINTERS DISTRICT COUNCIL NO.4  
HEALTH & WELFARE FUND**

A. General. This is a summary of material modification regarding the Plan of Benefits, Painters District Council No. 4 Health & Welfare Fund (the “Plan”). This summary of material modification supplements the Summary Plan Description (the “SPD”) previously provided to you. You should retain this document with your copy of the SPD.

B. Sponsor Information. The legal name, address and federal employer identification number of the Sponsor are:

Board of Trustees  
Painters District Council No. 4 Health & Welfare Fund  
585 Aero Drive  
Cheektowaga, NY 14225  
EIN: 16-6070541

C. Summary Description of Modifications. The Trustees have approved the following changes to your Welfare Plan:

Effective January 1 2024, the Juneteenth holiday has been added as a paid day off under the Plan. Section 3 of Article V of the Plan has been amended to read as follows:

**3. Vacation Benefits and Holiday Benefits**

You are entitled to up to 6 vacation weeks per Plan Year (June 1 to May 31) and the following 10 holidays per calendar year: New Year’s Day, Birthday of Martin Luther King, Jr., Memorial Day, Independence Day, Juneteenth National Independence Day, Labor Day, Veterans Day, Thanksgiving Day, Day After Thanksgiving, Christmas.

The amount of the journeyman benefit shall be \$1,416.80 per five consecutive vacation days and \$354.20 per holiday. Vacation and holiday benefits for Apprentices and Industrial Members shall be \$752.60 per five consecutive vacation days and \$354.20 per holiday. Your account will also be reduced by (as applicable) the employer Social Security, Medicare and unemployment taxes, so that the balance required in your account for five vacation days shall be \$1,600 for a journeyman and \$850 for an Industrial Members. Holidays require a \$400 balance.

Claims for holiday and vacation benefits must be made within 60 days of the end of the Plan Year in which they accrue. The Trustees will presume that you are on vacation for any day you are not working for an Employer and for which you do not receive an Unemployment Benefit or Disability Benefit from the Fund.

These benefits are paid from your Wage Replacement Account and may not exceed the balance in your Account.

**This notice constitutes your summary of material modifications as required by section 104(b) of ERISA and should be kept with your copy of the Plan’s summary plan description and other important plan documents.**



**Waiver of Group Health Benefits**

**Painters District Council No. 4 Health and Welfare Fund**

585 Aero Dr., Cheektowaga, NY 14225 Ph: 716-565-0234 Fx: 716-565-1494

Please complete the following:

**Participant Name:** \_\_\_\_\_  
(Last) (First) (MI)

**Participant SS#** (Last 4 digits): \_\_\_\_\_ **Effective Date** \_\_\_\_/\_\_\_\_/\_\_\_\_  
(MM/DD/YY)

I am waiving coverage for:

- Myself
- Spouse – (Name) \_\_\_\_\_
- Dependent (s) – Please list names: \_\_\_\_\_

**Is this an employer sponsored plan?**  Yes  No

I am waiving due to Coverage under:

- My own
- My spouse's
- My parent's plan

Name of carrier: \_\_\_\_\_

**If you are waiving coverage, you must present a copy of your enrollment card.**

Other coverage – name of carrier: \_\_\_\_\_

This other coverage is:  Individual  COBRA  Medicare  TRICARE (formerly CHAMPUS)  
 Child Health Plus  Medicaid  Indian Health Service

**IMPORTANT: Individual coverage purchased through NY State of Health, Medicare, Medicaid, TRICARE, Child Health Plus or health programs operated by the Indian Health Service, Indian tribes, tribal organizations, and Urban Indian organizations are considered NON- Employer based plans and will not qualify for medical reimbursements.**

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**Special Enrollment Notice and Certification – Please review and sign below if you wish to waive coverage**

By signing below, I certify that I have been given an opportunity to apply for coverage for myself and my eligible dependents, if any. I am declining enrollment as indicated above. I understand that I am declining enrollment for myself or my eligible dependents (including my spouse) because of other health insurance or group health plan coverage.

I understand that I must request enrollment no more than 30 days after the date the other health plan coverage ends (60 days for Medicaid or a State Children's Health Insurance Program). If I do not do so, I will not be able to enroll until the plan's next annual open enrollment period (March 1<sup>st</sup>).

I understand that in order to request special enrollment due to a qualifying event or obtain more information, I should contact my group administrator.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date of Signature