

Laborers' Local 177

Basic Information for Members

Address: 3400 E Euclid Ave, Suite A, Des Moines, IA 50317 Phone: 515-265-2558

Office Hours: 7:00 am – 4:30 pm Monday-Friday

Check out our Facebook and website to stay informed! www.facebook.com/LaborersLocal177 and www.Laborers177.com.

Oath of Membership:

“As a member of the Laborers' International Union of North America and of this Local Union, you promise to be active in its affairs, loyal to its cause and purpose, and obedient to your constitutional obligations and responsibilities. You promise to fight for the cause of all working men and women in the United States and Canada. On the Union's behalf, you will regularly attend Union meetings and volunteer your time as an organizer, on picket lines, at rallies, in political activities and in local charities or community activities. All this you solemnly promise, so help you God.”

Monthly Union Meetings:

6:00 pm the first Thursday of each month at the Union Hall. You must be current on your dues to attend and Vote on wages or Officer Elections. Apprentices get credit for attending Monthly Membership Meetings.

Monthly Dues and Initiations:

The monthly dues are due on the first of the month and unless paid on or before the last day of the following month, the member shall be deemed suspended by the International Union without notice.

You can pay with cash, check, money order, or credit card. You can also pay on our website once you are an “active” member in good standing. Once you receive your Union card you are Active. Working Dues are taken out of your check by your employer when you are working. It is your responsibility to make sure your Monthly Dues and Initiations are current. Some Heavy Highway Contractors will deduct your Monthly Dues and Initiations out of your paycheck when you are working. They will not deduct when you are laid off, it is your responsibility to pay your dues when you are laid off. If you are a Veteran, please let us know as your Initiations can be waived.

Out of Work List / Referral List:

If you get laid off, call or come in the hall to be placed the Referral List. As a hiring hall, we may be able to place in a job with another contractor.

When you get laid off file for unemployment with Iowa Workforce Development. If you have experienced issues with discrimination and/or harassment, please contact Iowa Workforce Development.

Activities and Events:

We do many things throughout the year including participating in the Labor Day Parade, Health Fair, and Holiday Party. We also are very active in Politics and always need volunteers.

S.O.U.L. (Sisters of Union Laborers') Holds an Annual Easter Egg Hunt for Members and their families. S.O.U.L. also offers a Scholarship each year.

Laborers' International Union of North America

Local #177



Bradley P. Gezel, Business Manager
3400 E. Euclid Ave. • Des Moines, IA 50317
Phone: (515) 265-2558 • Fax: (515) 265-5665



Iowa Laborers' Education & Training Trust Fund 1-515-270-6965
1707 N 14th St Indianola, IA 50125

Laborers' National Pension Fund 1-877-233-5673

*Questions Regarding Pension and Retirement

BMGI – Benefits Management Group Inc. 1-319-365-2810

General: 400, HRA: 402, Short Term Disability: 404

*Questions Regarding Hours, Eligibility, Health, Dental, Vision, and Hearing Coverage

Blue Cross Blue Shield (Group #36650) 1-800-524-9242

SAV-RX – Prescription (Group #IALABOR) 1-800-228-3108

Blue Dental (Group #36650) 1-877-333-0164

LIFE INSURANCE AND ACCIDENTAL DEATH & DISMEMBERMENT POLICIES

Health & Welfare BMGI \$10,000.00 Life Insurance Policy
Active Members Eligible in BMGI Only (not Retirees)
1-319-365-2810

American Income Life \$3,500.00 Accidental Death & Dismemberment
Policy #SGHDE
All Active Members and Retirees
1-866-797-6455

MetLife \$2,000.00 Life Insurance Policy and \$2,000.00 Accidental Death &
Policy #261459
All Active Members and Retirees
1-800-638-6420 ext 2
To file a claim, call Local #177 515-265-2558

LiUNA \$20,000.00 Accidental Death & Dismemberment
Policy #59-ADD-S01211
All active Members and Retirees
To file a claim, call Local #177 515-265-2558
Add \$2,000.00 for wearing seatbelt.
Adaptive Home and Vehicle Benefit \$600.00 if your injury results in a loss other than death,
alterations to your automobile or residence.
Education Benefit- \$600.00 for each child during the last year of high school and 4 years
thereafter if child is enrolled full time.
Dismemberment- the principal coverage or lesser amount depending on loss Severity of loss ex:
1 arm half of policy.



BENEFITS MANAGEMENT GROUP INC. IOWA LABORERS' HEALTH AND WELFARE FUND

CONTACT

Benefits Management Group Inc.

150 1st Ave NE STE 450
Cedar Rapids, IA 52401-1115

Call:

1-319-365-2810

General Questions Ext 400

HRA Ext 402

Short Term Disability Ext 404

Fax:

1-319-365-1043

APPRENTICES

Requires 600 hours of work after you reach Apprentice II for Single H&W. You can add Spouse and Dependents after you reach Apprentice III.

Building and Abatement Contracts only. Heavy Highway Contracts pay full fringe benefits.

BASIC INFORMATION

-WELLMARK BLUE PPO NETWORK

-BlueCross BlueShield

- Blue Dental

-SAV-RX

-REQUIRES 600 HOURS OF WORK TO BECOME ELIGIBLE. UPON ELIGIBILITY YOUR INSURANCE CARDS WILL BE MAILED TO YOU.

-REQUIRES 375 WORK HOURS PER QUARTER TO MAINTAIN ELIGIBILITY. HOURS WORKED IN EXCESS OF 375 WILL BE APPLIED TO AN "HOUR BANK", THIS WILL HELP MAINTAIN ELIGIBILITY DURING A LAY-OFF. (HOUR BANKS CAN HAVE UP TO 750 HRS = 6 MONTHS OF COVERAGE)

-IF YOUR BENEFITS ARE TERMINATED, 600 HOURS ARE REQUIRED TO REACH ELIGIBILITY AGAIN.

-HEALTH BENEFIT COVERS YOU, SPOUSE, AND DEPENDANTS

-HOW IT WORKS: FOR EVERY HOUR YOU WORK YOUR EMPLOYER CONTRIBUTES A DEFINED HOURLY RATE, NEGOTIATED BETWEEN EMPLOYEES AND EMPLOYERS, TO YOUR INSURANCE PLAN FUND.

-IOWA LABORERS' HEALTH AND WELFARE IS GOVERNED BY A BOARD OF TRUSTEES WHICH IS MADE UP OF UNION REPRESENTATIVES AND CONTRACTOR REPRESENTATIVES.

-CREATE AN ACCOUNT AT WWW.WELLMARK.COM TO VIEW AND PRINT EXPLANATION OF BENEFITS.

ELIGIBILITY RULES

All Employees working for a contributing Employer or Employers within the jurisdiction of the Fund shall be eligible to receive benefits after meeting the following eligibility requirements.

Eligibility is based on Contribution Quarters / Benefit Quarters as follows:

Contribution Quarters Work Performed During	Benefit Quarters Determines Eligibility For
Dec Jan Feb	May Jun Jul
Mar Apr May	Aug Sep Oct
Jun Jul Aug	Nov Dec Jan
Sep Oct Nov	Feb Mar Apr

Initial Eligibility

You will become initially eligible for benefits under the Plan on the first day of the month after you have worked for which contributions were reported from a contributing Employer or Employers for at least 600 hours worked within a consecutive 12 month period. (You will be eligible for at least one full quarter plus any partial quarter from your initial eligibility date).

Continuation Of Eligibility For Active Employees

Employer Contributions
After becoming initially eligible, you continue to be eligible as long as you are working for a contributing Employer or Employers and those Employers make contributions to the Fund on your behalf for at least 375 hours in each Contribution Quarter as defined above. The quarterly hour requirement may be changed by the Trustees to represent the actual average expense for operating the Plan.

Reserve Accumulation Account ("Hour Bank")

When you work more than the number of hours required by these Rules for eligibility, those excess hours are credited to your Reserve Accumulation Account or "Hour Bank" and are used to continue your eligibility if you do not have enough normal contributions at a later date. Reserve hours credited to the Employee each Contribution Quarter are automatically used if necessary to continue your eligibility. You earn credit for "excess" hours, if any, immediately beginning on the date you are initially eligible in this Plan.

You may accumulate "excess" hours to your "Hour Bank" for a maximum equivalent of two quarters of continued eligibility (750 hours for work performed starting with the June 2005 contribution quarter). Accumulated hours will be adjusted based on any change to the Employer Contribution rate.

The Reserve Accumulation Account or "Hour Bank" is calculated separately for each Employee, but it is not a savings account that the Employee "owns" or that he can withdraw cash from. Excess hours accumulated to the Hour Bank will be applied only to maintain the Employee's eligibility for coverage in this Plan.

Your Reserve Accumulation Account or "Hour Bank" may not be used if you are not available for work at Covered Employment in the industry with an Employer who participates in this Fund or if the Local Union in which you are a member withdraws from participation in this Fund.

An individual Participant may remain eligible under this Plan when not available for work as a Laborer at Covered Employment because of a change in their Union affiliation. A Participant must submit written notification of the change in work status and satisfy each of the following requirements to remain eligible:

1. The participant continues to work for the same employer,
2. Contributions are made to another Multiemployer Fund,
3. The hours worked and the monthly contributions to the other Fund are available so the Fund Administrator can verify continuity of employment, and
4. The maximum extension of the "Hour Bank" or Self-payment period is limited to the earlier of two Quarters (6 months) or the satisfaction of the new Plan's initial eligibility requirement.

Self-Payment of Contributions

After becoming initially eligible, you may be allowed to make self-payments of contributions if you are in danger of losing eligibility due to a period of unemployment. To be eligible to make self-payments, you must be available for work at covered employment in the industry with an Employer who participates in this Fund.

Your self-payment is equal to 375 hours times the hourly rate in effect for contributing Employers. The self-payment hours requirement is reduced by hours worked in the most recent Contribution Quarter, if any. Failure to make the self-payment to supplement the remainder of your "Hour Bank" will forfeit the "Hour Bank" balance and you will have to meet the Initial Eligibility requirements to reinstate coverage.

If you choose self-payment of contributions, you can extend eligibility for three (3) quarters under the rules. You will not be entitled to COBRA continuation at the end of the self-payment period.

Self-payments must be received at the Fund Office by the date shown on the Termination Notice. All Notices are sent by mail to the last known address on file at the Fund Office, so it is important that any address changes are reported immediately.

Eligibility by means of self-payment can be continued for a maximum of 3 successive Benefit Quarters. For the purposes of this Rule, a self-payment made to supplement an amount remaining in your "Hour Bank" will be considered your first self-payment.

You must make self-payments of contributions for consecutive Benefit Quarters so that your eligibility is continuous. After making 3 consecutive self-payments you will have to meet the Initial Eligibility requirements to reinstate coverage.

Continuation Of Coverage During Disability

If you become totally disabled while you are eligible in this Plan, your eligibility may be continued without the use of your Reserve Accumulation Account.

COBRA CONTINUATION COVERAGE

On January 1, 1987, this Plan became subject to a Federal Law known as "Continuation of Benefits Requirements Act" (COBRA) which requires the Trustees to offer you and your eligible Dependents the opportunity for a temporary extension of health coverage (called "continuation coverage") in certain instances where coverage in the Plan would otherwise end. The COBRA regulations establish minimum time periods and conditions for the right to continue coverage; it does not change the Eligibility Rules approved by the Trustees in cases where the Rules are equal or better than the COBRA requirements.

Iowa Laborers District Council Health and Welfare Trust Fund. IOWA LABORERS Simple Summary

Schedule and Eligibility Requirements

January 2023

There are many advantages to your health and financial wellbeing when you use the Blue Choice POS network:

- The Blue Choice POS network is broad. It includes 30,000+ providers across Iowa and some surrounding counties, and all of the hospitals in Iowa. This means that there's an excellent chance the doctor(s) you see and your chosen hospital in Iowa participate in the Blue Choice POS network. If you don't know whether your provider participates in the Blue Choice POS network, just ask your provider.

- Finding a Blue Choice POS-network provider will be an easy and simple task, and you can nominate a physician to join the network if you like. To find a provider, visit www.Wellmark.com or call Customer Service at 800-524-9242. If you want to nominate a doctor for network inclusion, you can submit a request using the myWellmark app. Just select Messages, then use the Ask a Question feature. Be sure to provide your full name and the address of the Primary Care Provider being selected for yourself and each of your eligible dependents. If you'd prefer not to take that route, you can just call Customer Service at 800-524-9242, Monday through Friday, 7:30 am to 5 pm.

- You are required to select Primary Care Providers (PCPs) to oversee your care and that of each of your eligible dependents. You are required to see your Primary Care Provider for all of your preventive care including your annual physical.

- You will continue to have both in-network and out-of-network benefits coverage. You will pay less out-of-pocket when you see in-network providers. Be aware that some out-of-network providers (that is providers who do not participate in the Blue Choice POS network) may participate in the Wellmark PPO network.

If You Move, Notify The Fund Office Immediately!

Most information about your plan is sent to you by mail. For you to receive this information, we must have a correct address on file at the Fund Office at all times.

If you move, it's up to you to let us know your new address. Failure to do so may jeopardize your eligibility or benefits because we have no way to contact you about any changes in the eligibility rules or improvements in benefits.

So don't lose out! Remember: the responsibility for letting the Fund Office know your new address is yours.

BOARD OF TRUSTEES:

Iowa Laborers District Council Health and Welfare Fund
2600 Grand Avenue, Suite 230
Des Moines, IA 50312

You may call Wellmark's Customer service line at 800-524-9242 if you have questions regarding the benefits of their network.

You may call Sav-RX's Customer service line at 800-228-3108 and identify your group "IALABOR" if you have questions regarding your prescription drug benefits.

You may call Delta Dental of Illinois' Customer service line at 800-323-4743 if you have questions regarding your dental benefits.

You may call Benefits Management Group, Inc. at its Customer service line at 319-365-2810 if you have questions regarding your vision, death or Short Term Disability Benefits.

The information contained herein is for summary purposes only. The terms of the Agreement and Declaration of Trust and amendments thereto shall be the actual governing document of the Fund. Any discrepancies between this document and the Trust document shall be governed by the Trust document.

SCHEDULE OF BENEFITS

**CLASS A: JOURNEYMAN LABORER
Active Employees and Dependents**

(CLASS B: PROBATIONARY/TRAINEE LABORER Benefits are Essentially the Same for Employees Coverage Only)

Death Benefits
Employee Only (under age 70) \$10,000
Accidental Death / Dismemberment Benefits
Principal Sum \$1,000
Employee Only \$1,000

Comprehensive Major Medical Expense Benefits:

Comprehensive Major Medical Expense Benefits cover most types of health care services and supplies eligible for benefits from this Plan. See "Treatments With Special Limitations".

In-Network - Wellmark Blue Choice

Deductible Amount: \$750 per Calendar Year
Each Individual \$1,500 per Calendar Year
Maximum per Family

PPO Doctors (You Pay) \$20 per Visit
PPO Providers reimbursed at: 80%

Maximum out of Pocket
(Expenses in Excess of the Deductible Amount)
Each Individual \$4,000
Maximum per Family \$8,000

Out-of-Network Providers

Deductible Amount: \$750 per Calendar Year
Each Individual \$1,500 per Calendar Year
Maximum per Family

Maximum out of Pocket

(Expenses in Excess of the Deductible Amount)
Each Individual \$4,000
Maximum per Family \$8,000
Reimburse providers at 80%

Treatment With Special Limitations

Routine Exam / Wellness Benefit per Calendar Year:
Physical Exams and related services \$250 per person
Well Child Care \$500 per Child

Chiropractic Expense Benefits - Deductible Applies
Co-payment Ratio 80%
Allowed/Covered Procedures \$40 per Visit
13 Visits Per Calendar Year
Maximum Annual Benefit \$700

Prescription Drugs Sav-RX Card
Generic Co-payment
Brand Name greater of \$10 or 10%
Brand Name greater of \$20 or 20%
Out of Pocket Maximum: \$4,700 Individual \$9,400 family

Alcoholism or Substance Abuse and Mental and Nervous Disorders

Deductible Amount per Person \$250
Co-payment Rates
In-patient Treatment 80%
Out-patient Treatment 50%
Co-payment Limit None

Hearing Aid Benefit

Plan Pays \$600*
Once per three (3) Year Period
(*higher benefit available through Amplifon Network Providers)

Vision Benefit

Employee or Spouse \$200 each
Benefit payable once in a two calendar year period
Dependent Child \$150 each
Benefit payable once every calendar year period

Short Term Disability

Short Term Disability Benefit of \$300 for a maximum of 15 weeks for non work related injury. This Short Term Disability Benefit includes 25 hours per week added to your Hour Bank.

Dental Care Benefits (Delta Dental of Illinois)

Delta Dental PPO Network Dentist:

Annual Deductible \$0 per person
Preventative and Diagnostic Services Plan Pays 100%
Basic and Restorative Services
Co-payment Plan Pays 65%
Participant Pays 15%
Major and Prosthodontic Services
Co-payment Plan Pays 50%
Participant Pays 50%
Maximum Amount Payable
(Aggregate of All Dental Care Benefits) \$1,700
per Person, per Benefit Year*

Delta Dental Premier Dentist:

Annual Deductible \$0 per person
Preventative and Diagnostic Services Plan Pays 100%
Basic and Restorative Services
Co-payment Plan Pays 85%
Participant Pays 15%
Major and Prosthodontic Services
Co-payment Plan Pays 50%
Participant Pays 50%
Maximum Amount Payable
(Aggregate of All Dental Care Benefits) \$1,200
per Person, per Benefit Year*

Out of Network Dentist:

Annual Deductible \$25 per person
Preventative and Diagnostic Services Plan Pays 100%
Basic and Restorative Services
Co-payment Plan Pays 50%
Participant Pays 50%
Major and Prosthodontic Services
Co-payment Plan Pays 50%
Participant Pays 50%
Maximum Amount Payable
(Aggregate of All Dental Care Benefits) \$1,000
per Person, per Benefit Year*

Orthodontic Services

Co-payment Plan Pays 50%
\$2,000 Lifetime*

(*adult limitations shown)



LABORERS' NATIONAL PENSION FUND

CONTACT

Laborers' National Pension
Fund
14140 Midway Road STE 105
Dallas, Texas 75380

Call:
1-877-233-5673 or
1-972-233-4458

Fax:
1-972-233-3026

Website:
www.lnpf.org

APPRENTICES

Employers start paying into
Pension once you reach
Apprentice III.

Building and Abatement
Contracts only. Heavy
Highway Contracts pay full
fringe benefits.

BASIC INFORMATION

-WHEN YOU WORK 1000 HOURS OR MORE IN A CALENDAR YEAR YOU WILL EARN A PENSION CREDIT. YOU CAN ALSO EARN PARTIAL CREDITS IF YOU DO NOT WORK 1000 IN THE CALENDAR YEAR.

-YOU WILL BE VESTED ONCE YOU'VE EARNED 5 CREDIT YEARS (WHEN YOU ARE VESTED THE BENEFIT BELONGS TO YOU AT THE TIME OF YOUR RETIREMENT)

-HOW IT WORKS: FOR EVERY HOUR WORKED YOUR EMPLOYER CONTRIBUTES A DEFINED HOURLY RATE, WHICH IS NEGOTIATED BETWEEN EMPLOYEES AND EMPLOYERS, TO YOUR PENSION.

-IT IS A DEFINED BENEFIT PLAN WHICH PROVIDES MONTHLY FIXED BENEFITS FOR THE LIFE OF THE PENSIONER AND HIS/HER SPOUSE

-LNPf IS AFFILIATED WITH LABORERS' INTERNATIONAL UNION OF NORTH AMERICA IN 20 STATES.

-LNPf IS GOVERNED BY BOARD OF TRUSTEES WHICH IS MADE UP OF UNION REPRESENTATIVES AND CONTRACTOR REPRESENTATIVES.

-CREATE AN ACCOUNT AT WWW.LNPF.ORG TO STAY INFORMED.

-START THE PROOCES WITH LNPf 6 TO 8 MONTHS PRIOR TO RETIREMENT DATE.

HIRING HALL PROCEDURE

Effective April 2, 2016

Updated August 1, 2019

I General.

A. Laborers Local Union No. 177 (hereafter the "Union") shall maintain an efficient system for providing an orderly procedure of referral of journeyman applicants for employment in the Trade. The Trade as referenced herein, shall mean all work within the craft jurisdiction of the Union as encompassed in its collective bargaining agreements.

B. A copy of these rules will be made available for inspection during business hours by any bargaining unit member.

C. Upon request, any individual will be shown his/her relative position on the out-of-work list.

II. Registration.

A. All journeymen registering for active employment shall set forth their name, address, telephone number and complete a skills card, as well as, any relevant licenses or certifications the applicant maintains. Blank applicant referral forms will be available at the Union's referral office. The Union will complete an out-of-work list consisting of the journeymen and apprentices who have registered their availability for referral.

B. Registration for referral will be accepted only from qualified journeyman laborers who have had actual working experience in the Trade.

C. Initial registration can be done in person or done by phone. Placement on the list is by registration date not layoff or termination date.

D. All applicants shall fill out the appropriate Skills Card before signing the referral list. Each section of the Skills Card - Contract(s), Location(s), and work skills possessed - must be completed by each applicant. If a Skills Card is not completed or is incomplete a Skills Card will be filled out by the Union on behalf of the applicant in the following manner: all counties checked; all contracts checked; and the skill "Basic Laborer" checked.

E. Individuals who wish to register for referral may be required to submit proof of their experience, qualifications, and special skills through employment records, affidavits, and certifications or otherwise.

F. Upon registration, applicants will designate themselves as available for referral within a geographic region. Once an applicant has classified him or herself, all penalties regarding refusals and unavailability, for any job in a selected region, will apply. The Union will be operating by regions specified by Employer(s) needs and areas filled out on the skills card. In

the event that the Union, trying to fill an Employer's request, has exhausted all possible applicants for referral from that region's list and still requires more workers, the office may move on to the next, closest list. However, applicants who refuse such referrals or are unavailable under these circumstances will not be penalized. Any member from the referral list that has not accepted any calls for referral in 6 months will be removed. Any member from the referral list that has a non-working number will be removed.

III. Referral.

A. Except as specifically provided for in the paragraphs below, the Union shall refer applicants to an employer upon the employers request by first referring applicants from the A list, in order of the dates they register their availability for employment, then from the B List, in order of the dates these applicants register, then from the C List, in order of the dates these applicants register, and then from the D List in the order of the dates these applicants register.

B. All referrals, based on hours worked, within the A, B, C and D classification, shall move a maximum of one group per calendar year effective January 1 of the preceding year. The referral must continue to have worked the minimum hours in their classification or he will be moved to the appropriate list January 1 of the preceding year. Referrals who are off due to illness for a minimum of two (2) weeks with a doctor's statement will remain on the current out-of-work list.

C. If a registrant, referred for employment in regular order, refuses or is unavailable for three (3) consecutive referrals, his or her name shall be placed at the bottom of the list unless the applicant has given the Local Union notice in writing of unavailability for a period not to exceed thirty (30) days. Such period may be extended where an individual establishes they are unavailable for work resulting from an on-the-job injury covered by an applicable workers compensation statute.

D. Referral of applicants in the Union's jurisdiction will be made by telephone. All members will be required to have an active phone number listed with the Local Union office in order to be referred to work. Referral to projects will be between the hours of 6:00 a.m. to 9:00 a.m. and 2:00 p.m. to 5:00 p.m. or as the contractor's request. Emergency referrals made outside the designated dispatch hours would also be made in order; however, applicants who are unavailable or refuse such referrals will not be penalized.

E. The name of the registrant so dispatched shall be stricken from the list if the job to which the registrant is dispatched lasts long enough for the dispatched registrant to receive three (3) days' pay at straight time if employed.

The short term referral provisions herein are inapplicable and the applicant will be removed from the out of work list if the applicant takes any action within the first five (5) days

of employment designed to manipulate this provision of the Job Rules, such as voluntarily quitting or requesting to be laid off or discharged from a job to which he or she is referred.

F. An employer may request employees possessing special skills and abilities, in which case the Union shall refer the first applicant on the list who possesses such special skills and abilities.

G. Employers may request former employees for referral to a job or project, and the Union shall refer said former employees to the job or project provided they are properly registered applicants, are available for work at the time of request, and have been employed by the requesting Employer under the terms of this or previous agreements in the geographical area of the Union.

H. Selection of applicants for referral to jobs shall be on a non-discriminatory basis and shall not be based on or in any way affected by union membership, by-laws, rules, regulations, constitutional provision or by any other aspect of obligation of union membership, policies or obligations.

IV. Placement on List.

The Union shall maintain a register of applicants for employment established on the basis of the groups listed below. Each applicant for employment shall be registered in the highest priority group for which he/she is qualified. Apprentices shall be referred under a separate out-of-work list.

Group A

All journeymen laborers who have, in the immediately preceding two calendar years, been employed for at least one thousand (1000) hours as a journeyman laborer for a contractor signatory to a collective bargaining agreement with the Union.

Group A-1

All apprentices registered with a qualified apprenticeship program shall be on the A-1 list. Qualified apprenticeship programs shall include the following: Laborers Local Union No. 177 Training and Education Fund; and/or the Iowa Laborers' Education Training Fund.

Group B

All journeymen laborers who have, in the immediately preceding two calendar years, been employed for at least Seven Hundred Fifty (750) hours as a journeyman laborer for a contractor signatory to a collective bargaining agreement with the Union.

Group C

All journeymen laborers who have, in the immediately preceding two calendar years, been employed for at least five hundred (500) hours as a journeyman laborer for a contractor signatory to a collective bargaining agreement with the Union.

Group D

All other applicants for employment, in order of their registration, who are available for employment as journeyman laborers.

LiUNA!

MIDWEST REGION

LABORERS' INTERNATIONAL UNION of NORTH AMERICA



LiUNA! Midwest Region partners exclusively with Liberty Mutual to help you save \$782 or more a year on auto and home insurance!

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If your car is totaled, we'll give you the money for a model that is one year newer.



24-Hour Roadside Assistance⁴

Real help when you need it

Contact me for a free quote.



Raymond Eberle, LUTCF
7714 N. Grand Prairie Drive
Peoria, IL 61615
866-469-1282 EXT 55352
Raymond.eberle@libertymutual.com
Client # 124797



Liberty Mutual.
INSURANCE

Active Duty and Reserved members of the U.S. Armed Forces may be eligible for an additional discount on their auto insurance in select states.⁵

Visit www.midwestlaborers.org/health-safety/benefits-plus for more information

¹Average combined annual savings based on countrywide survey of new customers from 1/1/15 to 1/29/16 who reported their prior insurers' premiums when they switched to Liberty Mutual. Savings comparison does not apply in MA. ²For qualifying customers only. Accident Forgiveness is subject to terms and conditions of Liberty Mutual's underwriting guidelines. Not available in CA and may vary by state. ³Optional coverage in some states. Availability varies by state. Eligibility rules apply. ⁴With the purchase of optional Towing & Labor coverage. Applies to mechanical breakdowns and dismembers only. Towing related to accidents would be covered under your Collision or Other Than Collision coverage. ⁵Discounts and savings are available where state laws and regulations allow, and may vary by state.

Coverage provided and underwritten by Liberty Mutual Insurance and its affiliates, 175 Berkeley Street, Boston MA 02116.

amplifon

Hearing Health Care

LiUNA!

MIDWEST REGION



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We'll explain the Amplifon process and help you schedule an appointment

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www.amplifonusa.com/mrlina

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CALL TODAY: 1-888-408-5943

*Savings on top of our already discounted pricing. Please bring this offer with you to your appointment.

\$50
off one hearing aid

OR

\$125
off two hearing aids

Amplifon offers a price match on most hearing devices. Some exclusions apply. Not available where prohibited by law. Visit amplifonusa.com or call for more details.

*Some exclusions apply. Limited to one-time claim for loss and damage. Deductibles may apply.

**Amplifon offers a price match on most hearing devices. Some exclusions apply. Not available where prohibited by law. Visit amplifonusa.com or call for more details.

Hearing services are administered by Amplifon Hearing Health Care, Corp. Amplifon Hearing Health Care is solely responsible for the administration of hearing health care services, and its own financial and contractual obligations. LiUNA Midwest Region and Amplifon are independent, unaffiliated companies.

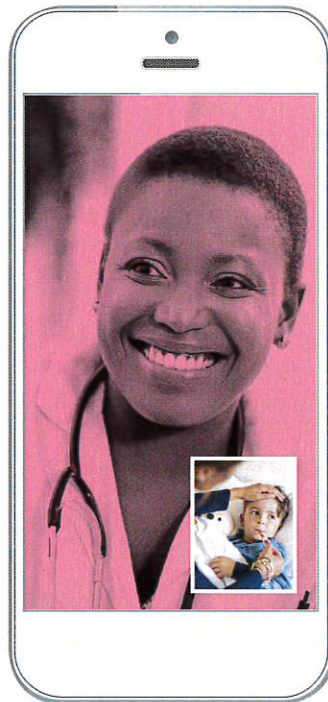
FEELING BETTER SHOULD BE EASY.

Visit a doctor on your smartphone, tablet or computer virtually anywhere, any time.

dr. on demand

Getting started is easy.

- Download the Doctor On Demand® app or visit DoctorOnDemand.com.
- Have your Wellmark Blue Cross and Blue Shield member ID card ready.
- Create an account or sign in.



See a doctor in minutes

Getting sick is bad enough without having to get out of bed to see a doctor. With Doctor On Demand, you and your family members can connect face-to-face with a board-certified doctor on your schedule.

Get treatment for:

- Cold and flu
- Headache
- Bronchitis and sinus infections
- Pink eye
- Urinary tract infections
- Skin condition
- Sore throats
- Other conditions such as mental health (if covered by your group health plan)¹
- Allergies
- Fever

¹ Mental health treatment cost share is subject to group plan coverage. Mental health coverage includes psychiatry services and medication management along with treatment for psychological conditions, emotional issues and chemical dependency. For more information, call Wellmark with the number on the back of your ID card.



QUESTIONS? CALL 800-997-6196.

Callers could experience longer wait times between 10 p.m. and 6 a.m. CST or may be directed to schedule an appointment in some instances.

Understand
your benefits.

**EDUCATION
MATTERS**



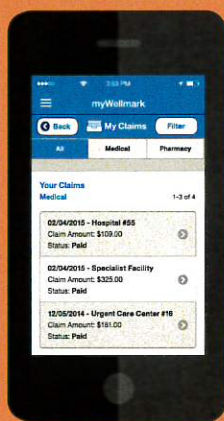
Go Mobile

Manage your health plan using the Wellmark app

UNDERSTANDING YOUR HEALTH CARE BENEFITS HAS NEVER BEEN EASIER OR MORE CONVENIENT.

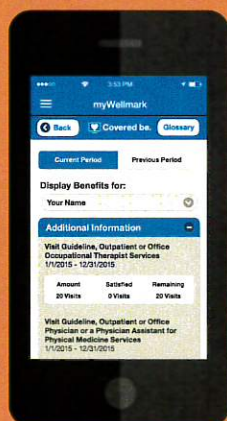
The Wellmark app gives you mobile access to your favorite myWellmark tools on your smartphone.

MANAGE YOUR HEALTH PLAN ON THE GO WITH THESE HELPFUL TOOLS:

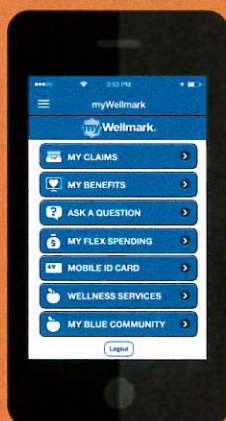


MY CLAIMS
Check the status of your claims.

MY FLEX
See both medical and dependent flex spending balances.¹



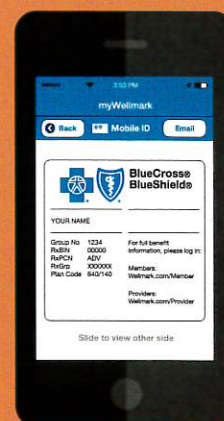
MY BENEFITS
View your benefit information, such as copayments, deductibles and out-of-pocket maximums.



ASK A QUESTION
Ask Customer Service a question.



WELLNESS SERVICES
Research health topics and monitor your progress with health trackers.²



MOBILE ID CARD
View your ID card and email a PDF to your provider.

¹This information only displays if you have a flex spending account.

²This information only displays if you have wellness services as part of your plan.

LEARN MORE

WHEN DOES AMY USE HER HEALTH INSURANCE? EVERY TIME SHE GOES FOR A WALK.

Most people are grateful for insurance when something bad happens. But Wellmark members are grateful for their insurance 365 days of the year. That's because they have Blue365®. Members get exclusive discounts on wellness products and services they use all the time, like fitness trackers, eyeglasses and athletic shoes.

SIGN UP TODAY AT WELLMARK.COM/BLUE365





community state bank

At CSB, we believe that banking should be simple, so we offer products and services that fit your lifestyle and make it easy to manage your finances. Make the most of the special privileges of your membership and the convenience of a one-stop financial resource. Experience the responsiveness and personal service of a local bank committed to serving you ... Community State Bank.

CSB Membership Checking¹

\$100 minimum deposit

\$100 direct deposit incentive²

No minimum balance to maintain

Monthly Cash Rewards

\$2 monthly reward if debit card purchases total \$300-\$1000

\$5 monthly reward if debit card purchases exceed \$1,000

\$2 monthly reward if maintaining \$15,000 balance in a personal money market and/or savings account

Free first order of checks³

Free debit card

Free online banking and unlimited Bill Pay⁴

Paper statements \$2.95 monthly fee (waived with eStatements)

\$5 service charge can be waived if two of four of these are used per statement cycle:

2 - Bill Pay Transactions

1 - Direct Deposit

1 - ACH Debit

1 - Consumer Loan

Up to \$5 ATM fees refunded if 12 or more debit card purchases are made per statement cycle

Home Equity Lending

Competitive rates and no closing costs on a Home Equity Line of Credit or home equity loan.⁵

Mortgage Lending with Competitive Rates⁵

\$500 mortgage origination discount

Flexible mortgage options with local service

**Contact us at (515) 331-3100.
For additional information and a map
of our convenient metro locations,
visit us online at www.bankcsb.com.**

¹ Please note you will be asked to present your membership card at time of account opening.

² \$100 incentive will be credited to your account after your direct deposit posts to your new account. Direct deposit must post to account within 90 days of opening to receive incentive.

³ CSB specialty checks.

⁴ After the first 90 days, customers who register for bill pay but are inactive for any month will be assessed an inactivity fee of \$5 per month.

⁵ Appraisal fees not included. Rates subject to change.



Member FDIC.