

**SOUTH JERSEY ELECTRICAL WORKERS  
TEMPORARY DISABILITY BENEFIT TRUST FUND**

**Federal I.D. No.: 22-3424489**

**Effective July 1, 1996**

**100 Century Parkway  
Suite 260  
Mt. Laurel, New Jersey 08054  
Tel.: (856)722-6777  
Fax: (856)722-6703**

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**I.E. SHAFFER & CO.  
830 Bear Tavern Road, PO Box 1028  
Trenton, New Jersey 08628  
Tel: (800)792-3666  
Fax: (609)883-7566**

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**UNION LABOR LIFE INSURANCE COMPANY  
111 Massachusetts Avenue  
Washington, D.C. 20001**

## **SOUTH JERSEY ELECTRICAL WORKERS TEMPORARY DISABILITY BENEFIT FUND**

The following is a brief outline of your Temporary Disability Program and benefits effective January 1, 2000.

These benefits are paid to all eligible employees during periods of disability which are not work-connected. The employer is required to pay the total cost of providing this coverage. No employee contributions are necessary.

Disability must occur while employed by a covered employer of the New Jersey Electrical Workers Temporary Disability Benefits Trust Fund or within 28 days of the termination of such employment providing the member remains unemployed by a subject employer during said 28 days. Bargaining employees are eligible for benefits provided they have been employed during fourteen (14) days prior to becoming disabled. The Plan also covers non-bargaining employees provided their employer contributes on behalf of all non-bargaining employees based upon the rate established under the collective bargaining agreement for forty (40) hours per week.

### **MAXIMUM DURATION**

These benefits are payable up to 26 weeks for each "PERIOD OF DISABILITY." "PERIOD OF DISABILITY" is defined under definitions in Section 43:21-27 of the New Jersey Temporary Disability Benefit Law. The benefits are payable up to a maximum of 26 weeks per a 12 month period starting from the date of the first covered disability claim.

### **BENEFIT AMOUNT PAYABLE**

The amount payable is two-thirds of the employee's average weekly pay up to a maximum of **\$401 per week**. The weekly benefit is determined based upon the employee's average weekly earnings over the employee's most recent eight (8) week period of employment. The minimum benefit is **\$154 per week**. The benefit commences on the first day of disability due to accident and on the fourth day of disability due to sickness. If benefits shall be payable for three consecutive weeks or more, then benefits shall be payable from the first day of sickness.

## **MATERNITY BENEFITS**

These benefits are payable in accordance with the guidelines of any other disability.

## **EXCLUSIONS**

1. No benefits will be paid for a period of disability caused by accident or sickness for which benefits are payable under workmen's compensation, employer's liability law or unemployment compensation law.
2. No benefits will be paid for any period during which the employee is not under the care of a legally licensed physician, practicing psychologist, dentist, chiropractor, podiatrist or optometrist acting within the scope of his license.
3. No benefits will be paid for any period of disability due to willfully and intentionally self-inflicted injury or to injury sustained in the perpetration by the employee of "a crime of the first, second or third degree" or criminal act of any nature.
4. No benefits will be paid for any period of disability during which the employee performs any work for remuneration or profit.

## **CLAIMS**

Claims for Temporary Disability Benefits should be filed with:

**I.E. Shaffer & Co.**  
**830 Bear Tavern Road, PO Box 1028**  
**Trenton, New Jersey 08628**  
**(800)792-3666**

Written notices of a claim must be given within 30 days after commencement of disability.

If a claim is denied by the Fund and you disagree with the decision and have information which warrants reconsideration by the Fund, you should forward such information immediately to the Disability Insurance Service, Bureau of Private Plans, CN 957, Trenton, New Jersey 08625-0957.

**PLEASE TAKE FURTHER NOTICE,** No Temporary Disability Benefit will be paid after the maximum period of available benefits has been paid to an eligible participant and no benefits will be paid unless and until required claim forms are submitted.