

# Laborers` local 177

## Informacion Masica para Miembros

Direccion: 3400 E Euclid Ave, Suite A, Des Moines, IA 50317 Telefonica: 515-265-2558  
Horarios de Oficina: 7:00 AM - 4:30 PM de lunes a Viernes

Revisa nuestro Facebook y pagina web para estar informado! [www.Facebook.com/laborerslocal177](http://www.Facebook.com/laborerslocal177) y [www.laborers177.com](http://www.laborers177.com).

### Juramento de Membresia:

“Como miembro de laborers internacional union of America y de este union local. Usted promete ser activo en sus asuntos, leal a su causa y propósito y obediente a sus obligaciones y responsabilidades constitucionales. usted promete luchar por la causa de todos los trabajadores y trabajadoras en los Estados unidos y canada. en nombre de la union, asistira regularmente a reuniones sindicales y ofrecera su tiempo como voluntario, como organizador, en manifestations, en mitines, en actividades politicas y en organizaciones benificas locales o actividades comunitarias. todo Esto lo promete solemnemente, y que Dios nos ayude.”

### Reuniones de la Union Mensuales:

6:00 pm el primer jueves de cada mes en el edificio de la union, debe estar al dia con sus cuotas para asistir y votar sobre salarios o elecciones de funcionarios. los aprendices obtienen credito por asistir a las reuniones mensuales de miembros.

### Cuotas Mensuales e Iniciaciones:

Las cuotas mensuales vencen el primer dia del mes y a menos que pague el ultimo dia del mes siguiente o antes, la union internacional considerará que el miembro ha sido suspendido sin previo aviso.

Puede pagar en efectivo, cheque, money order o tarjeta de credito. Si usa tarjeta de credito hay un cargo de 2 dólares. También puede pagar en nuestra página web una vez que sea miembro activo al dia. Una vez reciba su tarjeta de miembro, estará activo.

Las cuotas de trabajo son descontadas de su cheque por su empleador cuando usted esta trabajando. Es su responsabilidad asegurarse de que sus cuotas mensuales e iniciaciones estén al dia. Algunos contratistas (heavy highway) deducirán sus cuotas mensuales e iniciaciones de su cheque de pago cuando usted esté trabajando. No deducirán nada cuando le den laid off (descansen) es su responsabilidad pagar sus cuotas cuando tenga laid off (descansen). Si es un veterano, avísenos ya que sus iniciaciones pueden ser eximidas.

### Fuera de la Lista de Trabajo/ Lista de Referencias:

Si le dan laid off (descansen), llame o venga al local para que lo coloquen en la lista de referencias. es posible que podamos colocarlo en otro trabajo con otro contratista.

Cuando le den laid off (descansen) reclamar el desempleo con iowa workforce development. Si tiene problemas por discriminacion y/o acoso comuníquese con iowa workforce development.

### Actividades y Eventos:

Hacemos muchas actividades durante el año. incluida la participación en el desfile del dia del trabajo, la feria de salud y la fiesta navideña.

También somos muy activos en política y siempre necesitamos voluntarios.

S.O.U.L (Sisters Of Union Laborers') realizan la búsqueda anual de huevos de pascua para los miembros y sus familias. S.O.U.L también ofrece becas de estudiantes cada año.

# Laborers' International Union of North America

Local #177



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



Queridos Hermanos y Hermanas

A continuacion Abajo encontraran informacion de numero de telefono y a quien llamar por beneficios y preguntas Frecuentes

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

Laborers' National Pension Fund 1-877-233-5673  
\*Informacion de Pension y Retiro

BMGI – Benefits Management Group Inc. 1-319-365-2810  
Ext: 400, HRA: 402, Short Term Disability: 404  
\*Informacion Horas Acumuladas, elegibilidad Seguro salud, Dental, Vista y audicion todas las coberturas anteriores

Blue Cross Blue Shield (Group #36650) 1-800-524-9242  
\*Informacion seguro Medico

SAV-RX – Prescription (Group #IALABOR) 1-800-228-3108  
\*Informacion Cobertura para Recetas Medicas

Blue Dental (Group #36650) 1-877-333-0164  
\*Informacion completa sobre seguro Dental

\*Por Favor Recuerden actualizar informacion Si Quieren otro Beneficiario en sus seguros incluyendo seguro de Muerte.

\*Para recibir informacion actualizada si cambian su direccion por favor Notificar a nuestro Local #177.

\*Para ser elegible en estos seguros Medicos siempre es en base a sus horas trabajadas siempre tomar en cuenta. Si no tiene horas acumuladas tendra que pagar por su propia cuenta.

Para visitas de vision necesita llenar una aplicacion en nuestro Local en caso que el Medico Recete lentes usted puede usar el seguro Medico nuestro para los exámenes.  
Cuando usted haga reclamos de HRA para copagos medicos todos los pagos del ano anterior pueden ser reclamados debera presentar recibos de pago de cada uno de ellos.  
Estos son los recibos necesarios para reclamos



Explanation of Health Care Benefits.

## 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**

### **CONTACTOS**

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Benefits Management Group  
Inc.  
150 1<sup>st</sup> Ave NE STE 450  
Cedar Rapids, IA 52401-1115

Llamar:

1-319-365-2810

Preguntas Generales Ext 400

HRA Ext 402

Discapacidad a Corto Plazo

Ext 404

Fax:

1-319-365-1043

### **APREDICES**

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Se requiere de 600 horas de trabajo para alcanzar el nivel de Aprendiz II para solteros H&W. Tu puedes agregar a tu esposao(a) e Hijos hasta llegar al nivel de Aprendiz III.

Solo Contratos de

Construccion y Demolicion.

Los Contratos de carreteras

Pesadas pagan beneficios

complementarios completos.

### **INFORMACION BASICA**

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**-WELLMARK BLUE PPO NETWORK**

**-BlueCross BlueShield**

**-Blue Dental**

**-SAV-RX**

**-REQUERIMIENTO 600 HORAS DE TRABAJO PARA SER ELEGIBLE (LA OFICINA DE EL FONDO TE ENVIARA UN PAQUETE DE INSCRIPCION POR CORREO).**

**-SE REQUIRE 375 HORAS DE TRABAJO POR CUARTO (3 MESES) PARA MANTENERTE ELEGIBLE.**

**-HORAS TRABAJADAS EN EXCESO DE 375 SERAN APLICADAS (GUARDADAS) EN "EL BANCO DE HORAS", ESTO TE AYUDARA A MANTENER TU ELEGIBILIDAD DURANTE ESTES DESCANSADO (LAS HORAS DE EL BANCO PUEDEN SER HASTA 750 HORAS = 6 MESES DE COBERTURA**

**-LOS BENEFICIOS DE SALUD TE CUBREN A TI, ESPOSA (O) Y DEPENDIENTE (HIJOS).**

**-COMO ESTO TRABAJA: POR CADA HORA QUE USTED TRABAJA TU EMPLEADOR CONTRIBUYE DEPENDIENDO DE CUANTO ES TU PAGO POR HORA. ES UNA NEGOCIACION ENTRE EMPLEADO Y EMPLEADOR, PARA EL FONDO DE EL PLAN DE ASEGURANZA.**

**-IOWA LABORERS' HEALTH AND WELFARE ES GOBERNADO POR UN COMITE DE CONFIANZA FORMADO POR REPRESENTANTE DE EL SINDICATO Y REPRESENTANTES DE LOS CONTRATISTAS.**

**-CREA UNA CUENTA EN [WWW.WELLMARK.COM](http://WWW.WELLMARK.COM) PARA VER Y IMPRIMIR LA EXPLICACION DE BENEFICIOS**

## 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:

<u>Contribution Quarters</u>	<u>Benefit Quarters</u>
<u>Work Performed During</u>	<u>Determines Eligibility For</u>
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 restate 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 restate 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](http://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 preventative 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 50342

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 800-323-1743 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 ..... \$10,000  
Employee Only (under age 70) ..... \$10,000  
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:  
Each Individual ..... \$750 per Calendar Year  
Maximum per Family ..... \$1,500 per Calendar Year

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 Rate ..... 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 (with generic equivalent) 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 85%  
Major and Prosthodontic Services  
Co-payment ..... Participant Pays 15%  
Co-payment ..... Plan Pays 50%  
Maximum Amount Payable ..... Participant Pays 50%  
(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%  
Major and Prosthodontic Services  
Co-payment ..... Participant Pays 15%  
Co-payment ..... Plan Pays 50%  
Maximum Amount Payable ..... Participant Pays 50%  
(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%  
Major and Prosthodontic Services  
Co-payment ..... Participant Pays 50%  
Co-payment ..... Plan Pays 50%  
Maximum Amount Payable ..... Participant Pays 50%  
(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

## CONTACTOS

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

Llamar:  
1-877-233-5673 o  
1-972-233-4458

Fax:  
1-972-233-3026

Website:  
[www.lnpf.org](http://www.lnpf.org)

## APREDICES

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**EL EMPLEADOR COMENZARA A PAGAR PARA SU PENSION HASTA QUE ALCANZE EL NIVEL DE APRENDIZ III.**

Solo Contratos de  
Construccion y Demolicion.  
Los Contratos de carreteras  
Pesadas pagan beneficios  
complementarios completos.

## INFORMACION BASICA

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**CUANDO USTED TRABAJA 1,000 HORAS EN UN AÑO CALENDARIO USTED GANA UN CREDITO DE PENSION. TAMBIEN ACUMULARA CREDITOS PARCIALES SI, NO COMPLETA 1 MIL HORAS EN EL AÑO CALENDARIO.**

**USTED ESTA ELEGIBLE A QUE SU PENSION SEA INVERTIDA CUANDO TENGA GANADO 5 ANOS DE CREDITO (CUANDO YA TENGAL LOS CREDITOS LOS BENEFICIOS SERAN SUYOS AL MOMENTO DE SU RETIRO).**

**COMO ESTO TRABAJA: POR CADA HORA TRABAJADA SU EMPLEADOR CONTRIBUYE DEPENDIENDO CUANTO USTED GANA POR HORA, ES UNA NEGOCIACION ENTRE EMPLEADO Y EMPLEADOR, PARA SU PENSION.**

**ESTE PLAN DE BENEFICIOS ESTA DEFINIDO PARA PROVEER UN BENEFICIO MENSUAL VARIADO DE POR VIDA AL PENSIONADO Y AL CONYUGE EL/ELLA.**

**LNPf ESTA AFILIADO CON LABORERS INTERNATIONAL UNION OF NORTH AMERICA (LIUNA) EN 20 ESTADOS**

**LNPf ES GOBERNADO POR UN COMITE DE CONFIANZA QUE ESTA FORMADO POR REPRESENTANTES DE EL SINDICATO Y REPRESENTANTES DE LOS CONTRATISTAS.  
CREA UNA CUENTA EN [WWW.LNPF.COM](http://WWW.LNPF.COM) PARA ESTAR INFORMADO.**

**COMIENZA EL PROCESO CON LNPf DE 6 A 8 MESES ANTES DE LA FECHO DE RETIRO.**

## 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 journeyperson 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 journeyperson 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.



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<sup>1</sup>Average 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. <sup>2</sup>For 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. <sup>3</sup>Optional coverage in some states. Availability varies by state. Eligibility rules apply. <sup>4</sup>With the purchase of optional Towing & Labor coverage. Applies to mechanical breakdowns and disablements only. Towing related to accidents would be covered under your Collision or Other Than Collision coverage. <sup>5</sup>Discounts and savings are available where state laws and regulations allow, and may vary by state.

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# amplifon

Hearing  
Health Care

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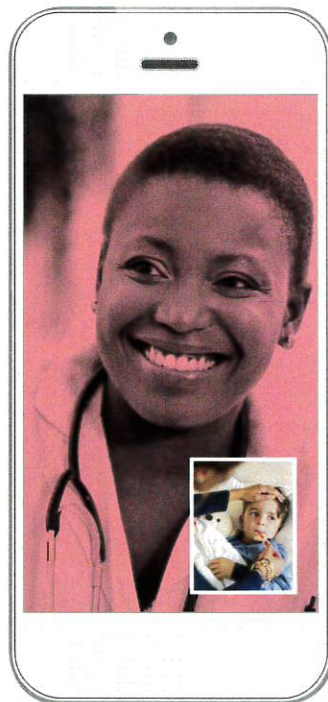
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- Tenga preparada su tarjeta de identificación de miembro de Wellmark Blue Cross and Blue Shield.
- Cree una cuenta o inicie sesión.



## Consulte a un médico en pocos minutos

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- Resfrío y gripe
- Bronquitis e infecciones sinusales
- Infecciones urinarias
- Dolores de garganta
- Alergias
- Fiebre
- Dolor de cabeza
- Conjuntivitis
- Condición de la piel
- Otras condiciones como la salud mental (si su plan médico grupal lo cubre)<sup>1</sup>

<sup>1</sup> El costo compartido para tratamientos de salud mental está sujeto a la cobertura del plan grupal. La cobertura de la salud mental incluye servicios de psiquiatría y gestión de medicamentos junto al tratamiento para condiciones psicológicas, problemas emocionales y dependencia de fármacos. Para obtener más información, llame a Wellmark al número que figura en la parte de atrás de su tarjeta de identificación.



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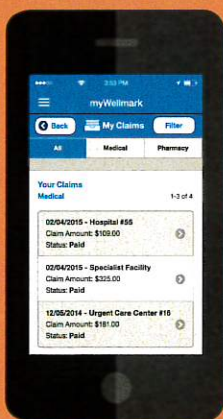
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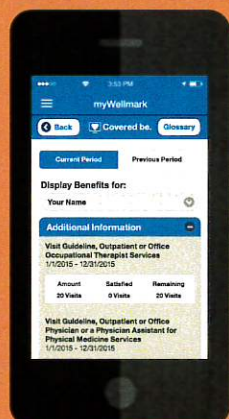
The Wellmark app gives you mobile access to your favorite myWellmark tools on your smartphone.

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

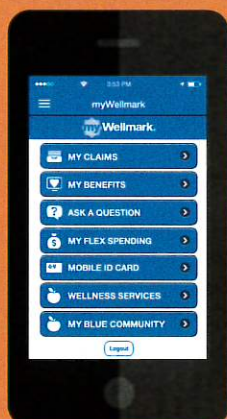


**MY CLAIMS**  
Check the status of  
your claims.

**MY FLEX**  
See both medical  
and dependent flex  
spending balances.<sup>1</sup>



**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.<sup>2</sup>



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

<sup>1</sup>This information only displays if you have a flex spending account.

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



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1 - Direct Deposit

1 - ACH Debit

1 - Consumer Loan

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

<sup>2</sup> \$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.

<sup>3</sup> CSB specialty checks.

<sup>4</sup> 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.

<sup>5</sup> Appraisal fees not included. Rates subject to change.



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