NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS BENEFIT FUNDS

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NOTICE TO MEMBERS REGARDING COVID-19 RELATED LEAVES

This notice provides information regarding paid benefits available to you if you must take a leave of absence from work for a reason related to COVID-19 and are an eligible participant in the New York City District Council of Carpenters Welfare Fund ("Welfare Fund").

Please note that the Welfare Fund is not responsible for enforcing an employer's obligation under the law to make payment to you or adjudicating any disputes with employers about such obligations. If, for any reason, an employer does not make payment to you, the Welfare Fund will still pay the number of days for which it is responsible but will not pay the employer portion.

I. <u>Members Who are Subject to a Mandatory or Precautionary Order of Isolation or Quarantine:</u>

If you are subject to an order of isolation or quarantine and required to remain out of the workplace for a period of time, your employer and/or your local department of health will provide you with more information regarding the length of your period of isolation or quarantine. Contact your local health department to request an isolation or quarantine order. (Please see this link for details: http://docs.paidfamilyleave.ny.gov/content/main/forms/PFLDocs/obtain-order-of-quarantine.pdf.)

A. <u>Leave Options</u>:

- 1. If you haven't already taken leave under the federal Families First Coronavirus Response Act ("FFCRA"), your employer <u>may</u> choose to pay you directly for up to 80 hours of leave. This option is currently available through March 31, 2021. Please note that providing paid leave under this option is determined solely by the employer.
- 2. If FFCRA leave is not available to you,¹ you may be eligible for the following NY COVID-19 Paid Leave:
 - a. If you work for an employer with 100 or more total employees (i.e., not just employees covered by the NYC District Council of Carpenters):

14 days of leave, paid directly by your employer

¹ Reasons FFCRA leave may not be available include: (a) your employer has chosen not to voluntarily provide benefits through March 31, 2021; (b) you have already exhausted your FFCRA leave; or (c) your need for leave arises after March 31, 2021.

- b. If you work for an employer with 11-99 employees, or for an employer with 10 or fewer employees, with more than \$1 million in net income in 2019
 14 days of leave
 - 5 days of leave, paid directly by your employer
 - For the remainder of your leave, you may file a claim with Amalgamated Employee Benefits Administrators ("Amalgamated") (the Welfare Fund's third-party administrator for these benefits). The contact information for Amalgamated is on the claim form and included at the end of this notice. Through a combination of New York Paid Family Leave and short-term disability benefits, you may receive from the Welfare Fund: (a) New York Paid Family Leave benefits, up to 67% of your pay (capped at a maximum weekly benefit of \$840.70); and (b) New York short-term disability benefits to match your full wages (capped at a maximum weekly disability benefit of \$2,043.92) (i.e., a total benefit capped at \$2,884.62 per week).
- c. If you work for an employer with <u>10 or fewer employees</u>, with less than \$1 million in net income in 2019

14 days of leave

• You must submit a claim to Amalgamated to receive this leave. Through a combination of New York Paid Family Leave and short-term disability benefits, eligible employees may receive from the Welfare Fund: (a) New York Paid Family Leave benefits, up to 67% of their pay (capped at a maximum weekly benefit of \$840.70); and (b) New York short-term disability benefits to match their full wages (capped at a maximum weekly disability benefit of \$2,043.92) (i.e., a total benefit capped at \$2,884.62 per week).

*Please note:

• The NY COVID-19 Paid Leave described above is calculated based on calendar days. This means an employee is not paid for 14 or 5 individual days of leave, but rather is paid for the wages the employee would have earned if the employee worked over the applicable 14-day or 5-day period (as referenced above).

B. <u>Required Documentation</u>:

For the NY COVID-19 Paid Leave benefits which will be paid by the Welfare Fund (*see* Sections A.2.b and A.2.c above):

1. You must complete and submit a claim form.

A copy of this claim form can be obtained by calling the Fund Office at (212) 366-7300 or by visiting https://nyccbf.com/member/members-documents/ and selecting the form titled "COVID-19 Disability and/or Paid Family Leave Application."

- The application includes a cover letter, which explains the process for completing this claim form.
- 2. You must submit a copy of your mandatory or precautionary order of quarantine or isolation, and any other documentation required to process your claim.
 - If you do not have a copy of your quarantine or isolation order, you can obtain it by contacting your local health department. For example, if you live in New York City, that

would be the New York City Department of Health. If you live outside New York City, that would be the county health department in the county where you live.

• If your local health department is unable to immediately provide you with the order of quarantine or isolation, you should submit documentation from a licensed medical provider that has treated you, attesting that you qualify for the order. You should then follow up with your local health department and submit the order from your local health department as soon as it is available. Local health departments must provide the requested orders within 30 days.

You must submit all of your documentation to Amalgamated within 30 days after the start of your leave to avoid losing benefits.

II. <u>Other Leaves</u>:

If FFCRA or NY COVID-19 Paid Leave is not available to you, you may be eligible for the following paid benefits:

- Short-term disability benefits (e.g., if you are unable to work due to your own health condition). Please contact the Welfare Fund to apply for these benefits.
- Paid family leave benefits (e.g., if you are unable to work because you are caring for a family member with COVID-19). Please contact the Welfare Fund to apply for these benefits.
- Unemployment. Please contact the New York State Department of Labor to apply for these benefits. (Your eligibility for these benefits and the amount of these benefits is determined by the New York State Department of Labor).

Please note that, as laws and guidance regarding COVID-19 are rapidly changing, and clarifications are provided by government agencies regarding existing laws, the Welfare Fund reserves its right to modify this notice, as necessary to adapt to changed circumstances or new or clarified obligations. With respect to any Welfare Fund benefit described in this notice, the terms and conditions of such benefits are governed by the Welfare Fund plan documents, which are controlling.

Contact Information for Amalgamated

Amalgamated Employee Benefits Administrators P.O. Box 5453 White Plains, NY 10602 <u>SubmitClaimForms@amalgamatedbenefits.com</u> Fax: 914-367-4114