

TRUST FUND OFFICE
LABORERS HEALTH & WELFARE TRUST FUNDS FOR SOUTHERN CALIFORNIA

Administered by Pacific Southwest Administrators
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June 1, 2019

RE: LABORERS HEALTH AND WELFARE TRUST FOR
SOUTHERN CALIFORNIA – NON-JOBSITE COVERAGE FOR SIGNATORY EMPLOYERS

You have requested information about the possibility of securing coverage of your non-jobsite employees under the Laborers Health & Welfare Trust for Southern California.

In accordance with the Agreement and Declaration of Trust, the Trustees may provide Health & Welfare Plan coverage to employees of an employer not included in the bargaining unit.

The employer must file the attached application requesting that all employees who are not members of a bargaining unit be enrolled in the Plan. The rules stated in this document, as well as all rules passed by the Trustees, are an integral part of the employer's agreement to participate in the Non-Jobsite Plan. Failure to abide by such rules will result in termination from the Non-Jobsite Plan.

If the Board of Trustees approves your application, you will be obligated to make contributions beginning on the date designated by the Trust which is determined by the requested effective date of coverage. Signatory employers who do not regularly hire Laborers or who are no longer signatory to a Laborers' collective bargaining agreement, regardless of when Laborers were last employed, will be terminated under the Non-Jobsite Plan.

The contribution rate for the Non-Jobsite Plan through June 30, 2020 is \$971.00 per month, which is the current Master Labor Agreement hourly contribution rate multiplied by 130 hours. Should there be any increase in contributions under the Master Labor Agreement, the contribution rate will increase. Moreover, the Trustees reserve the right to change the contribution formula and/or the monthly contribution rate under the Non-Jobsite Plan at their sole discretion and at any time.

Non-Jobsite employees shall be entitled to the same benefits and shall be subject to the same rules and regulations as are applicable to the Jobsite Laborers.

Eligibility Rules

Option 1

The employer reports each employee paying the current rate for three consecutive months following the date of hire. The employee then becomes eligible on the first of the fifth month. At the time the employee ceases working for that employer, the employee has a three month hour bank providing three months of eligibility.

Option 2

The employer makes the required contribution starting with the month in which the employee is hired and the employee is then eligible on the month following the month in which the contribution is received. At the time the employee ceases working for that employer, the employee loses eligibility the following month.

The classes of employees who must be covered under the Non-Jobsite Plan are as follows:

All active, full-time salaried or otherwise compensated employees, including officers of a corporation, office, sales, administrative, executive, supervisory or other employees of an employer who do not perform work covered by any Collective Bargaining Agreement with any Union affiliated with the AFL-CIO, or with the International Brotherhood of Teamsters or Carpenters Union.

Employees must be actively at work and regularly employed for not less than 80 hours a month.

Superintendents who have been participating in a plan established pursuant to a Collective Bargaining Agreement between any Union affiliated with the AFL-CIO or with the International Brotherhood of Teamsters or Carpenters Union, whose participation commenced when such superintendent was performing work covered by such Collective Bargaining Agreement, may be excluded from coverage hereunder so long as participation continues in such other plan, and such other plan furnishes equivalent benefits. These persons are referred to as bargaining unit alumni.

Delinquency to any of the Construction Laborers Trust Funds for Southern California, whether on jobsite or non-jobsite employees, shall result in termination of the employer's participation under the Non-Jobsite Plan.

The enclosed application should be completed and returned to the Trust Fund Office along with a copy of your last quarterly tax return to the State government (DE-3).

Once your completed application has been received, the Trust Fund Office will conduct an audit of your records. Once the audit has been completed your application will then be presented to the Health & Welfare Board of Trustees for approval. Upon approval you will then be notified and provided with Health & Welfare Benefit enrollment forms for your employees to complete. You will also be assigned a new account number and will be mailed a monthly employer contribution report form so that you may report monthly Non-jobsite Health & Welfare contributions.

Should you have any further questions, please contact the Trust Fund Office.

APPLICATION FOR NON-JOBSITE COVERAGE
(Effective November 12, 2013)

Account No. _____ _____ (Full company name) _____ (Street Address) _____ (City, State and ZIP code) _____ (State Contractors License Number)	Sole proprietorship _____ Partnership _____ Incorporated in State of California _____ Registered with the Department of Corporations as being incorporated in another state _____
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The above named entity (“Employer”) understands that as a condition of obtaining Non-Jobsite Coverage from the Southern California Laborers Health & Welfare Trust for Southern California (“Trust”), it must abide by all of the rules, resolutions and other terms and conditions established by the Trust, as they currently exist and as they are changed from time to time.

The Employer agrees to and represents that the following is true and accurate:

The Employer has a valid contractor’s license to perform work in the State of California.

The Employer is signatory to a collective bargaining agreement with the Southern California District Council of Laborers (“Union”), or has given its bargaining rights to a contracting, building or engineering multi-employer association or other organization that is signatory to a collective bargaining agreement (“Agreement”) with the Union, that requires contributions on behalf of bargaining unit employees to the Trust.

The Agreement is currently in full force and effect and shall remain in full force and effect as a condition for the Employer’s continued participation in this benefit program.

All employees, **including employees who may have health insurance through a spouse, parent or other source**, who are working 80 or more hours per month and not in a bargaining unit or an alumni of a bargaining unit covered by that bargaining unit must be reported to the Trust. Please list all employees on Page 3 of this application.

The Employer may not contribute on anyone who is not a bona fide and eligible employee working at least 80 hours per month.

APPLICATION FOR NON-JOBSITE COVERAGE

Page 2

(Name of Company)

(Date of application from first page)

The entire contribution amount for Non-Jobsite Coverage will be paid by the Employer by the date required by the Trust. If the Employer is delinquent in the payment of contributions, Non-Jobsite coverage shall be suspended until the Trustees approve reinstatement of the coverage.

The Employer shall remain eligible for Non-Jobsite Coverage only if it regularly employs Laborers performing bargaining unit work.

If the Employer becomes delinquent in payment of contributions for bargaining unit employees, the Trust will not accept contributions for Non-Jobsite Coverage and Non-Jobsite Coverage will be suspended until the Trustees approve reinstatement of the coverage.

The failure to report all non-bargaining employees could result in assessments for delinquent contributions, liquidated damages, interest, costs and attorneys' fees.

The Trust has the right to terminate the Employer's participation in Non-Jobsite Coverage at any time.

If the Employer fails to comply with the Non-Jobsite rules, including but not limited to the rules set out above, its participation in Non-Jobsite Coverage of the Trust may be terminated without notice.

Eligibility Option:

_____ Option 1 – first of the fifth month following date of hire with hour bank

_____ Option 2 – first of the third month following date of hire, no hour bank

Requested effective date _____

I declare under penalty of perjury that I am authorized to sign this document on behalf of the Employer and that all statements are true and correct.

(Signature)

(Title)

(Print name)

(Date)

