

# District Council #4 IUPAT

## General things to know as a new member

- The cost of becoming a journeyperson member is \$100 plus dues if your local is collecting any upfront dues. This cost is payable to your local union within 45 days of filling out an application. Make Checks payable to your local union.
- Please call your local Business Rep if you are laid off, so that they can get you back to work as soon as possible.
- Stay current on your dues to avoid a suspension fee of \$50. If you receive a notice that your dues are behind, please get caught up as soon as possible. Dues can be paid online at [www.DC4.com](http://www.DC4.com).
- Attend as many upgrading classes as possible and participate in the STAR program. Call the Training Department or check on [www.DC4.com](http://www.DC4.com) for more info on upcoming classes.

## D.C. #4 LOCAL MEETING NIGHTS

LOCAL	DUES	MEETING LOCATIONS	MONTHLY MEETING NIGHTS	CITY/TOWN	REGIONAL BUSINESS REPRESENTATIVE
#31	\$39	615 West Genesee Street Syracuse, New York	1st Monday @ 5:00pm	Syracuse	<p><b>Syracuse/Oswego/Watertown (Painters &amp; Drywall)</b> Dan LaFrance (315) 396-3301</p> <p><b>Buffalo/Niagara Falls/ Jamestown/Olean (Bridge Painters, Painters &amp; Drywall)</b> Dominic Zirilli (716) 393-7915</p> <p><b>Rochester (Painters &amp; Drywall)</b> David Chaffee (585) 413-8699</p> <p><b>Ithaca/Elmira/Binghamton (Painter &amp; Drywall)</b> Dan Jackson (315) 744-5280</p> <p><b>Buffalo/Niagara Falls/ Jamestown/Olean (Glaziers)</b> Brian Lipczynski (716) 429-7489</p> <p><b>Rochester/Syracuse/Binghamton (Glaziers)</b> Joe Comfort (585) 727-6228</p>
#38	\$42	216 Cayuga Street Fulton, New York	4th Tuesday @ 7:00pm	Oswego	
#43	\$39	585 Aero Drive Cheektowaga, New York	2nd Thursday @ 6:00pm	Cheektowaga	
#112	\$37	585 Aero Drive Cheektowaga, New York	2nd Monday @ 6:00pm	Cheektowaga	
#150	\$39	6605 Pittsford Palmyra Road Suite E6 Fairport, New York	2nd Wednesday @ 4:30pm	Rochester	
#178	\$40	701 West State Street Ithaca, New York	1st Tuesday @ 5:00pm	Ithaca	
#660	\$37	585 Aero Drive Cheektowaga, New York	2nd Friday @ 6:30pm	Cheektowaga	
#660 (ROCH)	\$39	6605 Pittsford Palmyra Road Suite E6 Fairport, New York	1st Monday @ 5:00pm	Rochester	
#677 (SYRA)	\$39	615 West Genesee Street Syracuse, New York	1st Wednesday @ 5:00pm	Syracuse	
#677 (BING)	\$39	American Legion Post 76 Main Street Syracuse, NY	3rd Thursday @ 5:00pm	Binghamton	

# District Council #4 Contact Info

[WWW.DC4.ORG](http://WWW.DC4.ORG)

## District Council #4 Headquarters

716-565-0303

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

## District Council #4 Apprenticeship and Training Office

716-565-0112

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

## Trust Funds Office

716-565-0234

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

## Business Representatives

### Brian Lipczynski

Director of Servicing/Buffalo Area Glazier Rep.

716-429-7489

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

### Dominic Zirilli

Buffalo Area Painter/Taper Rep.

716-393-7915

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

### Dan Jackson

Ithaca, Elmira, Binghamton Area Painter/Taper Rep.

315-744-5280

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

### David Chaffee

Rochester Area Painter/Taper Rep.

585-413-8699

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

### Dan Lafrance

Oswego, Watertown Area Painter/Taper Rep.

315-396-3301

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

### Joe Comfort

Rochester, Syracuse, Binghamton Area Glazier Rep.

585-7276228

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

## Business Development

### Frank Stento

Director of Organizing

607-727-5208

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

### Wes Schlossin

Organizer

716-989-1685

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

### Don Meyers

Organizer

607-240-8404

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

### Guy Falsetti

Organizer

716-580-2626

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

### Joe Guza

Organizer

716-458-5844

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



# District Council #4



Michael Hogan  
Business Manager Secretary Treasure

## Departments

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

**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:

<b>Low</b>		<b>Medium</b>		<b>High</b>	
Single	50/50	Single	55/45	Single	60/40
2-Person	80/20	2-Person	85/15	2-Person	90/10
Family	90/10	Family	97/3	Family	97/3
HCA Amt Below \$1500				80/20	
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).

**\*\*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 contributions after that will be split accordingly)**

**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.

**Health Insurance Default:** Once a member's HCA account balance reaches \$1,500, they become eligible to sign up for our insurance. Upon receiving the default letter, they have 45 days to respond. If no response is received within this period, the member will be automatically enrolled in our single low plan. Members who already have insurance must submit a waiver with proof of coverage; otherwise, they will be defaulted to our insurance.

**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.

**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.

### **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 ten (10) 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).

### **Bereavement:**

You will be eligible for 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, as well as the business day after the last bereavement day requested. The funds must be available in the WRA to receive this benefit (if the funds are not available at the time of bereavement, this is valid for one year from the date of passing). The Bereavement request form and proof of death (obituary or death certificate) of a family member is required. This benefit only applies for immediate family members (parent or parent-in-law, grandparent, spouse, child, or sibling). This benefit applies to Social Security and Medicare employer and employee taxes in addition to federal and state taxes.

### **Jury Duty:**

For the Jury Duty benefit, you must complete a form and provide proof of the days you served. You can collect \$200 per day served, provided you have sufficient funds in your WRA. This benefit is available for up to one year from the dates you served, even if the funds were not available at the time of service.

### **Disability/Workers Compensation Benefit:**

You must provide proof of collection of benefits, such as a copy of the check stub. This is mandatory in order to be eligible for such benefits. These checks are subject to FICA and Medicare taxes (both employer and employee portions). The funds must be available in your WRA in order to collect these benefits (i.e.: for two (2) weeks of disability of \$500.00 (\$250 each week), you are required to have a balance of \$560.38).

**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.

**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.

**Updating your 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 ([www.dc4.org](http://www.dc4.org)) 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 Phone #:** 1-410-564-5500 Any questions on your pension and annuity, you must call this phone number.

**IUPAT Annuity Phone:** 1-866-767-1212 - For any questions in regards to your annuity, please call this phone number.

**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

## 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.**

\*\*\*\*\*

**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





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

	PROPOSED BENEFIT OPTION 800 (HIGH)	PROPOSED BENEFIT OPTION 800 (MED)	PROPOSED BENEFIT OPTION 800 (LOW)
<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



# Painters Local #178

## Binghamton/Ithaca/Elmira

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

2025 Warner Road Moravia, New York 13118

(315) 744-5280 Fax (315) 497-1005

Business Representative: Dan Jackson (315) 744-5280

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

Painting & Finishing	Painting & Finishing
<p><b>Blue Spruce Painting</b>            256 Lang Rd.            Spencer, NY 14813            Phone: (607) 589-6732            Contact: <b>Jim Barry</b>  <a href="mailto:Bluespruce4u@yahoo.com">Bluespruce4u@yahoo.com</a>            Residential/Commercial Painting</p>	<p><b>Cook Painting</b>            510 Baldwin St.            Elmira, NY 14901            Phone: (607) 733-5961            Fax: (607) 733-2745            Contact: <b>Scott or Jeff Cook</b>  <a href="mailto:jeff.cook@johncookpainting.com">jeff.cook@johncookpainting.com</a>            Residential/Commercial Painting</p>
<p><b>S. Centolella Painting Inc.</b>            5311 New London Rd.            Rome, NY 13440            Phone (315) 292-3232            Contact: <b>Sam Centolella</b>  <a href="mailto:sam.advancedpainting@gmail.com">sam.advancedpainting@gmail.com</a>            Commercial/Residential Painting</p>	<p><b>A&amp;T Energy Services</b>            5054 Co Rd 125            Campbell, NY 14821            Phone: (607) 368-5645            Contact: <b>Troy Teeter</b>            Cell: (607) 329-9728  <a href="mailto:tteeter@elliottcs.com">tteeter@elliottcs.com</a>            Commercial/Industrial Painting</p>
<p><b>John C. Lowery</b>            80 Etna Lane            Freeville NY 13068            Phone: (607) 347-4400            Fax: (607) 347-4405            Contact: <b>Brian Ivery</b>  <a href="mailto:bivery@lowery-inc.com">bivery@lowery-inc.com</a>            Residential/Commercial Drywall</p>	<p><b>KHM Inc.</b>            P.O. Box 2672            Binghamton, NY 13902            Phone: (607) 773-0076            Fax: (607) 771-0380            Contact: <b>Mike Hanagan</b>  <a href="mailto:mhanagan@khminc.net">mhanagan@khminc.net</a>            Commercial/Industrial/WBE</p>
<p><b>Pendleton's Painting</b>            775 S. Kinyon St.            Elmira, NY 14904            Phone: (607) 734-9691            Fax: (607) 734-2053            Contact: <b>Dan Pendleton</b>  <a href="mailto:penpainting@stny.twcbc.com">penpainting@stny.twcbc.com</a>            Residential/Commercial Painting</p>	<p><b>Accurate Acoustical</b>            793 Canning Road            Victor, NY 14564            Phone: (585) 924-4200            Fax: (585) 924-9455            Contact: Rich Simeone  <a href="mailto:simeone@myaai.com">simeone@myaai.com</a>            Residential/Commercial Drywall</p>
<p><b>KSP Painting Co.</b>            1010 Cold Springs Road            Liverpool, NY 13088            Phone: (315) 457-2202            Fax: (315) 457-2060            Contact: <b>Jeff Pisciarino</b>  <a href="mailto:ksppainting@aol.com">ksppainting@aol.com</a>            Commercial/Residential/WBE/Industrial</p>	

# **Safety Training Awards Recognition (S.T.A.R.)** **Program**

## **QUALIFICATION REQUIREMENTS**

**Qualifying Period: May 1, 2023, through April 30, 2024**

### **STAR Raffle Qualification Requirements:**

- 1. Must be present at the 2024 Awards Ceremony.**
- 2. Must be a “Member in good standing” at the time of the Awards Ceremony.**

*Members in Good Standing:* An apprentice or journey worker whose dues are paid current (not suspended or dropped). Members in good standing who are excluded from the raffle are: Business Manager, Regional Business Representatives/Organizers, full time FTI staff, and staff of the District Council. Training Fund instructors are eligible if they meet the employment hour requirement, through work under the collective bargaining agreement, with a signatory employer and complete the required courses as a student.

- 3. Must complete a minimum of 800 hours of employment for a signatory/signed employer during the Qualifying Period**
- 4. Must complete at least 16 hours of training in the Qualifying Period**

#### **2024 STAR Training Course Requirements:**

For each 16 hours of Health & Safety/Journeymen Upgrading Training you receive during the Qualifying Period (May 1, 2023, through April 30, 2024), in a Qualifying Training 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 the course to receive credit. Duplication of Health & Safety classes during the qualifying period is **NOT** permitted.

**Example:** If you complete a 32-hours of Health & Safety/Journeymen Upgrading Training classes, 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. Every additional 16 hours of classroom /hands-on training puts your name in for another chance for each Prize Category.

**Qualifying Class:** Any health, safety, or training class offered by the Training Fund, or a class approved by the Training Fund Trustees, and completed during the Qualifying Period.

### **ADDITIONAL WAYS TO EARN CREDITS**

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

**DC4 Volunteer Organizing Committee (V.O.C.)/DC 4 Sanctioned Volunteer Events:** For every DC4 V.O.C or DC 4 sanctioned volunteer event attended, you will receive four (4) S.T.A.R. credit hours. If you volunteered more than 4 hours, and it is documented, you will receive those additional S.T.A.R. credit hours. For every DC4 V.O.C. meeting attended, you will receive 1 credit hour.

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