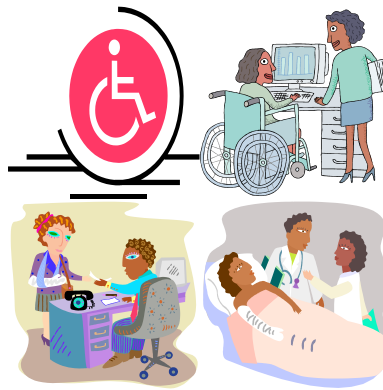


NORTHERN NEW ENGLAND BENEFIT TRUST

WEEKLY DISABILITY INCOME BENEFIT

DS1 AND DS2 PLANS



Please Note That These Benefits Are Administered By
NORTHERN NEW ENGLAND BENEFIT TRUST

Claims must be submitted directly to NNEBT.

WEEKLY DISABILITY INCOME BENEFIT

The Trust will pay a Weekly Disability Income Benefit to a covered member who is “totally disabled,” as defined below, as a result of an illness or injury that is not work related, and who also meets the eligibility criteria set out below.

The weekly benefit is as follows:

Eligibility Level	Benefit Payable	Maximum Benefit
DS1 <i>(Minimum 150 hours per month)</i>	66% of the member’s average gross weekly wage	\$500 per week
DS2 <i>(Minimum 134 hours per month)</i>	66% of the member’s average gross weekly wage	\$250 per week

The weekly benefit is payable after the first week has been withheld (seven calendar days from the date medical care was sought). Payment on an approved short-term disability claim will begin on day 8. The weekly benefit is payable for a maximum period of 26 weeks for all members.

All periods of disability due to the same or related cause or causes that are separated by less than 2 weeks of continuous, full-time, active employment shall be counted against the maximum benefit period of 26 weeks. Any period of disability that is preceded immediately by a period of at least 2 weeks of continuous, full-time, active employment will be considered a new disability, for purposes of calculating the maximum period for which benefits will be paid, no matter what the cause or causes of the disability.

Eligibility

To be eligible for a Weekly Disability Income Benefit you:

1. must be a covered employee when the disability arises and at all periods of time thereafter for which benefits are sought or must be a disabled employee who is a member of a new group so long as such employee meets the other weekly disability benefit eligibility requirements;

2. must be “totally disabled,” which means that you are unable to perform your job or any other job to which you have access under the terms of your collective bargaining agreement;
3. must be “totally disabled” as a result of a “medically determinable physical or mental impairment,” which means an impairment that results from anatomical, physiological or abnormalities which can be shown by medically acceptable clinical and laboratory diagnostic techniques and not only by the individual’s statement of symptoms;
4. must be actively receiving treatment by a doctor for the disabling medical condition or, in the case of a mental health related disability, be actively receiving treatment from a licensed mental health professional;
5. must not be performing any work or service, of any kind, for wages or profit; and
6. must submit a claim for benefits within sixty (60) days of the date of your disability or, for disabled employees of new groups, within sixty (60) days of the commencement of the new group with the Trust. Claims will be processed to pay retroactively up to a maximum of (60) days from the date of receipt by the Trust provided that the disability paperwork is complete and the member is under medical care during the time of the disability. (updated 4/2008)

Important Note:

If your eligibility status fluctuates between A1 and A2, your Disability coverage will also fluctuate. The hours you worked during a specific *Employment Month* determine the coverage you receive during the corresponding *Coverage Month* (please see Eligibility Section for complete rules).

We strongly suggest that you contact the Northern New England Benefit Trust (1-800-258-9732) prior to receiving care to verify exact coverage for the disability period(s). Claims will be paid based on your Eligibility for the *Coverage Month* in which the date of service occurs.

How to File for Weekly Disability Income Benefits

You must obtain a claim form from the Trust, complete the member's portion of the form and send or take the form to your doctor. Your doctor will complete the medical portion of the form and send it directly to the Trust.

There is a separate form for claims for a mental health related disability which must be completed by the member and either the member's primary care physician or treating psychiatrist.

What You Need to Do:

If you are out of work due to a **non-work related** disability:

- Contact the Trust for disability paperwork
- Return forms completed by doctor to the Trust
- Complete and return all forms required to continue the claim

If you are out of work due to a **work related** disability:

- Notify the Trust of the disability
- Contact your employer on how to apply for Workers' Compensation benefits

If you are out of work due to any type of disability and receive a pay-in notice from NNEBT, consult your Shop Steward/Business Agent for contract details concerning required employer's contributions. If payments/contributions are not received, there may be a break in coverage.

Adverse Benefit Determination and Appeal

Timing of notification of benefit determination

In the case of a claim for disability benefits, the Trust will notify you of the adverse benefit determination within a reasonable period of time but not later than 45 days after receipt of your claim by the Trust. This period may be extended, however, two times, for up to 30 days each, provided that the Trust both determines that such an extension is necessary due to matters beyond the control of the plan and notifies you, prior to the expiration of the initial 45-day period (or the subsequent 30-day extension period in the case of the need for the second extension), of the circumstances requiring the extension of time and the date by which the Trust expects to render a decision. In the case of any extension, the notice will specifically explain the standards on which entitlement to a benefit is based, the unresolved issues that prevent a decision on the claim, and the additional information needed to resolve those issues, and you will be afforded at least 45 days within which to provide the specified information.

Manner and content of notification of an adverse benefit determination

The notification requirements in the case of an adverse benefit determination by the Trust concerning a claim for disability benefits are the same as the applicable requirements for adverse medical benefit determinations.

Appeal of adverse benefit determinations

The procedure for appealing an adverse disability determination is the same as the appeal procedure for non-urgent medical care claims.

Timing of notification of benefit determination on review

In the case of an appeal taken from an adverse benefit determination concerning a claim for disability benefits, you will be notified of the Trust's determination on review within 45 days.