

DEATH BENEFITS - WHILE ACTIVELY EMPLOYED

	<u>NORMAL</u>	<u>ACCIDENTAL</u>
L.U. #102 DEATH & RETIREMENT ASSESSMENTS	\$ 3.00 PER MEMBER	\$ 3.00 PER MEMBER
L.U. #102 DEATH BENEFIT FUND	\$ 1,500.00	\$ 1,500.00
I.B.E.W. PENSION FUND	\$ 6,250.00	\$12,500.00
L.U. #102 WELFARE FUND	\$10,000.00	\$10,000.00
L.U. #102 PENSION FUND	\$10,000.00 PLUS	
(WITH MORE THAN 2 YEARS LESS THAN 5 YEARS)	\$ 3,000 X NUMBER OF CREDITS UP TO 5 YEARS	
L.U. #102 PENSION FUND (WITH MORE THAN 10 YRS) REFER TO PLAN DOCUMENT	**	**

ANNUITY**THE AMOUNT THE PARTICIPANT HAS IN THE FUND****DEATH BENEFIT- COVERAGE - RETIRED**

L.U. #102 DEATH BENEFIT FUND	\$1,500.00 – FOR MEMBERS RETIRED AS 102 MEMBERS.
I.B.E.W. PENSION FUND	\$6,250.00 - ALL PAYMENTS DEDUCTED FROM \$6,250.00; NO LESS THAN \$3,000.00
L.U. #102, PENSION FUND	\$2,000.00
L.U. #102 PENSION FUND	REMAINDER OF 10 YEAR PAYMENT OR CONTINU- ATION OF BENEFITS FOR LIFE IF ON HUSBAND/WIFE REDUCED PENSION
L.U. #102 WELFARE FUND	\$2,000.00

TEMPORARY DISABILITY - I.B.E.W., T.D.B. FUND - EFFECTIVE JANUARY 1, 2018

NOT JOB RELATED	\$701.00 MAX. PER WEEK FOR THE 1 ST 26 WEEKS
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PERMANENT DISABILITY

L.U. #102 PENSION FUND	\$1,900.00 PER MONTH WITH 10 TO 20 YEARS OF SERVICE, PLUS \$95.00 PER MONTH FOR EACH ADDITIONAL YEAR.
FORMER 675 MEMBERS	\$1,900.00 PER MONTH WITH 10 TO 24 YEARS OF SERVICE PLUS \$81.70 PER MONTH TO 12/31/99, AND \$95.00 PER MONTH FROM 1/2000 FOR EACH ADDITIONAL YEAR.
I.B.E.W. PENSION FUND	\$4.50 PER MONTH PER YEAR WITH A MINIMUM OF 20 YEARS OF CONTINUOUS MEMBERSHIP
N.E.B.F. PENSION FUND	\$32.00 PER MONTH PER YEAR WITH AT LEAST 5 YEARS OF CREDIT. (MINIMUM PAYMENT WILL BE \$640.00 PER MONTH)

REGULAR PENSIONS

L.U. #102 PENSION FUND	\$95.00 PER MONTH FOR EACH YEAR OF SERVICE OR HUSBAND/WIFE LIFETIME OPTION AT A REDUCED RATE.
FORMER 675 MEMBERS	\$81.70 PER MONTH TO 12/99, STARTING 1/2000 \$95.00 PER MONTH, LUMP SUM
I.B.E.W. PENSION FUND	\$4.50 PER MONTH FOR EACH YEAR OF MEMBERSHIP (NOT LESS THAN 20 YEARS).
N.E.B.F. FUND	\$32.00 PER MONTH FOR EACH YEAR (NOT LESS THAN 5 YEARS) (EARLY RETIREMENT AT 60. 9 ¼% FOR EACH YEAR BELOW 62.)

PENSIONS (CONT'D)

EARLY RETIREMENT

A SUPPLEMENTAL PENSION FOR ACTIVE PARTICIPANTS EQUAL TO THE EARLY RETIREMENT \$1,500.00 BENEFIT (MAXIMUM OF PAYABLE BETWEEN AGES 59 ½ TO 62) \$1,500.00 MAXIMUM IS DECREASED BETWEEN THE AGES OF 55 - 59 ½ .

INSTRUCTIONS ON BENEFITS

DEATH BENEFITS

L.U. #102, DEATH BENEFIT FUND AND I.B.E.W. PENSION FUND CLAIMS SHALL BE MADE AT THE LOCAL UNION OFFICE

EARLY RETIREMENT (AGES 55 TO 62)

CONTACT LOCAL UNION OFFICE AND I.E. SHAFFER GROUP 2 MONTHS PRIOR TO RETIREMENT

NOTE: MUST PAY MONTHLY DUES UNTIL THE AGE OF 62

PENSION BENEFITS (AGES 62 AND OVER)

I.B.E.W. PENSION CONTACT CARRIE AT THE UNION OFFICE TWO MONTHS BEFORE YOUR 62ND BIRTHDAY WITH 20 YEARS OF CONTINUOUS YEARS OF SERVICE.

ANNUITY FUND

CONTACT THE LOCAL UNION OFFICE FOR FORMS. WHEN **RETIRED** AND REACH THE AGE 70 ½ YOU MUST DRAW OUT THE MINIMUM AMOUNT. CONTACT I.E. SHAFFER.

LOCAL 102 WELFARE FUND

ANY QUESTIONS REGARDING PAYMENTS OR BENEFITS, CALL I.B.E.W. CLAIM PROCESSING AT 1-888-IBEW-102. PREADMISSION REVIEWS BEFORE A HOSPITAL STAY, AND SECOND SURGICAL OPINIONS ARE **MANDATORY**. FOR ELIGIBILITY, CALL I.E. SHAFFER & CO. 1-800-792-3666. **DENTAL COVERAGE** – BC/BS PLAN. ALL INFORMATION MAY BE OBTAINED BY CALLING 1-800-433-6825.
FOR MEDICAL CLAIM FORMS VISIT I.E. SHAFFERS WEBSITE (I.E.SHAFFER.COM) LOG IN IS 102 AND PASSWORD IS 102.
WHEN YOU OR YOUR SPOUSE REACHES AGE 65 YOU MUST TAKE MEDICARE PLAN B **IMMEDIATELY**.
WHEN YOU REACH THE AGE OF 62 YOU MUST NOTIFY I.E. SHAFFER & CO. FOR LIFETIME BENEFIT.

TEMPORARY DISABILITY

FORMS ARE AVAILABLE ON OUR WEBSITE IBEWLOCAL102.ORG. COMPLETE YOUR SECTION OF THE FORM, HAVE YOUR EMPLOYER AND THE DOCTOR COMPLETE THEIR SECTIONS, AND MAIL TO THE ADDRESS LOCATED AT THE TOP, RIGHT-HAND CORNER OF THE FORM WITHIN TWENTY-EIGHT (28) DAYS OF DISABILITY.

TO CHANGE BENEFICIARIES

FORMS ARE AVAILABLE ON OUR WEBSITE IBEWLOCAL102.ORG

WORKERS COMPENSATION

IF YOU ARE INJURED ON THE JOB, YOU CANNOT USE YOUR BLUE CROSS/BLUE SHIELD. HAVE ALL BILLS SUBMITTED TO THE CONTRACTOR YOU WERE WORKING FOR AT THE TIME OF THE INJURY.
DO NOT LIST THE LOCAL UNION AS YOUR EMPLOYER.

THIS SHEET IS INTENDED TO GIVE YOU GENERAL INFORMATION ONLY. FOR DETAIL AND ALL PERTINENT INFORMATION REGARDING THE ABOVE, PLEASE READ YOUR BOOKLETS!!!!!!