

IBEW

Member Orientation

(Outside)



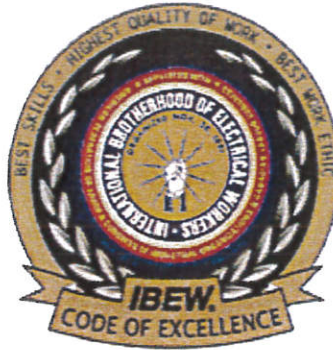
WELCOME

Member Orientation

Objectives

- ✓ To help our members feel welcome and comfortable as members of the local union.
- ✓ To have our members understand the value and functions of the union.
- ✓ To have our members understand their role in and responsibility to the union including their commitment to the standards set forth in the I.B.E.W. Code of Excellence.
- ✓ To help our members understand their rights as members

IBEW CODE OF EXCELLENCE



Come to work on time, fit for duty and ready to work.

Obey recognized customer and employer work rules.

Demonstrate zero tolerance for alcohol and substance abuse.

Exercise proper safety, health and sanitation practices.

Own up to "8 for 8" and be on the job unless authorized to leave.

Follow safe, reasonable and legitimate management directives.

Encourage respect for the customer's rights and property, as well as that of others.

Xercise the skills and abilities of the trade.

Care for tools and equipment provided by the employer.

Eliminate waste and other forms of property abuse including graffiti.

Limit lunch and break times to allocated periods, adhere to start and quit times.

Leave inappropriate behavior to those of lesser knowledge.

Employ the proper tool for the job and maintain personal tool responsibilities.

No solicitation of funds or selling merchandise without BM's approval.

Curtail idle time and personal business during work hours, no cell phones.

Expell all conduct that would cast the IBEW in a bad light.

In 1891 the 10 locals organized by a St. Louis lineman, Henry Miller, who packed his tools and traveled to many cities of the United States to work at the trade and to organize the electrical workers he met and worked with into local unions, met in a small room above Stolley's Dance Hall in St. Louis, adopted the name of National Brotherhood of Electrical Workers and drafted our Constitution.

Our union, which began with less than 2000 members, has grown to over 800,000 strong. Instead of 10 locals there are now over 1000 local unions, which represent members in many fields, including Construction and Maintenance, Utility, Telecommunications, Railroad, Broadcasting and Recording, Manufacturing and Government.

1891 Preamble to the Constitution

"We earnestly invite all workers belonging to our trade to come forward, join our ranks and help increase our numbers, until there shall be no one working at our trade outside of our Brotherhood..."

Seeing how difficulties could arise in the interpretation of the IBEW Constitution, our founders left the power of making final interpretations to the International President.

DUES

One of the major concerns at the beginning of our union was the need for a death benefit to help the families of members. A death benefit of \$50 for the death of a member and \$25 for spouses was created. This benefit almost led to the bankruptcy of the union because so many people were dying and dues were only 10 cents a month per member. In 1895 the wives' benefit was abolished, the per capita was increased to 25 cents and the minimum initiation fee was increased to \$5.

In 1922 the membership voted to replace the old death benefit system with the Electrical Workers Benefit Association (EWBA). This placed the IBEW on stable financial footing.

Every organization or business firm requires financial support to carry out its functions and responsibilities. Local unions need financial resources to conduct their affairs and provide services to their members.

The payment recorded on the face of this receipt has been posted to your local union membership record. The I.O. portion will be process when the payment is reported to the International Office.

PAYMENT CODES		
I.O.	L.U.	DESCRIPTION OF PAYMENT
1	2	Initiation Fee
3	4	Difference Fee
5	6	Reinstatement Fee
7		PBF Initiation Fee (Art. X, Sec. 3)
	8	Death Benefit Fee
9	10	Dues
11	12	Difference in Dues
	13	Insurance
	14	Other
	15	Hospitalization
	16	Building Fund
	17	Death Benefits
	18	Social Fund
	19	Vacation
	20	Interest
	21	Rent
	22	Sale
	23	Retirement
	24	Optional Benefits
	25	Working Dues

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS

OFFICIAL RECEIPT

SERIES L2-08
456001

MEMBERS COPY

I.O. PORTION		LOCAL UNION PORTION		PAID	
AMOUNT	CODE	AMOUNT	CODE	AMOUNT	CODE
DATE PAID THRU					
Date Paid Through			LU NO	MEMB. TYPE	CARD NO
				A BA	
REC'D OF				TRADE CLASSIFICATION	
				FINANCIAL SECRETARY	

Reasons for Dues

- ✓ **Contract Negotiations**
- ✓ **Grievance and Arbitration Handling**
- ✓ **Representing interests of members before various levels of government**
- ✓ **Organizing unrepresented workers**
- ✓ **Office expenses Salaries of full-time staff**

As members of the IBEW, we have a voice in determining the amount of dues we pay. The international portion of the dues is established by a vote of the delegates to the international convention. The local union portion of the dues is voted on by a meeting of the local union.

A portion of your monthly dues is sent to the International. This portion includes:

— Pension Benefit Fund - \$23.00/month effective 1/1/25 (“A” members only).

— General Fund - \$23/month, effective 7/1/24. Money from the General Fund is used to pay for the day-to-day operations and expenses of the international office, dues to the AFL-CIO, payment to the national building trades, the monthly publication of the *IBEW Journal*, and International Convention costs.

Local union dues are retained by the local union to finance all of its operations and services.

— In local 443 each member pays an additional \$10/month for Journeyman and CE’s and \$5/month for apprentice’s and CW’s. This money goes to the local union’s general fund.

— Dues payments are required whether the member is working or not, unless a withdrawal card is issued to the member by the local union.

--- Working Assessments are 4% of gross wages and are paid only when working in the local union jurisdiction

Local Union Dues

Basic dues - \$10.00 per month*
C.O.P.E. (voluntary .02 per hour) **
Working dues - 4% of gross***

*The Local Union portion of your monthly dues goes to the local union to pay for all of its day to day operations and expenses.

**COPE (Committee on Political Education) money is used to educate politicians and members about labor issues.

***The total dollar amount the members pay to the local union is deducted monthly or weekly from your pay check and sent in by your employer and is paid only on hours worked in the local union. If you are working in another local's jurisdiction, the assessment is deducted and paid to the local union where you are working.

Negotiated Wage Rates

Outside Journeyman Lineman

12/1/24 Through 11/30/25 **\$41.64/hr.**

12/1/25 Through 11/30/26 **\$43.31/hr.**

Local Union Pension

Southern Electrical Retirement Fund (S.E.R.F.)

15% of the negotiated wage rate for Journeyman Lineman (\$6.25/hr.)

(Defined Contribution* paid by employer)

Years	Amount Contributed	Interest Gained *	Accrued Benefits*
5	\$62,499.60	\$11,662.28	\$74,161.88
10	\$124,999.20	\$53,178.55	\$178,177.75
15	\$187,498.80	\$136,566.58	\$324,065.38
20	\$249,998.40	\$278,681.94	\$528,680.34
25	\$312,498.00	\$503,165.41	\$815,663.41
30	\$374,997.60	\$843,174.40	\$1,218,172.00
35	\$437,497.20	\$1,345,213.92	\$1,782,711.12
40	\$499,996.80	\$2,074,509.657	\$2,574,506.45

*Basis for Interest and accrued benefit:

- 2000 hours worked per year.
- 7% average return on investment per year.
- Based on current contribution rate for Journeyman Lineman.

**Defined Contribution is a cash value pension plan.



**SOUTHERN ELECTRICAL
RETIREMENT FUND**
3928 VOLUNTEER DRIVE, CHATTANOOGA, TN 37416-3817
Phone: (423) 899-2593
EIN-62-6125711



STATEMENT OF YOUR INDIVIDUAL ACCOUNT
PLAN YEAR ENDED 12/31/2003

JAMES B. CARDWELL

SOCIAL SECURITY NO:
[REDACTED]

CONTRIBUTIONS REPORTED IN YOUR BEHALF

EMPLOYER	WORK MONTH	HOURS	CONTRIB RECEIVED	EMPLOYER	WORK MONTH	HOURS	CONTRIB RECEIVED	
SPIGENER ELECTRIC COMPANY	09/2003	160.00	240.00					
SPIGENER ELECTRIC COMPANY	09/2003	152.00	228.00					
SPIGENER ELECTRIC COMPANY	10/2003	200.00	300.00					
SPIGENER ELECTRIC COMPANY	11/2003	160.00	240.00					
SPIGENER ELECTRIC COMPANY	12/2003	150.00	225.00					
TOTAL HOURS WORKED AND EMPLOYER CONTRIBUTIONS FOR THIS PLAN YEAR							822.00 \$	1233.00

ACCOUNT BALANCE UPDATE

BEGINNING BALANCE	\$.00
PLUS		
CURRENT EMPLOYER CONTRIBUTIONS		1,233.00
EQUAL		
ADJUSTED BALANCE		1,233.00
PLUS		
INVESTMENT GAIN (LOSS)		34.81
MINUS		
ADMINISTRATIVE COST	(28.99)
ENDING BALANCE	\$	1,238.82

Beneficiary
NONE ON FILE



Prepared by: Southern Benefit Administrators, Incorporated



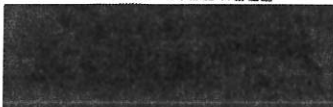
SOUTHERN ELECTRICAL
RETIREMENT FUND

3923 VOLUNTEER DRIVE, CHATTANOOGA, TN 37416-3817
Phone: (423) 899-2593
EIN-62-6125711



STATEMENT OF YOUR INDIVIDUAL ACCOUNT
PLAN YEAR ENDED 12/31/2004

JAMES B. CARDWELL



SOCIAL SECURITY NO



CONTRIBUTIONS REPORTED IN YOUR BEHALF

EMPLOYER	WORK MONTH	HOURS	CONTRIB RECEIVED	EMPLOYER	WORK MONTH	HOURS	CONTRIB RECEIVED
SPIGENER ELECTRIC COMPANY	01/2004	140.00	210.00				
SPIGENER ELECTRIC COMPANY	02/2004	150.00	240.00				
SPIGENER ELECTRIC COMPANY	03/2004	210.00	315.00				
SPIGENER ELECTRIC COMPANY	04/2004	151.00	225.50				
SPIGENER ELECTRIC COMPANY	05/2004	132.00	198.00				
SPIGENER ELECTRIC COMPANY	06/2004	245.00	367.50				
SPIGENER ELECTRIC COMPANY	07/2004	140.00	210.00				
SPIGENER ELECTRIC COMPANY	08/2004	172.00	258.00				
SPIGENER ELECTRIC COMPANY	09/2004	157.00	235.50				
				TOTAL HOURS WORKED AND EMPLOYER CONTRIBUTIONS FOR THIS PLAN YEAR			
				1517.00 \$ 2275.50			

ACCOUNT BALANCE UPDATE

BEGINNING BALANCE	\$ 1,238.82
PLUS CURRENT EMPLOYER CONTRIBUTIONS EQUAL	2,275.50
ADJUSTED BALANCE PLUS	3,514.32
INVESTMENT GAIN(LOSS) MINUS	210.13
ADMINISTRATIVE COST	(17.68)
ENDING BALANCE	\$ 3,706.77

Beneficiary



Prepared by: Southern Benefit Administrators, Incorporated

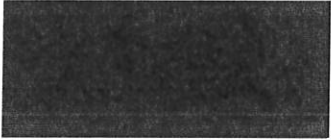


SOUTHERN ELECTRICAL
 RETIREMENT FUND
 3928 VOLUNTEER DRIVE, CHATTANOOGA, TN 37416-3817
 Phone: (423) 899-2593
 EIN-62-6125711



STATEMENT OF YOUR INDIVIDUAL ACCOUNT
 PLAN YEAR ENDED 12/31/2011

JAMES B. CARDWELL



SOCIAL SECURITY NO:



CONTRIBUTIONS REPORTED IN YOUR BEHALF

EMPLOYER	WORK MONTH	HOURS	CONTRIB RECEIVED	EMPLOYER	WORK MONTH	HOURS	CONTRIB RECEIVED
LOCAL #443	01/2011	160.00	512.00				
LOCAL #443	02/2011	160.00	512.00				
LOCAL #443	03/2011	160.00	512.00				
LOCAL #443	04/2011	200.00	640.00				
LOCAL #443	05/2011	160.00	512.00				
LOCAL #443	06/2011	160.00	512.00				
LOCAL #443	07/2011	160.00	512.00				
LOCAL #443	08/2011	160.00	512.00				
LOCAL #443	09/2011	200.00	640.00				
LOCAL #443	10/2011	160.00	512.00				
LOCAL #443	11/2011	160.00	512.00				
LOCAL #443	12/2011	200.00	640.00				
						2040.00 \$	6528.00
TOTAL HOURS WORKED AND EMPLOYER CONTRIBUTIONS FOR THIS PLAN YEAR							

ACCOUNT BALANCE UPDATE

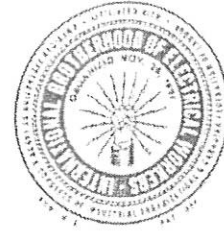
BEGINNING BALANCE	\$ 41,133.25
PLUS	
CURRENT EMPLOYER CONTRIBUTIONS EQUAL	6,528.00
ADJUSTED BALANCE	47,661.25
PLUS	
INVESTMENT GAIN (LOSS)	1,969.06
MINUS	
ADMINISTRATIVE COST	(37.70)
ENDING BALANCE	\$ 49,592.61

Beneficiary





SOUTHERN ELECTRICAL
 RETIREMENT FUND
 3928 VOLUNTEER DRIVE, CHATTANOOGA, TN 37416-3817
 Phone: (423) 899-2593
 EIN-62-6125711

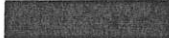


STATEMENT OF YOUR INDIVIDUAL ACCOUNT
 PLAN YEAR ENDED 12/31/2013

JAMES B. CARDWELL



SOCIAL SECURITY NO:



CONTRIBUTIONS REPORTED IN YOUR BEHALF

EMPLOYER	WORK MONTH	HOURS	CONTRIB RECEIVED	EMPLOYER	WORK MONTH	HOURS	CONTRIB RECEIVED
LOCAL #443	01/2013	160.00	512.00				
LOCAL #443	02/2013	160.00	512.00				
LOCAL #443	03/2013	200.00	640.00				
LOCAL #443	04/2013	160.00	512.00				
LOCAL #443	05/2013	160.00	512.00				
LOCAL #443	06/2013	160.00	512.00				
LOCAL #443	07/2013	160.00	512.00				
LOCAL #443	08/2013	160.00	512.00				
LOCAL #443	09/2013	160.00	528.00				
LOCAL #443	10/2013	160.00	528.00				
LOCAL #443	11/2013	160.00	528.00				
LOCAL #443	12/2013	160.00	528.00				
						1960.00	\$ 6336.00
TOTAL HOURS WORKED AND EMPLOYER CONTRIBUTIONS FOR THIS PLAN YEAR							

ACCOUNT BALANCE UPDATE

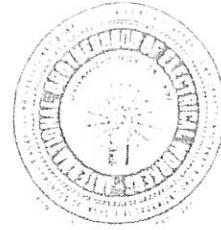
BEGINNING BALANCE	\$ 61,696.91
PLUS	
CURRENT EMPLOYER CONTRIBUTIONS	6,336.00
EQUAL	
ADJUSTED BALANCE	68,032.91
PLUS	
INVESTMENT GAIN (LOSS)	10,536.86
MINUS	
ADMINISTRATIVE COST	(46.13)
ENDING BALANCE	\$ 78,523.64

Beneficiary



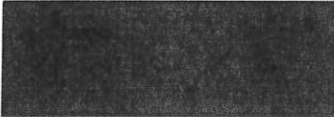


SOUTHERN ELECTRICAL
 RETIREMENT FUND
 3923 VOLUNTEER DRIVE, CHATTANOOGA, TN 37416-3317
 Phone: (423) 899-2593
 EIN-62-6125711



STATEMENT OF YOUR INDIVIDUAL ACCOUNT
 PLAN YEAR ENDED 12/31/2015

JAMES B. CARDWELL



SOCIAL SECURITY NO:



CONTRIBUTIONS REPORTED IN YOUR BEHALF

EMPLOYER	WORK MONTH	HOURS	CONTRIB RECEIVED	EMPLOYER	WORK MONTH	HOURS	CONTRIB RECEIVED
LOCAL #443	01/2015	200.00	680.00				
LOCAL #443	02/2015	150.00	544.00				
LOCAL #443	03/2015	150.00	544.00				
LOCAL #443	04/2015	160.00	544.00				
LOCAL #443	05/2015	200.00	680.00				
LOCAL #443	06/2015	150.00	544.00				
LOCAL #443	07/2015	200.00	680.00				
LOCAL #443	08/2015	150.00	544.00				
LOCAL #443	09/2015	150.00	544.00				
LOCAL #443	10/2015	200.00	680.00				
LOCAL #443	11/2015	150.00	544.00				
LOCAL #443	12/2015	150.00	544.00				

2080.00 \$ 7072.00
 TOTAL HOURS WORKED AND EMPLOYER CONTRIBUTIONS FOR THIS PLAN YEAR

ACCOUNT BALANCE UPDATE

BEGINNING BALANCE	\$ 92,659.91
PLUS	
CURRENT EMPLOYER CONTRIBUTIONS EQUAL	7,072.00
ADJUSTED BALANCE	99,731.91
PLUS	
INVESTMENT GAIN(LOSS) MINUS	1,944.20
ADMINISTRATIVE COST	(43.56)
ENDING BALANCE	\$ 101,632.55

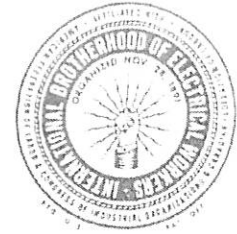
Beneficiary





**SOUTHERN ELECTRICAL
RETIREMENT FUND**

3928 VOLUNTEER DRIVE, CHATTANOOGA, TN 37416-3817
Phone: (423) 899-2593
EIN-62-6125711



**STATEMENT OF YOUR INDIVIDUAL ACCOUNT
PLAN YEAR ENDED 12/31/2016**

JAMES B. CARDWELL



SOCIAL SECURITY NO:

CONTRIBUTIONS REPORTED IN YOUR BEHALF

EMPLOYER	WORK MONTH	HOURS	CONTRIB RECEIVED	EMPLOYER	WORK MONTH	HOURS	CONTRIB RECEIVED
LOCAL #443	01/2016	200.00	680.00				
LOCAL #443	02/2016	160.00	544.00				
LOCAL #443	03/2016	160.00	544.00				
LOCAL #443	04/2016	200.00	680.00				
LOCAL #443	05/2016	160.00	544.00				
LOCAL #443	06/2016	160.00	544.00				
LOCAL #443	07/2016	200.00	680.00				
LOCAL #443	08/2016	160.00	544.00				
LOCAL #443	09/2016	200.00	700.00				
LOCAL #443	10/2016	160.00	560.00				
LOCAL #443	11/2016	160.00	560.00				
LOCAL #443	12/2016	200.00	700.00				

TOTAL HOURS WORKED AND EMPLOYER CONTRIBUTIONS FOR THIS PLAN YEAR 2120.00 \$ 7280.00

ACCOUNT BALANCE UPDATE

BEGINNING BALANCE	\$ 101,632.55
PLUS	
CURRENT EMPLOYER CONTRIBUTIONS	7,280.00
EQUAL	
ADJUSTED BALANCE	108,912.55
PLUS	
INVESTMENT GAIN(LOSS)	6,757.99
MINUS	
ADMINISTRATIVE COST	(48.67)
ENDING BALANCE	\$ 115,621.87

Beneficiary





**SOUTHERN ELECTRICAL
RETIREMENT FUND**
3928 VOLUNTEER DRIVE, CHATTANOOGA, TN 37416-3817
Phone: (423) 899-2593
EIN-62-6125711



STATEMENT OF YOUR INDIVIDUAL ACCOUNT
PLAN YEAR ENDED 12/31/2019

JAMES B. CARDWELL



SOCIAL SECURITY NO:



CONTRIBUTIONS REPORTED IN YOUR BEHALF

EMPLOYER	WORK MONTH	HOURS	CONTRIB RECEIVED	EMPLOYER	WORK MONTH	HOURS	CONTRIB RECEIVED	
LOCAL #443	01/2019	173.00	640.10					
LOCAL #443	02/2019	173.00	640.10					
LOCAL #443	03/2019	173.00	640.10					
LOCAL #443	04/2019	173.00	640.10					
LOCAL #443	05/2019	173.00	640.10					
LOCAL #443	06/2019	173.00	640.10					
LOCAL #443	07/2019	173.00	640.10					
LOCAL #443	08/2019	173.00	640.10					
LOCAL #443	09/2019	173.00	683.35					
LOCAL #443	10/2019	173.00	683.35					
LOCAL #443	11/2019	173.00	683.35					
LOCAL #443	12/2019	173.00	683.35					
							2076.00 \$	7854.20
TOTAL HOURS WORKED AND EMPLOYER CONTRIBUTIONS FOR THIS PLAN YEAR								

ACCOUNT BALANCE UPDATE

BEGINNING BALANCE	\$ 144,544.89
PLUS	
CURRENT EMPLOYER CONTRIBUTIONS	7,854.20
EQUAL	
ADJUSTED BALANCE	152,399.09
PLUS	
INVESTMENT GAIN (LOSS)	20,677.58
MINUS	
ADMINISTRATIVE COST	(44.65)
ENDING BALANCE	\$ 173,032.02

Beneficiary






**SOUTHERN ELECTRICAL
RETIREMENT FUND**
3928 VOLUNTEER DRIVE, CHATTANOOGA, TN 37416-3817
Phone: (423) 899-2593
EIN-62-6125711



STATEMENT OF YOUR INDIVIDUAL ACCOUNT
PLAN YEAR ENDED 12/31/2020

JAMES B. CARDWELL



SOCIAL SECURITY NO: 

CONTRIBUTIONS REPORTED IN YOUR BEHALF

EMPLOYER	WORK MONTH	HOURS	CONTRIB RECEIVED	EMPLOYER	WORK MONTH	HOURS	CONTRIB RECEIVED
LOCAL #443	01/2020	173.00	683.35				
LOCAL #443	02/2020	173.00	683.35				
LOCAL #443	03/2020	173.00	683.35				
LOCAL #443	04/2020	173.00	683.35				
LOCAL #443	05/2020	173.00	683.35				
LOCAL #443	06/2020	173.00	683.35				
LOCAL #443	07/2020	173.00	683.35				
LOCAL #443	08/2020	173.00	683.35				
LOCAL #443	09/2020	173.00	726.60				
LOCAL #443	10/2020	173.00	726.60				
LOCAL #443	11/2020	173.00	726.60				
LOCAL #443	12/2020	173.00	726.60				
						2076.00	\$ 8373.20
TOTAL HOURS WORKED AND EMPLOYER CONTRIBUTIONS FOR THIS PLAN YEAR							

ACCOUNT BALANCE UPDATE

BEGINNING BALANCE	\$ 173,032.02
PLUS	
CURRENT EMPLOYER CONTRIBUTIONS	8,373.20
EQUAL	
ADJUSTED BALANCE	181,405.22
PLUS	
INVESTMENT GAIN (LOSS)	16,616.58
MINUS	
ADMINISTRATIVE COST	(36.36)
ENDING BALANCE	\$ 197,985.44

Beneficiary



Prepared by: Southern Benefit Administrators, Incorporated

Southern Electrical Retirement Fund



my retirement summary

1. [Home](#)
2. View Retirement Summary

Year	Beginning Balance	Contributions	Investment Gain/Loss	Operating Expense	Ending Balance	Beneficiary	Work History
2021	\$197,985.44	\$8,892.20	\$29,695.67	(\$36.54)	\$236,536.77	ELISABET CARDWELL	View Detail
2020	\$173,032.02	\$8,373.20	\$16,616.58	(\$36.36)	\$197,985.44	ELISABET CARDWELL	View Detail
2019	\$144,544.89	\$7,854.20	\$20,677.58	(\$44.65)	\$173,032.02	ELISABET CARDWELL	View Detail
2018	\$137,943.73	\$7,542.80	(\$899.85)	(\$41.79)	\$144,544.89	ELISABET CARDWELL	View Detail
2017	\$115,621.87	\$7,335.20	\$15,034.37	(\$47.71)	\$137,943.73	ELISABET CARDWELL	View Detail
2016	\$101,632.55	\$7,280.00	\$6,757.99	(\$48.67)	\$115,621.87	ELISABET CARDWELL	View Detail
2015	\$92,659.91	\$7,072.00	\$1,944.20	(\$43.56)	\$101,632.55	ELISABET CARDWELL	View Detail

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Southern Electrical Retirement Fund



my retirement summary

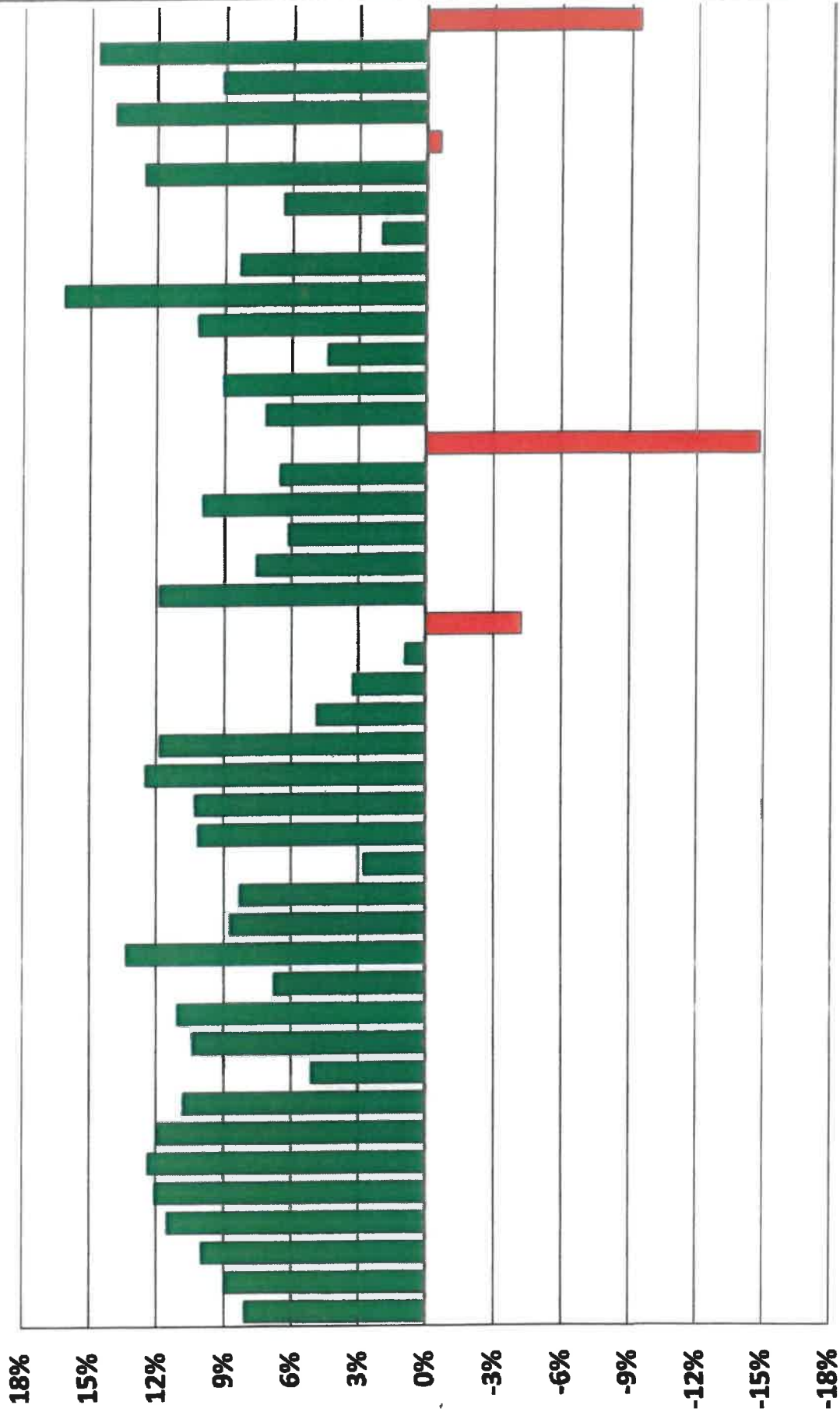
1. [Home](#)
2. View Retirement Summary

Year	Beginning Balance	Contributions	Investment Gain/Loss	Operating Expense	Ending Balance	Beneficiary	Work History
2022	\$236,536.77	\$8,727.85	(\$22,751.19)	(\$33.00)	\$222,480.43	ELISABET CARDWELL	View Detail
2021	\$197,985.44	\$8,892.20	\$29,695.67	(\$36.54)	\$236,536.77	ELISABET CARDWELL	View Detail
2020	\$173,032.02	\$8,373.20	\$16,616.58	(\$36.36)	\$197,985.44	ELISABET CARDWELL	View Detail
2019	\$144,544.89	\$7,854.20	\$20,677.58	(\$44.65)	\$173,032.02	ELISABET CARDWELL	View Detail
2018	\$137,943.73	\$7,542.80	(\$899.85)	(\$41.79)	\$144,544.89	ELISABET CARDWELL	View Detail
2017	\$115,621.87	\$7,335.20	\$15,034.37	(\$47.71)	\$137,943.73	ELISABET CARDWELL	View Detail
2016	\$101,632.55	\$7,280.00	\$6,757.99	(\$48.67)	\$115,621.87	ELISABET CARDWELL	View Detail
2015	\$92,659.91	\$7,072.00	\$1,944.20	(\$43.56)	\$101,632.55	ELISABET CARDWELL	View Detail

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SOUTHERN ELECTRICAL RETIREMENT FUND

Annual Rates Of Return Credited To Participants 1979 Through 2022



79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22

SOUTHERN ELECTRICAL RETIREMENT FUND

Table Of Historical Rates Of Return (Net Of Investment Expenses)

YEAR	RATE OF RETURN
1977	6.64%
1978	7.30%
1979	8.08%
1980	8.98%
1981	10.00%
1982	11.53%
1983	12.06%
1984	12.37%
1985	11.99%
1986	10.79%
1987	5.08%
1988	10.38%
1989	11.05%
1990	6.76%
1991	13.36%
1992	8.72%
1993	8.29%
1994	2.76%
1995	16.13%
1996	10.28%
1997	12.48%
1998	11.85%
1999	4.87%
2000	3.26%
2001	0.92%
2002	-4.24%
2003	11.88%

2004	7.56%
2005	6.14%
2006	9.94%
2007	6.53%
2008	-14.82%
2009	7.18%
2010	9.05%
2011	4.41%
2012	10.18%
2013	16.13%
2014	8.31%
2015	2.01%
2016	6.40%
2017	12.56%
2018	-0.63%
2019	13.88%
2020	9.35%
2021	14.63%
2022	-9.42%

AVERAGE RATES OF RETURN

FOR SELECT PERIODS:

Latest 5 Years	5.56%
Latest 10 Years	7.32%
Since 01/01/1979 ¹⁾	7.71%

¹⁾This is the date SBAI became the Fund's Consultant.

Pension

National Electrical Benefit Fund (NEBF)
\$33.00 PER MONTH PER YEAR OF SERVICE
(Defined Benefit* paid by Employer)

<u>Years</u>	<u>Monthly Benefits</u>
5	\$165.00
10	\$330.00
15	\$495.00
20	\$660.00
25	\$825.00
30	\$990.00
35	\$1,155.00
40	\$1,320.00

Requirements:

- Five years vesting.
- Average 1,000 hours worked per year.
- Work no less than 300 hours per year.

*Defined benefit provides a lifetime monthly income.

NEBF

National Electrical
Benefit Fund

SUMMARY PLAN
DESCRIPTION



NECA
NATIONAL ELECTRICAL CONTRACTORS ASSOCIATION

2016

INTRODUCTION

The National Electrical Benefit Fund (NEBF) was established as a result of an agreement between the International Brotherhood of Electrical Workers (IBEW) and the National Electrical Contractors Association (NECA) in 1946 to provide workers in the electrical construction industry with a retirement plan.

This booklet is a "Summary Plan Description" (SPD) and contains a summary of the Plan of Benefits for the NEBF (the Plan) in effect as of January 1, 2016. As a summary, this SPD cannot cover all of the details of the Plan; it is an overview. The Plan governs all questions concerning benefits, rights, and responsibilities under the Plan. In the event of a conflict between the SPD and the Plan, the Plan will govern.

There have been many changes to the Plan since it was established. Your benefit is generally based on the rules of the NEBF at the time you begin receiving a benefit. Therefore, before making any decision that could affect your rights or responsibilities under the Plan — such as a decision to retire — you should contact the NEBF office and ask about how the Plan applies to your situation. If you have any questions about the NEBF, you should contact the NEBF office.

CONTACTING NEBF

We invite you to visit NEBF's website at www.nebf.com where you can find all of the basic forms and documents used by NEBF and the latest information concerning NEBF.

You may also contact NEBF by writing to the address shown below. If you would like to speak to a Pension Services Representative, you may call between the hours of 8:00 a.m. and 5:00 p.m. (EST), Monday through Friday.

National Electrical Benefit Fund
2400 Research Boulevard, Suite 500
Rockville, MD 20850-3266
Telephone: 301-556-4300
Fax: 301-556-0100
www.nebf.com

TABLE OF CONTENTS

Section 1 - What Is NEBF?	1
Section 2 - Participating in NEBF	1
Section 3 - Becoming Vested	1
Section 4 - Earning Credits Toward a Benefit	2
Section 5 - Losing Vesting Service and Pension Credits	5
Section 6 - Determining Your Benefit Amount	6
Section 7 - Types of Benefits	8
Section 8 - Applying for a Benefit	27
Section 9 - Effective Date of a Benefit	31
Section 10 - Receiving a Benefit	31
Section 11 - Suspension or Termination of a Benefit	32
Section 12 - Benefits Available in the Event of a Divorce	33
Section 13 - Benefits Available in the Event of Death	34
Section 14 - Benefit Application Processing and Appeal Procedures	36
Section 15 - Your Rights Under the Employee Retirement Income Security Act of 1974 (ERISA)	40
Section 16 - Important Information About Your Plan	42
Section 17 - Glossary	44
Section 18 - Forms and Website	46

Section 1 — What Is NEBF?

The National Electrical Benefit Fund (NEBF) is a Taft-Hartley, multiemployer, defined benefit pension plan that provides retirement benefits and related benefits to employees in the electrical industry.

Participants accumulate credit in NEBF based upon their years of Covered Employment. Qualifications for benefits and the amount of those benefits are based upon a Participant's years of service with Covered Employers, age at retirement, type of benefit selected, and the pension rate at time of retirement.

How Are Contributions Made?

Contributions are made each month by Covered Employers on behalf of employees who are covered by either:

- A collective bargaining agreement with the International Brotherhood of Electrical Workers (IBEW) or one of its Local Unions, *or*
- A signed participation agreement with NEBF.

How Much Does My Employer Contribute to NEBF?

Covered Employers contribute 3% of their covered employees' gross labor payroll each month to NEBF.

Can I Contribute to NEBF?

No. All contributions to NEBF are made by Covered Employers. Covered employees do not themselves make contributions to NEBF and do not have individual accounts in NEBF.

Section 2 — Participating in NEBF

You become a Participant in NEBF on your first day of Covered Employment. Your hours in Covered Employment will count toward your eligibility for a benefit from NEBF. You shall no longer be a Participant upon the loss of your Vesting Service Credits.

Once you become Vested, you have a right to a benefit from NEBF, and you cannot lose that right. If you stop working in Covered Employment before you are Vested, you remain a Participant until your Vesting Service Credits are lost.

Section 3 — Becoming Vested

Effective January 1, 1988, you are considered Vested when you have accumulated five Vesting Service Credits or reach age 65 with earned Pension Credits. Different rules apply to becoming Vested prior to January 1, 1988.

Why Is It Important to Be Vested?

There are three reasons why it is important to be Vested.

NORMAL
RETIREMENT BENEFIT

EARLY
RETIREMENT BENEFIT

REDUCED EARLY
RETIREMENT BENEFIT

DISABILITY BENEFIT

PRE-RETIREMENT
SPOUSE BENEFIT

1. You have a right to a benefit from NEBF, and you cannot lose that right.
2. You will not lose any Vesting Service Credits or Pension Credits that you have already earned should you incur a Break in Service.
3. You may earn additional Pension Credits if you return to Covered Employment without having to become Vested again.

What Happens If I Do Not Become Vested?

If you are not Vested and incur a Break in Service, you lose all Vesting Service Credits and Pension Credits that you have accumulated. However, if you retire at age 65 or older and have not lost your Pension Credits, you may be eligible for a benefit even if you are not Vested.

Section 4 – Earning Credits Toward a Benefit

Your eligibility for a benefit and the amount of that benefit depend on the number of credits you earn. Generally, credits are earned for hours worked in Covered Employment. There are two types of credits you can earn: Vesting Service Credits and Pension Credits.

Section 4.1 – Vesting Service Credits

Vesting Service Credits determine your right to a benefit. To be Vested means that you have a non-forfeitable right to a benefit from NEBF.

How Do I Earn Vesting Service Credits?

Generally, you earn Vesting Service Credits by accumulating hours worked in Covered Employment in Good Years. There is a 1,000 hour requirement for each Vesting Service Credit.

You generally earn one Vesting Service Credit for each year you work 1,000 hours or more. The hours in excess of 1,000 can be used to meet the 1,000 hour requirement for other Good Years in which you worked less than 1,000 hours.

For hours to count toward the 1,000 hour requirement, you must have a Good Year. A Good Year is generally a year in which you work 300 or more hours in Covered Employment. You can earn only one Vesting Service Credit in any calendar year.

In the event you believe you are entitled to Vesting Service Credits for time not reflected in NEBF's records, it will be your responsibility to produce records proving your entitlement to such Vesting Service Credits.

Can I Earn Vesting Service Credits for Time When I Was in Non-Covered Employment?

Yes, you can earn Vesting Service Credits for time when you were in Non-Covered Employment if you meet either of the requirements in A or B below:

A	<ul style="list-style-type: none"> • You have previously worked in Covered Employment, and • You work 300 hours or more in Non-Covered Employment for a Covered Employer.
----------	--

OR

B

- You earn a Past Service Credit (see Section 4.2.2).

Can I Earn Vesting Service Credits for My Time While on Maternity or Paternity Leave?

If you leave and return to Covered Employment for maternity or paternity leave, you may be granted hours that count toward the 1,000 hour requirement for a Vesting Service Credit. It is your responsibility to provide NEBF with timely information to determine your right to these hours.

Can I Earn Vesting Service Credits for My Time in Military Service?

You may receive $83\frac{1}{3}$ hours for each month during the term of your military service plus the length of time taken to return to Covered Employment or Non-Covered Employment for a Covered Employer that count toward the 1,000 hour requirement for a Vesting Service Credit, if you meet the following requirements:

- You previously worked in Covered Employment, **and**
- You leave Covered Employment or Non-Covered Employment with a Covered Employer to enter military service, **and**
- You enter military service for the first time or because you are recalled, **and**
- You leave military service after your first term of service or the period of recall, **and**
- You return to Covered Employment or Non-Covered Employment with a Covered Employer within three months of leaving military service.

It is important that you notify NEBF when you leave employment to enter the military and when you are discharged and return to employment. NEBF also complies with USERRA, if that law provides greater benefits.

Section 4.2 – Pension Credits

Pension credits are generally earned while working in Covered Employment. They are used to determine your benefit amount. You cannot earn Pension Credits for hours worked in Non-Covered Employment. Pension Credits are not based on union membership.

There are two types of Pension Credits: Benefit Service Credits and Past Service Credits. These are added together to give the total number of Pension Credits that are used to determine your benefit amount.

Section 4.2.1 – Benefit Service Credits

Benefit Service Credits are earned based upon the number of hours you work in Covered Employment.

How Do I Earn Benefit Service Credits?

Generally, you earn Benefit Service Credits by accumulating hours worked in Covered Employment in Good Years. There is a 1,000 hour requirement for each Benefit Service Credit.

You generally earn one Benefit Service Credit for each year you work 1,000 hours or more. The hours in excess of 1,000 can be used to meet the 1,000 hour requirement for other Good Years in which you worked less than 1,000 hours.

For hours to count toward the 1,000 hour requirement, you must have a Good Year. A Good Year is generally a year in which you work 300 or more hours in Covered Employment. You can earn only one Benefit Service Credit in any calendar year.

In the event you believe you are entitled to Benefit Service Credits for time not reflected in NEBF's records, it will be your responsibility to produce records proving your entitlement to such Benefit Service Credits.

Can I Earn Benefit Service Credits for Time When I Was in Non-Covered Employment?

No, you cannot earn Benefit Service Credits for working in Non-Covered Employment. Benefit Service Credits are only earned for working in Covered Employment.

Can I Earn Benefit Service Credits for My Time While on Maternity or Paternity Leave?

No, you cannot earn Benefit Service Credits for time while on maternity or paternity leave.

Can I Earn Benefit Service Credits for My Time in Military Service?

You may receive 83 $\frac{1}{3}$ hours for each month during the term of your military service plus the length of time taken to return to Covered Employment or Non-Covered Employment for a Covered Employer that count toward the 1,000 hour requirement for a Benefit Service Credit, if you meet the following requirements:

- You previously worked in Covered Employment, **and**
- You leave Covered Employment or Non-Covered Employment with a Covered Employer to enter military service, **and**
- You enter military service for the first time or because you are recalled, **and**
- You leave military service after your first term of service or the period of recall, **and**
- You return to Covered Employment or Non-Covered Employment with a Covered Employer within three months of leaving military service.

It is important that you notify NEBF when you leave employment to enter the military and when you are discharged and return to employment. NEBF also complies with USERRA, if that law provides greater benefits.

Section 4.2.2 – Past Service Credits

Past service credits are credits that recognize the years you worked in a job classification that was not Covered Employment but later becomes Covered Employment for that employer.

How Do I Earn Past Service Credits?

You may earn a maximum of five Past Service Credits. These credits are earned on a one-for-one basis (one Past Service Credit for one Benefit Service Credit). Past Service Credits also count toward earning a Vesting Service Credit.

You earn one Past Service Credit *in any year* you meet the following requirements:

- You earn a Benefit Service Credit while in Covered Employment with your current employer, *and*
- Your past employer becomes or remains a Covered Employer, *and*
- Your past job classification is Covered Employment with that past employer.

In the event you believe you are entitled to Past Service Credits for time not reflected in NEBF's records, it will be your responsibility to produce records proving your entitlement to such Past Service Credits.

Section 5 – Losing Vesting Service Credits and Pension Credits

Once you are Vested, you do not lose the Vesting Service Credits or the Pension Credits you have earned. If you are not Vested and incur a Break in Service, all Vesting Service Credits and Pension Credits will be lost.

What Is a Break in Service?

After January 1, 1985, a Break in Service is a period of five consecutive calendar years when you do not have a Good Year in Covered Employment. Different rules apply to a Break in Service prior to January 1, 1985.

What Does a Break in Service Mean to Me?

The effect of a Break in Service depends on your vesting status. If you are Vested, you do not lose any previously accumulated Vesting Service Credits or Pension Credits. However, a Break in Service may affect your benefit amount.

If you are not Vested, you lose any previously accumulated Vesting Service Credits and Pension Credits.

Are There Circumstances Not Considered a Break in Service?

There are circumstances that are not considered a Break in Service because:

- You are unable to work in your job classification as a result of serious injury, illness, or disease, *or*
- You are receiving or entitled to receive accident and/or sickness benefits or workmen's compensation, *or*
- You are on strike or locked out for a maximum period of six months, *or*
- You are on maternity or paternity leave, *or*
- You are on military leave, *or*
- You are working in Non-Covered Employment for a Covered Employer, *or*
- You are working for an employer, under an IBEW contract, that does not make contributions to NEBF, *or*
- You are working as an instructor in an IBEW/NECA apprenticeship program where such instructors are not covered by NEBF, *or*
- You are working as an electrical inspector for a governmental authority, where such inspectors are not covered by NEBF, *or*
- You are working as a full time employee of a State or National Labor Federation or a similar organization in which the IBEW or NECA is a member.

It is your responsibility to prove that one of the above circumstances applies.

Section 6 — Determining Your Benefit Amount

For each Benefit Service Period, the number of Pension Credits you have earned is multiplied by the pension rate, and the results are added together. The total is your benefit amount for that Benefit Service Period.

What Is a Benefit Service Period?

A Benefit Service Period is a period of time to which a particular pension rate applies. A Participant may have multiple Benefit Service Periods due to a gap in employment.

If you leave Covered Employment or are out of Covered Employment for a specific period of time, the Pension Credits you previously earned will be added together and a specific pension rate will be applied to them. Some Participants may have multiple pension rates applied in determining their benefit amount, while others may have only one.

Pension Rates

The pension rates paid for Pension Credits have improved over the years. The pension rate is based on the pension rates that are in effect at your Effective Date. The pension rate that is used to determine your benefit amount depends on two factors:

- When you left Covered Employment, *and*
- How long you have been out of Covered Employment.

Over the years, there have been amendments to the Plan which have changed the rate in effect rules. The rate in effect rules are:

- If you left Covered Employment for three or more years and your last Good Year prior to leaving Covered Employment was 1989 or earlier, the pension rate applied to the Pension Credits you earned prior to that gap in employment will be the pension rate in effect three years after you left Covered Employment plus any increases which may apply to that rate.
- If you left Covered Employment for five or more years and your last Good Year prior to leaving Covered Employment was between 1990 and 1992, the pension rate applied to the Pension Credits you earned prior to that gap in employment will be the pension rate in effect five years after you left Covered Employment plus any increases which may apply to that rate.
- If you left Covered Employment for seven or more years and your last Good Year prior to leaving Covered Employment was 1993 or later, the pension rate applied to the Pension Credits you earned prior to that gap in employment will be the pension rate in effect seven years after you left Covered Employment plus any increases which may apply to that rate.
- If you have earned Pension Credits and have not left Covered Employment for the three, five, or seven year periods described above, or you have earned Pension Credits upon returning to Covered Employment following a gap, the pension rate applied to the Pension Credits you earned will be the rate in effect on the Effective Date of your benefit plus any increases which may apply to that rate.

Determining the Pension Rate

The table on the following page shows the pension rate or rates that apply to your benefit amount. There will be only one rate if you only have one Benefit Service Period. There will be more than one rate if you have more than one Benefit Service Period.

If you have a gap in Covered Employment, use the rate in effect rules discussed earlier in this section to determine if you have more than one Benefit Service Period.

Example 1

If you continuously work in Covered Employment until the date of your retirement in 2006, the pension rate applied to the Pension Credits you earned will be the rate in effect when you retire. The rate for 2006 is \$32.00 for each Pension Credit.

Example 2

If you continuously work in Covered Employment from 1999 through 2003; do not work in Covered Employment in 2004 or 2005; and return to Covered Employment and retire in 2006, your gap in Covered Employment is not long enough to create a separate Benefit Service Period. The pension rate applied to the Pension Credits you earned will be the rate in effect when you retire. The rate for 2006 is \$32.00 for each Pension Credit.

Example 3

If you left Covered Employment prior to retirement in 1987 and never returned, the 1990 pension rate will be applied to the Pension Credits you earned, giving you \$19.68 for each Pension Credit.

CURRENT NORMAL RETIREMENT RATES

DATES	AMOUNT
Prior to July 1-1977	\$8.03
July 1-1977 thru Dec 31-1980	\$12.09
Jan 1-1981 thru Dec 31-1982	\$13.42
Jan 1-1983 thru Dec 31-1984	\$15.28
Jan 1-1985 thru Feb 28-1986	\$15.99
Mar 1-1986 thru Dec 31-1986	\$17.98
Jan 1-1987 thru Dec 31-1988	\$18.63
Jan 1-1989 thru Dec 31-1989	\$19.19
Jan 1-1990 thru Dec 31-1990	\$19.68
Jan 1-1991 thru Dec 31-1991	\$21.29
Jan 1-1992 thru Dec 31-1992	\$21.82
Jan 1-1993 thru Dec 31-1993	\$22.96
Jan 1-1994 thru Nov 30-1995	\$23.64
Dec 1-1995 thru Dec 31-1996	\$25.13
Jan 1-1997 thru Dec 31-1997	\$26.22
Jan 1-1998 thru Dec 31-1998	\$27.59
Jan 1-1999 thru Dec 31-1999	\$29.13
Jan 1-2000 thru Dec 31-2000	\$30.60
Jan 1-2001 thru Jun 30-2001	\$31.00
July 1-2001 forward	\$32.00

Section 7 — Types of Benefits

NEBF provides three types of benefits:

- Retirement Benefits
- Disability Benefits
- Pre-Retirement Spouse Benefits

Benefits are available to eligible Participants who submit an application. Each of the benefit types and its eligibility requirements are discussed in this section.

You can use the chart on the next page to quickly determine the NEBF benefit type you are eligible to receive. The descriptions can be easily located using the "color coded" tabs printed along the right hand side of the page.

Pension

IBEW Pension Benefit Fund (PBF)-currently \$5.50 per month per year of service. (Defined Benefit* financed by your monthly dues.)

<u>Years</u>	<u>Monthly Benefits</u>
5	\$27.50
10	\$55.00
15	\$82.50
20	\$110.00
25	\$137.50
30	\$165.00
35	\$192.50
40	\$220.00

*Defined Benefit provides a lifetime monthly income.



IBEW Pension Benefit Fund (PBF)

Bruce Burton
Director

IBEW Pension and Reciprocity Department

Contact info:

Phone: (202) 728-6094

Fax: (202) 728-6260

PBF History

- Death Benefit (EWBA) established in 1922
- PBF authorized at 1927 Convention; began in 1928 for "A" members only
- Only Normal (age 65-older) until 1966
- Disability and Vested Pension added 1966
- Optional Spousal Benefit added 1970
- Early retirement added 1973
- EWBA and PBF merged January 1, 1992

PBF Facts

For Fiscal Year ending June 30, 2018

- PBF assets approximately 2.2 billion dollars (U.S.)
- Currently, 114,323 retirees receive a monthly pension payment from PBF
- 7,352 members retired during FY 2017
- Pension payments over \$143 million (U.S.)
- PBF paid 8,492 death claims for a total of \$19.2 million (U.S.)

PBF Documents

- IBEW Constitution Article XI
- International Executive Council's Rules and Regulations
- Summary Plan Description
- Frequently Asked Questions
- All are available on IBEW website at www.ibew.org

Article XI

Admission to Pension

- PBF is a union-dues financed plan with no employer contributions whatsoever. Thus, PBF not subject to vesting requirements of ERISA
- Current contribution rate is \$18 a month
- “A” members must maintain continuous good standing until member is placed on pension
- Retired members may not work in the Electrical Industry, except where permitted in Article XI Section 6, Subsection (d): Prohibition of Work
- IEC interprets “Electrical Industry” very broadly

Application Procedures

- Make application no more than six (6) months before retirement.
- Applications available online at LU Connections and www.ibew.org Click on the Resources Link then Other Labor Organization Sites or Departments Link and then Pension and Reciprocity
- Member must complete entire application, including direct deposit form, or application will not be processed
- LU must approve application and provide signatures including LU seal before sending application and required documents to IBEW Pension and Reciprocity Department.

Normal Pension

- Must be age 65 and have minimum 5 years service
- Pay-out rate of \$4.50 per year of continuous membership effective January 1, 2007
- **May not work in the electrical industry,** except where permitted in Article XI Sec. 6(d)
- Optional Spousal Benefit is available but is **irrevocable once placed on pension**
- Lump sum payment if monthly benefit equal or less than \$30.00 (U.S.) or Canadian equivalent.

Early Retirement

- Age 62-64 with minimum 20 years service
- Pay-out rate of \$4.50 per year of continuous service effective 1/1/07 reduced by 6.66% for each year under age 65
- **May not work in the electrical industry,** except where permitted in Article XI Sec. 6(d)
- Optional Spousal Benefit is available and is **irrevocable once placed on pension**
- Early retirement, once selected, is **irrevocable**
- Lump sum payment if monthly benefit equal or less than \$30.00 (U.S.) or Canadian equivalent

Total Disability Pension

- Must have minimum 20 years service
- Pay-out rate of \$4.50 per year of continuous service effective 1/1/07
- Must be totally disabled; **may not work whatsoever** (unlike Social Security)
- SSD or CPP award or equivalent is preferred. In lieu of award, medical information may be submitted and reviewed by IBEW physician
- Optional Spousal Benefit available and is **irrevocable once placed on pension**
- Apply for total disability pension if you have filed for SSD, CPP, or equivalent

Vested Pension

- Must have minimum of 20 years service
- PBF does not have automatic vesting – if you are eligible and wish to leave “A” membership, you must apply or lose pension benefit.
- **Will not qualify unless leaving the electrical industry**
- Pay-out rate of \$4.50 per year of continuous service reduced by \$4.50 for each year member is under age 65 at time of application
- Vested pension available first month following 65th birthday. Retiree must contact PBF
- **No Disability Pension, Death Benefit or Optional Spousal Benefit**
- Lump sum payment made if monthly benefit equal to or less than \$30.00 (U.S.) or Canadian equivalent
- Instead of vested pension, I.O. encourages members leaving electrical industry to take a Participating Withdrawal - \$37 monthly dues: \$18 PBF, \$19 per capita

Optional Spousal Benefit (OSB)

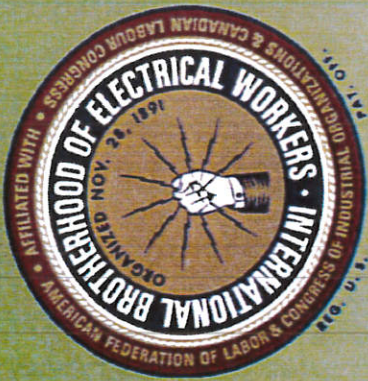
- Normal, early and disability applicants can elect OSB
- **Election cannot be changed once member is placed on pension**
- OSB reduces monthly benefit to 86.5%, plus or minus .5%, based on calculations using member's and spouse's birth dates
- Upon member's death spouse receives one half of member's monthly benefit
- Lump sum payment made if monthly benefit equal or less than \$30.00 (U.S.) or Canadian equivalent
- Member's pension will "pop-up" if spouse predeceases or divorces member

Death Benefit (DB)

- Average age at time of passing: 81.3 years
- Normal DB \$6,250.00
- Accidental DB only for active "A" members: \$12,500
- Retiree DB is reduced from \$6,250 by amount of pension payments received, but no lower than \$3,000
- Member must have minimum six months continuous good standing to be eligible for DB
- Per Article XI, member who is more than 2 months in arrears is ineligible, unless arrearage was no fault of the member

Death Benefit (Continued)

- Only active “A” members and normal, early, total disability pensioners eligible for DB. **Those on vested pension are ineligible.**
- Per Article XI, Section 4, Subsection (b), all members have the right to name a beneficiary
- However, in absence of named beneficiary DB will be paid in descending order: members spouse, children, parents, estate
- Contact Pension and Reciprocity Department to initiate a claim



Questions?

Pension Department Contact
Information:

Phone 202-728-6206

Fax 202-728-6138

Email Pension@ibew.org



LINECO FAMILY ENROLLMENT FORM

To Enroll:

Go to <https://lineco.org/enrollment>

BEFORE YOU BEGIN

Have the following documents on hand while completing the online enrollment:

- A certified copy of your marriage certificate if you are married and enrolling a spouse
- Copies of birth certificates for children you are enrolling
- A copy of all pages of divorce decrees
- Copies of all pages of court orders pertaining to health coverage of a child or children

The above documents can be attached to your online submission. If you are unable to upload them as attachments, please mail them promptly to the following address. Please be sure to include the enrollment key that will be emailed to you when you complete the online enrollment.

LINECO ENROLLMENT DEPARTMENT
821 PARKVIEW BOULEVARD
LOMBARD, IL 60148

Start a New Enrollment Form

LINE CONSTRUCTION BENEFIT FUND

(LINECO - Outside Linemen)

Major Medical Benefits

\$7.75 per hour worked (paid by employer)

- Family Coverage
- 80% coverage before out of pocket expense
- 100% coverage after out of pocket expense
- \$400 individual deductible
- \$1,200 family deductible
- Prescription coverage through Express Scripts
- \$2,500 maximum out of pocket per person per year
- \$7,500 maximum out of pocket per family per year
- \$0.25 per hour into Health Savings Account

Dental Benefits

- Maximum Benefit \$2,000 per person per calendar year
- \$100 deductible per person (applies to non-preventative care only)
- Plan co-pay percentage 80%
- Orthodontia 80% with \$2,000 individual lifetime maximum

Vision Benefits

- Provided through Vision Service Plan (**VSP**)
- Examination once per year paid in full
- Frames every 24 months \$175.00
- Lenses every 12 months paid in full
- Safety Glasses every 24 Months
- Contacts \$175.00 per year

IMPORTANT CONTACT INFORMATION

Listed below are phone numbers and websites to help you quickly get answers to your questions. Have your Member Identification Number (BlueCross BlueShield ID Card) available when you call.

LINECO
821 Parkview Boulevard
Lombard, IL 60148 - 3230
www.lineco.org
1-800-323-7268

For Information About	Contact	Phone Number	Website
Life Insurance / Weekly Income	Benefit Fund Office	1-800-323-7268	www.lineco.org
Medical Claims Member Service	Benefit Fund Office	1-800-323-7268	www.lineco.org
Dental Claims Member Service	Benefit Fund Office	1-800-323-7268	www.lineco.org
Eligibility / Hours Worked	Benefit Fund Office	1-800-323-7268	www.lineco.org
Medical PPO Network Providers	BlueCross BlueShield	1-800-810-BLUE (2583)	www.bcbsil.com
Dental PPO Network Providers	Dental Network of America (DNoA)	1-866-522-6758	www.dnoa.com
Health Reimbursement Account (HRA)	CompuSys	1-877-282-8665	www.lineco.org
24 / 7 Medical Advice	Teladoc	1-800-Tel-aDoc (835-2362)	www.teladoc.com
Precertification - Medical	Medical Cost Management (MCM)	1-800-323-7268 (ask for MCM)	
Healthy Moms = Healthy Babies	Medical Cost Management (MCM)	1-800-323-7268 (ask for MCM)	www.medicalcost.com
Diabetic Care Program	Medical Cost Management (MCM)	1-800-367-9938	www.medicalcost.com
Precertification - Mental Health / Substance Abuse	Beacon Health Options	1-800-332-2191	www.achievesolutions.net/lineco
Member Assistance Program (MAP)	Beacon Health Options	1-800-332-2191	www.achievesolutions.net/lineco
Mental Health / Substance Abuse Providers	Beacon Health Options	1-800-332-2191	www.achievesolutions.net/lineco
Prescriptions - Retail / Home	Express Scripts (ESI)	1-877-327-0568	www.express-scripts.com
Prescriptions - Specialty	Accredo	1-877-476-2267	www.express-scripts.com
Prescriptions - Medicare Part D	Express Scripts (ESI)	1-855-634-0272	www.express-scripts.com
Vision Care	Vision Service Plan (VSP)	1-800-877-7195	www.vsp.com
Hearing Care / Ear Care	Amplifon	1-877-609-0758	www.amplifonusa.com

ATTENTION NEW PARTICIPANTS!

Before any claims can be paid for dependents, you must submit a completed Family Enrollment Card to the Fund Office. Please include a certified copy of your marriage certificate to enroll your spouse and copy of birth certificates to enroll your children. If necessary, send copies of your divorce decree/court orders pertaining to medical coverage for a child, as soon as you become eligible. **You can obtain a Family Enrollment Card on our website at www.lineco.org. You only need to complete this form ONCE unless there is a change in your family status (such as a marriage, divorce or birth).** All required paperwork should be sent in a timely manner to the Fund Office at the above address.

GET THE MOST OUT OF YOUR PLAN

Visit the LINECO Website: www.lineco.org	Use the secure member portal to view: <ul style="list-style-type: none">• Hours reported, claims history and Explanation of Benefits (EOBs)• Download important forms (e.g., Family Enrollment Card)• Follow links to preferred providers
Use Network Providers	<ul style="list-style-type: none">• BlueCross BlueShield PPO Network• Beacon Health Options Network (Mental Health / Substance Abuse)• Dental Network of America (DNoA) dentists• Vision Service Plan (VSP) eye-doctors• Amplifon Hearing Care Network
Call for Precertification	<ul style="list-style-type: none">• Beacon Health Options for precertification of the following mental health/substance abuse services: inpatient, residential, partial inpatient and intensive outpatient treatment, psychological testing and electroconvulsive therapy.• Medical Cost Management (MCM) for precertification of all medical/surgical hospital admissions.
Use the Mail Service Rx	See <i>Prescription Drug Programs</i> starting on page 49 for more information.
Take Advantage of the Member Assistance Program (MAP)	For free, confidential counseling and referral for a wide range of personal, emotional, work/family problems. The MAP is administered by Beacon Health Options. See page 57.
Participate in the Healthy Moms = Healthy Babies Program	Female employees and spouses who participate in Medical Cost Management's prenatal program can earn a \$250 gift card. See page 33.
Use Teladoc	There is no charge to eligible employees, retirees and dependents who use Teladoc, a telemedicine service for common minor ailments. See page 32.
Enroll in Better Health With Diabetes Care Program	If you are a diabetic, contact MCM for additional benefits, including 100% coverage for certain diabetic supplies, treatment and medication. See page 33.
File Claims Correctly and on Time	Follow the procedures described in <i>How to File Claims</i> on page 73.
Notify Fund of Address Change	It is very important to inform the Fund of your new address. You may change your address online via our member portal at www.lineco.org .

SCHEDULE OF BENEFITS

All Plan payments, deductibles, maximums and limitations apply to each person separately except where stated otherwise.

Benefits for Eligible Employees

* Insurance Benefits & Weekly Income Not Provided For Utility / REA, Retirees, or Dependents*

INSURANCE BENEFITS (see pages 67-69)	
Life Insurance	\$20,000
Accidental Death & Dismemberment Insurance	\$20,000
WEEKLY INCOME BENEFIT for non-occupational disabilities only (see pages 71-72)	
Amount of weekly benefit	\$400
Maximum weeks payable per period of disability	26 weeks
<i>Benefits start on the first day of a disability due to an accidental injury. For an illness, benefits start on the earlier of the first day of an inpatient hospital stay or the eighth day of disability.</i>	

Benefits for Eligible Employees, Retirees and Dependents

MEDICAL / PRESCRIPTION BENEFIT (see pages 35-52)		
Deductibles		
Individual (calendar year)	\$400	
Family (calendar year) - 3 or more family members	\$1,200	
Hospital Precertification Noncompliance per admission (in addition to the calendar year deductible)	\$250	
Emergency Room (each occurrence of hospital emergency room treatment - waived if admitted)	\$150	
Plan Payment Percentages		
<i>After satisfying your deductible, the Plan will typically pay the following percentages. (Note: See below for exceptions.)</i>		
	Blue Cross Blue Shield In-Network (Plan Pays)	Out-of-Network (Plan Pays)
Covered Medical Expenses (unless stated otherwise)	80%	70%
Emergency Room (services for an emergency as defined on page 89)	80%	80%
Knee and Hip Replacements at Blue Distinction Centers (see page 32).	100% see "Special Benefits"	70%
Prescription Drugs (Retail)	80%	n/a
Chiropractic Care (up to \$600/year)	50%	50%

SCHEDULE OF BENEFITS

Line Construction Benefit Fund – 2017 Summary Plan Description

Out-of-Pocket Maximum

The out-of-pocket maximum is the most you will pay for covered services under the Plan each calendar year. Non-covered services and expenses for hearing care, dental and vision care do not apply toward your out-of-pocket maximum.

Per Person, includes prescription drug co-pays	\$2,500
Per Family	\$7,500
Per Person, if Medicare-eligible	\$1,625
Per Family, if Medicare-eligible	\$7,500

SPECIAL BENEFITS AND LIMITATIONS

Unless stated otherwise, the Plan payment percentages for the following types of treatment are the percentages shown above.

Acupuncture (see page 41)	12 visits per calendar year	
Blue Distinction Center (knee or hip replacement, see page 32) <i>Deductible does not apply. Precertification required.</i>	100%	
Chiropractic (see page 42)	50% to \$600 per calendar year	
Hearing Care (see page 43) <i>Deductible does not apply.</i>	80% to \$2,500 every 5 years (every 2 years for children)	
Home Health (see page 43)	40 visits per calendar year	
Hospice (see page 47)	180 days	
Mental/Nervous and Substance Abuse (see page 45) <i>Precertification required for inpatient, residential, partial inpatient and intensive outpatient treatment, psychological testing and electroconvulsive therapy.</i>	Same as medical/surgical (80% in-network, 70% out-of-network after deductible)	
Preventive Care (see pages 39-40)	Blue Cross Blue Shield In-Network	Out-of-Network
	100% <i>Deductible does not apply.</i>	70% <i>Deductible applies.</i>
Routine physical examinations (see footnote ⁽¹⁾ on page 40) <i>Deductible does not apply.</i>	100% up to \$125 per calendar year	
Outpatient diagnostic x-ray and lab (employee and spouse only - see page 47)	100% up to \$150 per calendar year, regular benefits after	
Speech Therapy - outpatient (see page 46)		
Maximum allowable number of sessions per person per calendar year	50 visits per calendar year	
Maximum allowable amount per visit	\$90	
Teladoc (telehealth medical consult - see page 32)	No charge	
TMJ (see page 46)		
Surgical TMJ treatment that is out-of-network or not precertified	\$3,000 maximum , per lifetime	
Non-surgical TMJ treatment	\$1,000 maximum , per lifetime	
Skilled Nursing Facility (see page 46)	30 days per calendar year	

Line Construction Benefit Fund – 2017 Summary Plan Description

PRESCRIPTION DRUG PROGRAMS (see pages 49-52)	
<i>Does not apply to retirees and their dependents who are eligible for Medicare.</i>	
	Participant Pays
Retail (up to 30-day supply)	
Participant co-pay percentage	20% (after deductible)
Mail-Order (up to 90-day supply)	
Generic drugs	\$10
Preferred (formulary) drugs	\$20
Non-preferred (non-formulary) drugs	\$35
<i>For LINECO-primary individuals who are also Medicare-eligible, use of the mail-order for a maintenance medication is mandatory after the original supply plus one refill.</i>	
<i>You cannot use the mail-order pharmacy if LINECO is secondary to any other drug plan.</i>	
Specialty Medications (up to 30-day supply)	Specialty Medications must be filled through Accredo Specialty Pharmacy
Generic specialty drugs	10% up to \$100 maximum co-pay
Preferred (formulary) drugs	20% up to \$250 maximum co-pay
Non-preferred (non-formulary) drugs	20% with no maximum co-pay
<i>Co-Pay Assistance Program - Applies to certain specialty medications, particularly oncology and Hepatitis C drugs</i>	
<i>See page 50 for a complete list of the rules that apply to specialty drugs.</i>	
Out-of-Pocket Maximum - Covered persons with Medicare as their secondary medical plan	\$1,000/person \$2,000/family
Mandatory Generic Rule - If a brand is chosen over an available generic	Difference in cost plus applicable coinsurance/deductible
Express Scripts Medicare Drug Plan (when Medicare is primary) (see page 52)	See Express Scripts PDP Evidence of Coverage
MEMBER ASSISTANCE PROGRAM (see page 57)	
Member Assistance Program (MAP) is administered by Beacon Health Options and provides confidential, counseling, education and referral services to you and your eligible family members. You can receive MAP counseling services free for up to 6 face-to-face office visits per problem.	6 FREE VISITS per problem

Line Construction Benefit Fund – 2017 Summary Plan Description

DENTAL BENEFIT (see pages 59-63)

Deductible (per calendar year per person) <i>Does not apply to preventive care.</i>	\$100
Maximum benefit (per calendar year per person) <i>Preventive and diagnostic services for ages 0-20 are covered at 100% with no maximum.</i>	\$2,000
Plan payment percentage	80%*
Orthodontia lifetime maximum <i>For dependent children only. Orthodontia benefits do not apply to \$2,000 annual dental maximum.</i>	\$2,000

* Exceptions: Anesthesia for children ages 6 through 12 is payable at 50%. See No. 4 on page 61 for details.

VISION BENEFIT (see pages 65-66)

	Plan Pays	
	VSP Doctor	Out-of-Network
Vision Exam - every calendar year	Covered in full	Up to \$35
Frame - every two calendar years	Covered up to \$175 retail value	Up to \$35
Lenses - every calendar year:		
Single vision	Covered in full	Up to \$30/pair
Lined bifocal	Covered in full	Up to \$40/pair
Lined trifocal	Covered in full	Up to \$55/pair
Contacts, including exam, fitting, evaluation and lenses	Covered up to \$175/pair	Up to \$100/pair
Safety Glasses - every two years (employees only)	Covered in full	Not Covered

If you use a VSP doctor and select eyewear that costs more than the amount allowed by VSP, you will pay an additional (discounted) charge to the VSP doctor.

HRA (see pages 53-55)

Health Reimbursement Account (HRA) program is a flexible spending plan that covers a wide range of healthcare expenses not payable by LINECO.

Individual HRA accounts are funded by separate employer contributions. ***Not all employers will be participating in this program.***

Covers deductibles, co-pays and coinsurance for medical, prescription, dental, vision and hearing expenses.

Also covers self-payments for LINECO coverage.

ELIGIBILITY FOR ACTIVE EMPLOYEES

In This Section

- ✓ Initial Eligibility Rules
- ✓ Continuing Eligibility
- ✓ Short-Hours Self Pay
- ✓ Eligibility During Disability
- ✓ Utility / REA Eligibility
- ✓ Unique Eligibility Situations
- ✓ Termination of Eligibility

This section describes the eligibility rules that apply to active employees. If you are a utility / REA employee, you should also see page 12. The rules governing COBRA coverage start on page 27. The retiree eligibility section starts on page 17.

Definitions Applicable to Eligibility

Bargaining Unit Employee - An employee who is a member of a collective bargaining unit represented by a union and who is a full-time employee of a contributing employer.

Non-Bargaining Unit Employee - An employee who is not a member of any collective bargaining unit represented by a union and who is a full-time employee of a contributing employer or of the Fund.

Benefit Month - A period of one calendar month during which a participant and his or her dependents are covered under the Plan because the participant has met the applicable eligibility requirements during the corresponding work month.

Credited Hour - A credited hour is:

- Any hour worked by an employee for which an employer contribution is required under the terms of a collective bargaining agreement;
- With respect to a non-bargaining unit employee, any hour worked by such an employee for which an employer contribution is made under the terms of the employer's participation agreement with the Trustees;
- Any hour of work credited to an employee under the eligibility during disability provisions;
- Any hour of work received or due from another welfare fund having a reciprocity agreement with this Fund;
- Any hour credited to an employee while on active military duty (see page 11); and
- Any hour credited to an employee while the employee is attending a JATC-sponsored school (see page 12).

Work Month - A period of one calendar month during which a person meets the applicable eligibility requirements necessary to provide benefit coverage during the corresponding benefit month.

Initial Eligibility Requirements

Bargaining Unit Employees - If you are a bargaining unit employee, you will become initially eligible on the first day of the benefit month corresponding to the work month in which you first accumulate at least 125 credited hours of employment for which an employer is required to make a contribution to the Fund on your behalf. For example,

if your employer makes contributions for you for at least 125 credited hours for work performed in January, your coverage will start on March 1.

Non-Bargaining Unit Employees - If you are a non-bargaining unit employee, you will become initially eligible on the first day of the benefit month corresponding to the work month for which your employer makes contributions to the Fund on your behalf under the terms of a participation agreement with the Trustees. (These contributions are reported at the same time and in a manner similar to the report covering bargaining unit employees.) For example, if your employer makes the required contribution for you for work performed in January, your coverage will start on March 1.

Dependents - If you have dependents on the date your coverage starts, their coverage will start on that same date. If you don't have any dependents on the date your coverage starts but later acquire one or more dependents while you are eligible, their coverage will start on the date they become your dependents.

Continuing Eligibility

Once you become eligible, you and your dependents will remain eligible if you meet the requirements described in this section. The minimum credited hour requirement for continuing eligibility during a benefit month is 125 hours per month.

The following table shows how work months correspond to benefit months.

Work Months and Corresponding Benefit Months

125 Credited Hours in This Work Month	Make You Eligible in This Benefit Month
November	January
December.....	February
January	March
February.....	April
March.....	May
April.....	June
May.....	July
June.....	August
July.....	September
August.....	October
September.....	November
October.....	December

Continuing Eligibility Through Working

You will remain eligible during a benefit month if:

125-Hour Rule - You have at least 125 credited hours from working during the corresponding work month;

OR

The Rollback Rule - You have an average of 125 credited hours going back for a period of up to twelve (12) months.

For example: Suppose you start work in August and work 160 hours in August, which provides coverage in October. Then you only work 100 hours in September. Even though you didn't work at least 125 hours in September, you have a total of 260 hours during August and September, giving you an average of more than 125 hours for the two months. Therefore, you will be covered in November.

Line Construction Benefit Fund – 2017 Summary Plan Description

The Rollback Rule is not an hour bank. Hours do not accumulate for use at any time in the future. Instead, your hours for the current work month are added to the prior month’s hours, and then to the prior two months’ hours, and then to the prior three months’ hours and so on, rolling back up to twelve months, to see if you have an average of 125 hours per month during any period under review. Hours more than a year prior to the current work month are not taken into account. The following chart also shows how the Rollback Rule works.

Eligibility Chart

To use the chart below, first find the benefit month you are interested in, then follow the row across the chart. You will be eligible in that benefit month, if you meet ANY of the requirements shown in that row.

Benefit Month	125 Hours in	250 Hours in	375 Hours in	500 Hours in	625 Hours in	750 Hours in	875 Hours in	1,000 Hours in	1,125 Hours in	1,250 Hours in	1,375 Hours in	1,500 Hours in
Mar	Jan	Dec-Jan	Nov-Jan	Oct-Jan	Sep-Jan	Aug-Jan	Jul-Jan	Jun-Jan	May-Jan	Apr-Jan	Mar-Jan	Feb-Jan
Apr	Feb	Jan-Feb	Dec-Feb	Nov-Feb	Oct-Feb	Sep-Feb	Aug-Feb	Jul-Feb	Jun-Feb	May-Feb	Apr-Feb	Mar-Feb
May	Mar	Feb-Mar	Jan-Mar	Dec-Mar	Nov-Mar	Oct-Mar	Sep-Mar	Aug-Mar	Jul-Mar	Jun-Mar	May-Mar	Apr-Mar
Jun	Apr	Mar-Apr	Feb-Apr	Jan-Apr	Dec-Apr	Nov-Apr	Oct-Apr	Sep-Apr	Aug-Apr	Jul-Apr	Jun-Apr	May-Apr
Jul	May	Apr-May	Mar-May	Feb-May	Jan-May	Dec-May	Nov-May	Oct-May	Sep-May	Aug-May	Jul-May	Jun-May
Aug	Jun	May-Jun	Apr-Jun	Mar-Jun	Feb-Jun	Jan-Jun	Dec-Jun	Nov-Jun	Oct-Jun	Sep-Jun	Aug-Jun	Jul-Jun
Sep	Jul	Jun-Jul	May-Jul	Apr-Jul	Mar-Jul	Feb-Jul	Jan-Jul	Dec-Jul	Nov-Jul	Oct-Jul	Sep-Jul	Aug-Jul
Oct	Aug	Jul-Aug	Jun-Aug	May-Aug	Apr-Aug	Mar-Aug	Feb-Aug	Jan-Aug	Dec-Aug	Nov-Aug	Oct-Aug	Sep-Aug
Nov	Sep	Aug-Sep	Jul-Sep	Jun-Sep	May-Sep	Apr-Sep	Mar-Sep	Feb-Sep	Jan-Sep	Dec-Sep	Nov-Sep	Oct-Sep
Dec	Oct	Sep-Oct	Aug-Oct	Jul-Oct	Jun-Oct	May-Oct	Apr-Oct	Mar-Oct	Feb-Oct	Jan-Oct	Dec-Oct	Nov-Oct
Jan	Nov	Oct-Nov	Sep-Nov	Aug-Nov	Jul-Nov	Jun-Nov	May-Nov	Apr-Nov	Mar-Nov	Feb-Nov	Jan-Nov	Dec-Nov
Feb	Dec	Nov-Dec	Oct-Dec	Sep-Dec	Aug-Dec	Jul-Dec	Jun-Dec	May-Dec	Apr-Dec	Mar-Dec	Feb-Dec	Jan-Dec

Continuing Eligibility by Making Short-Hours Self-Payments

If you do not have sufficient hours in a work month to satisfy the 125-Hour Rule, and if your previous hours are not sufficient to satisfy the Rollback Rule, you can make a short-hours self-payment to continue your eligibility in the corresponding benefit month (but you will not be eligible for Weekly Income Benefits while you are making short-hours self-payments). The amount of your payment will be determined by deducting your credited hours in the work month from 160 hours, and multiplying the difference times the current employer contribution rate. The Rollback Rule will not be taken into account when determining the amount needed.

Additional Rules Governing Short-Hours Self-Payments

- You are only entitled to a self-pay period if you are an active, bargaining unit employee who is already covered under the Plan when your hours shortage occurs. You cannot make a self-payment to establish or re-establish initial eligibility, nor can you pay for any period on or after the date you leave the Plan (for example, if you begin work for a non-contributing employer). Non-bargaining and utility / REA employees are not eligible to make short-hours self-payments.

LIFE EVENTS THAT AFFECT YOUR COVERAGE

Certain life events may impact your coverage, and failure to notify the Fund Office when they occur could prevent you from getting the most out of your Plan.

NOTIFY THE BENEFIT FUND OFFICE

Notify the Fund Office as soon as possible if you experience one of the following life events:

- ✓ A move to a new address
- ✓ A loss of eligibility (dependents)
- ✓ Your marriage or divorce
- ✓ You are terminated / laid-off or your hours or employment are reduced
- ✓ You have baby / adopt child
- ✓ You become disabled
- ✓ You retire
- ✓ You take Family Medical Leave
- ✓ You become eligible for Medicare
- ✓ You or your spouse enter active military service
- ✓ Your death (your spouse or beneficiary should contact the Fund Office)

If You Get Married

If you are covered under the Plan and you legally marry, your spouse (including a same sex spouse) is eligible for dependent benefits. In order for your spouse to be added to the Plan, a certified copy of your marriage certificate must be on file at the Fund Office. Claims cannot be processed until it is received. Your spouse's effective date will be the date of your marriage.

Provide the Fund Office with:

- ✓ Updated Family Enrollment Form; and
- ✓ Certified Copy of Marriage Certificate.

If You Acquire a Stepchild Through Marriage

Your stepchild may be eligible for LINECO benefits.

Provide Fund Office with:

- ✓ Updated Family Enrollment Form;
- ✓ Copy of divorce decree / custody order for stepchild;
- ✓ Stepchild's birth certificate;
- ✓ Certified copy of your marriage certificate; and
- ✓ Information about your stepchild's other health plans.

If You Have a Baby

Please contact the Fund Office within 48 hours.

Provide the Fund Office with:

- ✓ Updated Family Enrollment Form;
- ✓ Copy of your baby's birth certificate; and
- ✓ Copy of any other health plan information.

If You Adopt a Child

Contact the Fund Office. The Plan will cover the child as of when they are placed in your home.

Provide the Fund Office with:

- ✓ Updated Family Enrollment Form;
- ✓ Copy of the adoption certificate or documentation of the start of the adoption proceeding; and
- ✓ Information about your child's other health plans.

If You Take FMLA Leave

If you have to take Family Medical Leave time from work, you may be entitled to continue your eligibility in the Plan for up to the maximum period required by Federal law (usually 12 weeks).

Provide the Fund Office with:

- ✓ Employer-approved FMLA certification form(s).

When Your Child Turns 26

Your dependent children are covered under this Plan until they turn 26. Generally, your child's eligibility under the Plan will stop on the last day of the month in which your child turns 26 (see No. 2-b on page 87 for information on continued coverage for a totally disabled child). Your child's loss of eligibility at age 26 is a "qualifying event" (see page 27), and your child may elect COBRA coverage at that time.

If Your Dependent's Eligibility for Benefits Changes for any Other Reason

If for any reason your dependent no longer meets the Plan's dependent eligibility requirements, you must notify the Fund Office immediately. For example, dependents who enter the armed forces on a full time basis become ineligible for LINECO coverage. Your failure to provide such notice, and the submission of claims while your dependent is no longer eligible for coverage, may be considered an intentional misstatement of material fact and/or fraud. In addition, if you do not notify the Fund Office when your dependent ceases to meet the eligibility requirements, you will be responsible for reimbursing the Plan for all charges that were paid by the Plan while the dependent was not eligible for coverage.

If You Divorce / Legally Separate

If you divorce from your spouse, notify the Fund Office immediately. Once you divorce or legally separate, your spouse is no longer eligible for benefits under this Plan, however, your ex-spouse may enroll in COBRA continuation coverage (see pages 27-30). If you do not notify the Fund Office when you divorce, you will be responsible for reimbursing the Plan for all charges that were paid by the Plan on behalf of your former spouse while not eligible for coverage.

Provide the Fund Office with:

- ✓ Updated Family Enrollment Form (update your life insurance beneficiary if you wish)
- ✓ Copy of your divorce decree
- ✓ Copy of any Qualified Domestic Relations Order (QDRO); and
- ✓ If you have children, copy of any Qualified Medical Child Support Order (QMCSO), if applicable.

If your former spouse wants to self-pay for COBRA continuation coverage, your former spouse must contact the Fund Office. Your former spouse may elect COBRA coverage for up to a maximum of 36 months, provided the Fund Office is informed of the divorce within 60 days of the day the divorce become final. For more information, see *Continuing Your Coverage Under COBRA* starting on page 27.

If You Become Disabled

If you are an employee and become disabled, you may be eligible for certain Weekly Income Benefits and disability hours. It is important that you contact the Fund Office as soon as possible to ensure that you fully understand this benefit options (see the *Weekly Income Benefit* section beginning on page 71).

At a minimum, in order to qualify for these benefits you must visit a medical doctor and be disabled by that doctor within 15 days of your last day of work. In order to qualify for Weekly Income Benefits, your disability must be from a non-occupational accidental bodily injury or illness.

The Weekly Income Benefit does not apply to retired members or utility / REA members.

Contact the Fund Office as soon as possible after you suffer a disabling injury or sickness.

If You Retire

Contact the Fund Office at least 3 months prior to your possible retirement from work in the electrical construction industry. There are a number of requirements outlined on page 17 of this booklet that must be met in order to qualify for LINECO Retiree Benefits.

For Early or Normal Retirement, you must meet **ALL** of the following requirements:

- ✓ At least age 55; and
- ✓ Must be retired from any and all employment in the electrical construction industry; and
- ✓ Must be receiving retirement benefits either from a plan negotiated or sponsored by the IBEW, from a qualified retirement plan, or from Social Security; and
- ✓ Must be eligible for LINECO benefits on the day immediately preceding the effective date of your LINECO retiree benefits; and
- ✓ Must have been eligible for coverage under LINECO due to work hours for 48 of the 60 months preceding the effective date of your LINECO retiree benefits

For disability retirements, you must meet **ALL** the following requirements:

- ✓ Must be receiving disability retirement benefits either from a plan negotiated or sponsored by the IBEW, from a qualified retirement plan, or from Social Security; and
- ✓ Must be eligible for coverage under LINECO on the day immediately preceding the day your disability plan benefits become effective.

Contact the Fund Office as soon as possible before you retire in order to ensure you qualify for this important benefit.

If You Become Eligible for Medicare

If you are Medicare-eligible (typically age 65), you are required to sign up for Medicare **Part A and Part B**. Failing to sign up for both may cause significant out of pocket expense when claims are processed and you may also be penalized by Medicare for late enrollment.

Provide the Fund Office with:

- ✓ Copy of your Medicare card

If You Die

If you are married and you die while you're covered by the Plan as an active employee or retiree, your surviving spouse may elect to continue coverage under the Plan if he/she is eligible for surviving spouse coverage. This coverage applies to your other eligible dependents covered by the Plan at the time of your death. Your spouse must contact the Fund Office and make timely payments to continue the insurance.

Additionally, for eligible employees (not utility/REA/retirees), your beneficiary / dependents may be eligible to collect your \$20,000 life insurance benefit and an additional \$20,000 if your death was due to an accident.

Your surviving family members should do the following upon your death:

- ✓ Notify the Fund Office;
- ✓ Provide the Fund Office with a copy of your death certificate;
- ✓ Apply for your life insurance benefit (and AD&D benefit, if applicable); and
- ✓ If your spouse is eligible for survivor benefits under the Plan, enroll in the Plan and make timely payments.

COVERED MEDICAL SERVICES

Benefits for Preventive Care

LINECO covers a wide range of preventive and wellness services designed to keep participants and dependents healthy.

Benefits for the preventive services will be paid as follows:

- Typically, the Plan will pay 100% with no deductible when you use a BlueCross BlueShield (BCBS) PPO provider. Out-of-network (non-PPO) services will be paid at 70% subject to the calendar year deductible.
- Childhood immunizations (under age 21) will be paid at 100% with no deductible, whether or not a PPO provider is billing for the service.
- Covered immunizations can also be obtained at a participating Express Scripts (ESI) pharmacy at no cost to you, and with no claims to file, if you show the pharmacist your ESI card.
- You can also use your ESI card to obtain the pharmacy products covered under this benefit, including products covered at 100% with no deductible.

The services covered under this benefit are based on the following recommendations and may change from time to time:

- United States Preventive Services Task Force (services/items with a rating of A or B by this task force);
- Immunizations recommendation from the Advisory Committee on Immunization Practices (ACIP) and adopted by the Centers for Disease Control and Prevention; and
- With respect to infants, children, adolescents and women, evidence-informed preventive care and screenings provided for in comprehensive guidelines supported by the Health Resources and Services Administration (HRSA).

Partial lists of the preventive services covered under this benefit are listed below.

Go to www.lineco.org for more information about covered preventive services.

CHILDREN

AGES 0-2

Newborn screenings
Well-baby check-ups
Measurements
Developmental screenings
Metabolic screening
Hemoglobin test
TB test
Lead testing

AGES 2-18

Physician's exams
Measurements
Developmental screenings
Metabolic screening
Hemoglobin test
Autism screening
Behavioral assessment
TB test
Lead testing

IMMUNIZATIONS (Ages 0-20)

Diphtheria, tetanus & pertussis
Hepatitis A
Hepatitis B
Human papillomavirus
Influenza
Influenza type B
Measles, mumps & rubella
Meningococcal
Pneumonia
Polio
Rotavirus
Varicella

ADULTS

ANNUALLY	ANNUALLY (cont.)	IMMUNIZATIONS
<u>Starting at Age 18</u>	<u>Starting at Age 65</u>	Hepatitis A
Well-woman visit	Occult blood test	Hepatitis B
Other routine exams ⁽¹⁾	Abdominal aneurysm screening	Human papillomavirus
Pap test		Influenza
Pelvic exam	ONE PER LIFETIME IF NEEDED	Measles, mumps & rubella
Blood pressure check	Depression screening	Meningococcal
Cholesterol testing	Diet counseling	Pneumonia
STD screening	Bone density scan	Tetanus, diphtheria & pertussis
Routine tests incl. EKGs & blood & urine tests ⁽²⁾	OTHER, AS NEEDED	Varicella
HIV screening	Tobacco use intervention ⁽⁴⁾	Zoster
<u>Starting at Age 40</u>	Breastfeeding support ⁽⁵⁾	
Mammogram	FDA-approved female contraceptives ⁽⁶⁾	
<u>Starting at Age 50</u>	Folic acid supplements ⁽⁶⁾	
Occult blood test	Prenatal visits ⁽⁷⁾	
Colorectal cancer screening ⁽³⁾	Prenatal - Low Dose Aspirin	
	Obesity counseling ⁽⁸⁾	

⁽¹⁾ Up to \$125 for a routine exam per year for employees, retirees and spouses is paid if the provider is out-of-network. Also see Department of Transportation (DOT) Physicals - Employee Only on page 40.

⁽²⁾ Up to \$150 for employees, retirees and spouses per year will be paid under the Diagnostic X-Ray and Lab Benefit, whether in- or out-of-network. The excess will be considered under the regular provisions of the Medical Benefit subject to the deductible and coinsurance.

⁽³⁾ Plan covers tests and procedures within the age and frequency guidelines established by the American Cancer Society, including colorectal exams, flexible sigmoidoscopies, barium enemas, and colonoscopies.

⁽⁴⁾ Plan covers one tobacco use intervention session every 12 months and certain physician-prescribed tobacco-cessation agents: Chantix limited to 180-day supply/12-month period, and other medications limited to 90-day supply during a 12-month period.

⁽⁵⁾ Breastfeeding support includes post-delivery breast pump rental, one lactation counseling session per pregnancy, and supplies as needed.

⁽⁶⁾ Written doctor's prescription is required.

⁽⁷⁾ Only routine prenatal visits are covered under the preventive benefit provisions. Delivery, prenatal lab, ultrasounds, abortions and high-risk pregnancy care services are covered under the regular major medical provisions of the Plan for female employees, retirees and spouses only—not for dependent children of any age.

⁽⁸⁾ Up to 26 face-to-face behavioral counseling sessions per year with a doctor or covered mental health provider, plus one dietary assessment by a nutritionist. Exercise and diet programs are excluded unless directly supervised by an M.D. or D.O. Patient must have a BMI ≥ 30.

Department of Transportation (DOT) Physicals – Employee Only

LINECO covers required Department of Transportation (DOT) physical exams for eligible employees under the routine exam benefit. Exams are paid at 100% in-network. Otherwise the plan covers up to \$125 for out-of-network providers.

Death and Disability Benefits

IBEW* Death Benefit-	\$6,250.00
IBEW* Accidental Death-	\$6,250.00
LINECO** Death Benefit-	\$20,000.00
LINECO** Accidental Death-	\$20,000.00
Total Death Benefit	\$26,250.00
Total if Accidental Death	\$52,500.00

Weekly Disability Benefits

LINECO** \$400.00

26 weeks maximum for disability benefits.

*IBEW Death Benefit payments are only payable to members in good standing.

** LINECO Death and Disability payments are payable only to members who are currently covered by the health plan.

ALABAMA

Outside Jurisdiction

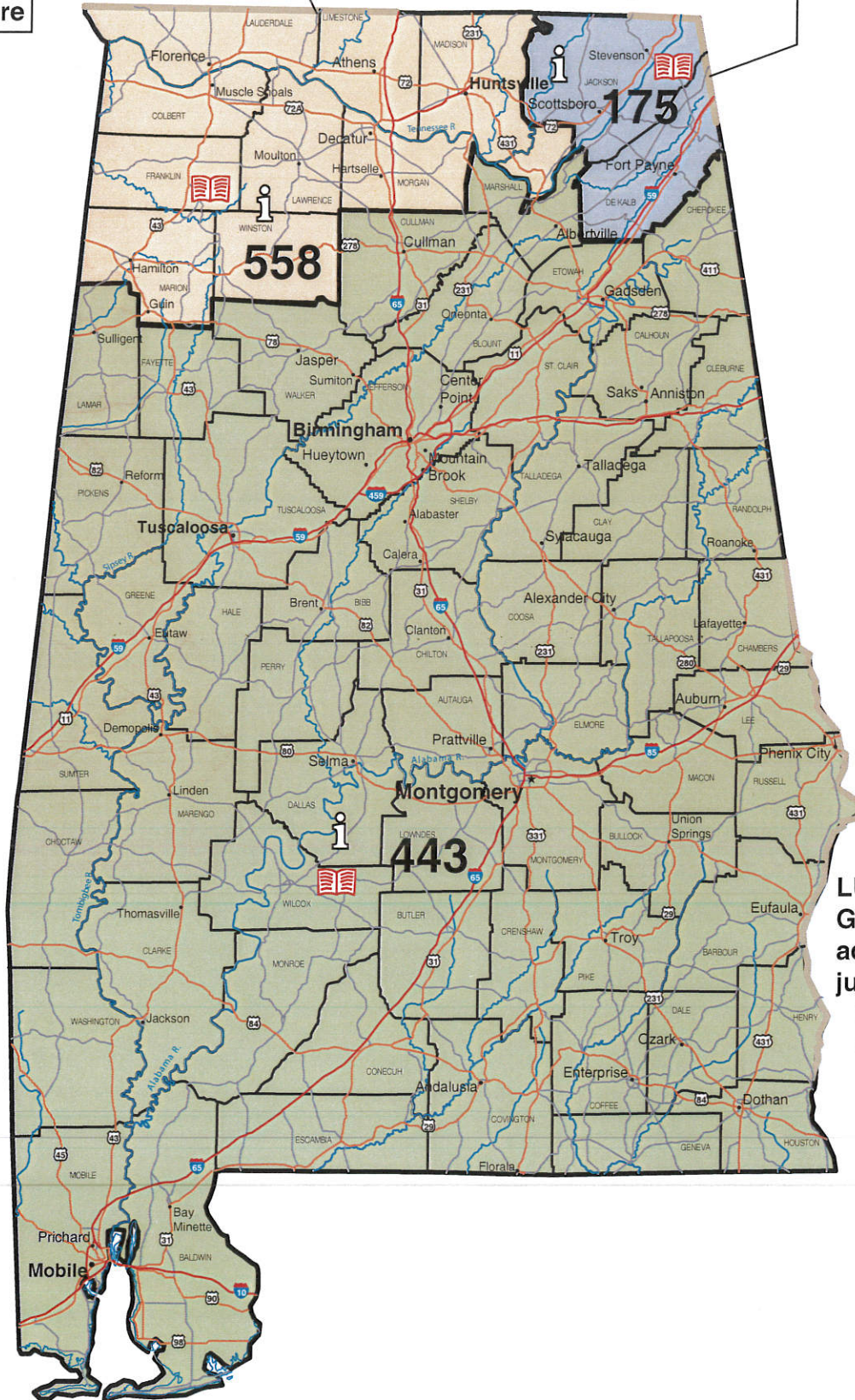
Prepared by IBEW® Education and Research Department, January 2008.
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AL-Outside (ad)

 links to jurisdiction as stated in part in the bylaws.
 links to information in local union directory.

LU 558: See Tennessee map for additional jurisdiction.

[Click Here](#)

LU 175:
See Tennessee map for additional jurisdiction. [Click Here](#)
See Georgia map for additional jurisdiction. [Click Here](#)



LU 613: See Georgia map for additional jurisdiction.

[Click Here](#)

Outside Wages
Effective 1-1-2025

Effective 1-01-2025 thru 11-30-2025

CLASSIFICATION	BASE WAGE	LINECO \$7.25	LINECO HRA	N.E.B.F. 3%	SELCAT 1.5%	SERF 0%-15%	NEIF 1%	AMF \$0.15	NLMCC \$0.01	TOTAL Package
Journeyman	\$41.64	\$7.50	\$0.25	\$1.25	\$0.62	\$6.25	\$0.42	\$0.15	\$0.01	\$58.09
General Foreman (15% above JL)	\$45.89	\$7.50	\$0.25	\$1.38	\$0.69	\$6.88	\$0.46	\$0.15	\$0.01	\$63.20
Foreman (10% above JL)	\$43.89	\$7.50	\$0.25	\$1.32	\$0.66	\$6.58	\$0.44	\$0.15	\$0.01	\$60.80
Transmission Tech. (95% of JL)	\$39.56	\$7.50	\$0.25	\$1.19	\$0.59	\$5.93	\$0.40	\$0.15	\$0.01	\$55.58
Substation Tech (95% of JL)	\$39.56	\$7.50	\$0.25	\$1.19	\$0.59	\$5.93	\$0.40	\$0.15	\$0.01	\$55.58
URD Tech (95% of JL)	\$39.56	\$7.50	\$0.25	\$1.19	\$0.59	\$5.93	\$0.40	\$0.15	\$0.01	\$55.58
<i>Apprentice</i>										
1st Period (60%)	\$24.98	\$7.50	\$0.25	\$0.75	\$0.37	\$0.00	\$0.25	\$0.15	\$0.01	\$34.27
2nd Period (65%)	\$27.07	\$7.50	\$0.25	\$0.81	\$0.41	\$0.00	\$0.27	\$0.15	\$0.01	\$36.47
3rd Period (70%)	\$29.15	\$7.50	\$0.25	\$0.87	\$0.44	\$2.19	\$0.29	\$0.15	\$0.01	\$40.85
4th Period (75%)	\$31.23	\$7.50	\$0.25	\$0.94	\$0.47	\$2.34	\$0.31	\$0.15	\$0.01	\$43.20
5th Period (80%)	\$33.31	\$7.50	\$0.25	\$1.00	\$0.50	\$2.50	\$0.33	\$0.15	\$0.01	\$45.55
6th Period (85%)	\$35.40	\$7.50	\$0.25	\$1.06	\$0.53	\$3.54	\$0.35	\$0.15	\$0.01	\$48.79
7th Period (90%)	\$37.48	\$7.50	\$0.25	\$1.12	\$0.56	\$3.75	\$0.37	\$0.15	\$0.01	\$51.20
<i>Substation Tech Apprentice</i>										
1st Period (60%)	\$23.73	\$7.50	\$0.25	\$0.71	\$0.36	\$0.00	\$0.24	\$0.15	\$0.01	\$32.95
2nd Period (65%)	\$25.71	\$7.50	\$0.25	\$0.77	\$0.39	\$0.00	\$0.26	\$0.15	\$0.01	\$35.04
3rd Period (70%)	\$27.69	\$7.50	\$0.25	\$0.83	\$0.42	\$2.08	\$0.28	\$0.15	\$0.01	\$39.20
4th Period (75%)	\$29.67	\$7.50	\$0.25	\$0.89	\$0.45	\$2.23	\$0.30	\$0.15	\$0.01	\$41.44
5th Period (80%)	\$31.65	\$7.50	\$0.25	\$0.95	\$0.47	\$2.37	\$0.32	\$0.15	\$0.01	\$43.67
6th Period (85%)	\$33.62	\$7.50	\$0.25	\$1.01	\$0.50	\$3.36	\$0.34	\$0.15	\$0.01	\$46.75
7th Period (90%)	\$35.60	\$7.50	\$0.25	\$1.07	\$0.53	\$3.56	\$0.36	\$0.15	\$0.01	\$49.03
<i>Transmission Tech Apprentice</i>										
1st Period (60%)	\$23.73	\$7.50	\$0.25	\$0.71	\$0.36	\$0.00	\$0.24	\$0.15	\$0.01	\$32.95
2nd Period (65%)	\$25.71	\$7.50	\$0.25	\$0.77	\$0.39	\$0.00	\$0.26	\$0.15	\$0.01	\$35.04
3rd Period (70%)	\$27.69	\$7.50	\$0.25	\$0.83	\$0.42	\$2.08	\$0.28	\$0.15	\$0.01	\$39.20
4th Period (75%)	\$29.67	\$7.50	\$0.25	\$0.89	\$0.45	\$2.23	\$0.30	\$0.15	\$0.01	\$41.44
<i>URD Tech Apprentice</i>										
1st Period (60%)	\$23.73	\$7.50	\$0.25	\$0.71	\$0.36	\$0.47	\$0.24	\$0.00	\$0.00	\$33.27
2nd Period (70%)	\$27.69	\$7.50	\$0.25	\$0.83	\$0.42	\$0.55	\$0.28	\$0.00	\$0.00	\$37.52
3rd Period (80%)	\$31.65	\$7.50	\$0.25	\$0.95	\$0.47	\$1.27	\$0.32	\$0.00	\$0.00	\$42.41
4th Period (90%)	\$35.60	\$7.50	\$0.25	\$1.07	\$0.53	\$1.42	\$0.36	\$0.00	\$0.00	\$46.74
HEO	\$39.56	\$7.50	\$0.25	\$1.19	\$0.59	\$5.93	\$0.40	\$0.15	\$0.01	\$55.58
Equipment Operator (85% of JL)	\$35.40	\$7.50	\$0.25	\$1.06	\$0.53	\$2.48	\$0.35	\$0.15	\$0.01	\$47.73
URD Operator Foreman (85% of JL)	\$35.39	\$7.50	\$0.25	\$1.06	\$0.53	\$2.83	\$0.35	\$0.15	\$0.01	\$48.08
URD Operator (58.81% of JL)	\$24.49	\$7.50	\$0.25	\$0.73	\$0.37	\$1.96	\$0.24	\$0.00	\$0.00	\$35.54
WTO (60% of JL)	\$24.98	\$7.50	\$0.25	\$0.75	\$0.37	\$1.25	\$0.25	\$0.15	\$0.01	\$35.52
Groundman w/CDL (50% of JL)	\$20.82	\$7.50	\$0.25	\$0.62	\$0.31	\$1.04	\$0.21	\$0.15	\$0.01	\$30.92
Groundman (47% of JL)	\$19.57	\$7.50	\$0.25	\$0.59	\$0.29	\$0.00	\$0.20	\$0.15	\$0.01	\$28.56
URD Groundman (55% of URD)	\$21.76	\$7.50	\$0.25	\$0.65	\$0.33	\$0.25	\$0.22	\$0.15	\$0.01	\$31.11

Local 443 Montgomery Alabama

Referral Procedure and Rules of the Out of Work List

Effective 6/1/2012

- 1) Referral procedure will be fairly and impartially administered.
- 2) Applicants will have dues receipt for current month.
- 3) Referral sign-in shall take place any time during normal operating hours of the business office either by fax from a local union office or in person. For initial sign-in by fax your home local must reciprocate and allow local 443 members to initial sign-in by fax. All sign-in by fax will be placed on the book at 5:00pm on the day that the sign-in takes place in the order the fax is received.
- 4) **Re-sign shall be required monthly and will be the 10th through the 16th of each month.** Re-sign may be accomplished by fax, e-mail, in person, or on the Local 443 website at www.ibew443.org. Re-sign by a registrant utilizing any of these methods will be accepted providing it is timely. Re-sign must contain the following information: Name, original sign date, card number, month dues are paid through.
- 5) All members must sign the out of work list when laid off, fired or take a voluntary quit.
- 6) Short calls – Ten (10) working days, excluding Saturday and Sunday, may remain on the out of work list if they are given a Reduction in Force. **An applicant that quits or is discharged for cause will not remain on the out of work list and must sign as a new registrant.**
- 7) All Groups 1, 2, 3 and 4 will sign the proper out of work list.
- 8) All jobs for referral will be placed on the recorder, except in emergency situations. The Business Manager is responsible for filling calls in a timely manner as needed by employers. This means in an emergency, a referral may have to be made outside normal hours using whatever means are available to fill calls and place registrants.
- 9) **If applicant accepts call but fails to show for referral or work, the applicant will be removed from the out of work list and signing will be necessary.**
- 10) Any individuals who receive two (2) discharges for cause with-in a twelve month period shall be suspended from future referral privileges until they appear before the Appeals Committee for a determination as to their continued eligibility for referral.

Job Line

Local – (334) 272-8830

Fax – (334) 272-8831

E-mail – brandon@ibew443.org

Website – www.ibew443.org

Job listings will be posted on the recorder starting at 5:00 p.m. Applicants must call the Union Office to submit their names for calling during the designated time period given on the recording. The dispatcher will then call applicants according to their place on the out of work list and inform the applicant when to sign and receive a referral. All referrals must be picked up and signed in person.

Information given to registrants regarding duration of job and hours of work is for general information only. Local 443 can not guarantee anyone how long a job may last and the overtime that may or may not be required.

J. D. Hornsby, Business Manager
Local Union 443, IBEW