

Laborers` local 177

Informacion Masica para Miembros

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 y www.laborers177.com.

Juramento de Membresia:

“Como miembro de laborers international 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 beneficas locales o actividades comunitarias. todo Esto lo promete solemnemente, y que Dios nos ayude.”

Reuniones de la Union Mensuales:

6:30 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 international 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.

Construction and Public Employee
LIUNA Local #177
3400 East Euclid Ave, Suite A, Des Moines, IA 50317
Phone: 515-265-6131 Fax: 515-265-5665
Business Manager: Mike Weckman

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

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

Informacion de Pension y Retiro

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

Betsy Ext: 401, 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

Delta Dental (Group #20330) 1-800-323-1743

Informacion completa sobre seguro Dental

Por favor acuerden 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 examenes.

Cuando usted haga reclamos de HRA para copagos medicos todos los pagos del ano anterior pueden ser reclamados debiera 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 Life Insurance Policy
Active Members Eligible in BMGI Only (not Retirees)
1-319-365-2810

American Income Life \$3,500 Accidental Death & Dismemberment
Policy #SGHDE
All Active Members and Retirees
1-866-797-6455

Ullico \$2,000 Life Insurance Policy and \$2,000 Accidental Death & Dismemberment Policy
#G-3254 / C-4518
All Active Members and Retirees
1-202-962-8978
We have claims paperwork at the Union Hall

LiUNA \$20,000 Accidental Death & Dismemberment Policy
#59-ADD-S01211
All active Members and Retirees
To file a claim, call the Union Hall at 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 = ½ of policy.



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.



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:

319-365-2810

General Questions Ext 401

HRA Ext 402

Short Term Disability Ext 404

Fax:

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

-Delta Dental of Illinois

-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 DEPENDENTS

-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	Benefit Quarters
<i>Work Performed During</i>	<i>Determines Eligibility For</i>
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

March 2018

NOTICE: The group health plan provided by the Iowa Laborers District Council Health and Welfare Trust was in effect on March 23, 2010 and is being categorized as a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted and does not have to include certain consumer protections that apply to non-grandfathered health plans, such as the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits. Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator at Iowa Laborers District Council Health and Welfare Trust c/o BMGI, Inc. (319) 365-2810. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

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 Trust Fund
150 1st Avenue, Suite 450
Cedar Rapids, IA 52401

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 dental, vision or death benefits.

Questions about eligibility should be addressed to the Fund Office: Toll free at **(866) 280-5348**.

Notice

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

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 – PPO Providers - Wellmark

Deductible Amount:

Each Individual \$250 per Calendar Year
Maximum per Family..... \$750 per Calendar Year

PPO Doctors (You Pay) \$20 per visit

PPO Providers reimbursed at..... 90%

Maximum out of Pocket

(Expenses in Excess of the Deductible Amount)

Each Individual \$3,000
Maximum per Family..... \$6,000

Out-of-Network Providers

Deductible Amount:

Each Individual \$250 per Calendar Year
Maximum per Family..... \$750 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

Co-payment

Generic greater of \$10 or 10%
Brand Name greater of \$20 or 20%
Brand Name (with generic equivalent)greater of \$30 or 30%

**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%
Co-payment Participant Pays 15%
Major and Prosthodontic Services
Co-payment Plan Pays 50%
Co-payment 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%
Co-payment Participant Pays 15%
Major and Prosthodontic Services
Co-payment Plan Pays 50%
Co-payment 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%
Co-payment Participant Pays 50%
Major and Prosthodontic Services
Co-payment Plan Pays 50%
Co-payment 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)

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 journeyperson 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 journeyperson laborers.

amplifon

Hearing
Health Care



YOUR HEARING HEALTH CARE PROGRAM FOR LIFE

Brought to you by LiUNA Midwest Region



CUSTOM HEARING SOLUTIONS

We find the solution that best fits your lifestyle and your budget from one of our 10 brands.



RISK-FREE 60-DAY TRIAL

100% money-back guarantee if not completely satisfied. No restocking or return fees.



CONTINUOUS CARE

1-year free follow-up care, 2 years free batteries, and a 3-year warranty.*



HEARING AID LOW-PRICE GUARANTEE**

If you find the same product at a lower price, bring us the local quote and we'll not only match it, we'll beat it by 5%.

ACCESSING YOUR DISCOUNT

IS AS EASY AS...

1

Call Amplifon at 1-888-408-5943 and we'll find a provider near you

2

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

3

We'll send information to you and the provider, ensuring your discount is activated

www.amplifonusa.com/mrliuna

ADDITIONAL MONEY-SAVING OFFER!*
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.

©2018 Amplifon Hearing Health Care, Corp. | 3264MISC/mrliuna

2



Enjoy the benefits of CSB Membership Checking.



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 



817 N. Ankeny Boulevard
Ankeny, IA 50023

200 8th Street S.E.
Altoona, IA 50009

4811 S.E. 14th Street
Des Moines, IA 50320

460 SE University Ave.
Waukee, IA 50263

1640 S.W. White Birch Circle
Ankeny, IA 50023

1401 E. Euclid Avenue
Des Moines, IA 50316

6175 Merle Hay Road
Johnston, IA 50131

Community State Bank*
Mailing Address: PO Box 127, Ankeny, IA 50021

902 S.E. Oralabor Road
Ankeny, IA 50021

3540 E. 33rd Street
Des Moines, IA 50317

1025 N. Hickory Boulevard
Pleasant Hill, IA 50327

Customer Care
(515) 331-3100
www.bankcsb.com

QUAD CITY BANK & TRUST LOCATIONS - Davenport | Moline | Bettendorf*

4500 N. Brady Street
Davenport, IA 52806
563.388.4780

5405 Utica Ridge Road
Davenport, IA 52807
563.459.0100

3551 7th Street
Moline, IL 61265
309.736.3580

1700 Division Street
Davenport, IA 52804
563.323.5960

2118 Middle Road
Bettendorf, IA 52722
563.344.0600

<https://www.qcbt.com/>

CEDAR RAPIDS BANK & TRUST LOCATIONS - Cedar Rapids*

500 1st Ave NE
Cedar Rapids, IA 52401
319.862.2728

5400 Council Street NE
Cedar Rapids, IA 52402
319.743.3555

<https://www.crbt.com/>

COMMUNITY BANK & TRUST LOCATIONS - Waterloo | Cedar Falls*

422 Commercial St.
Waterloo, IA 50701
319.291.2000

11 Tower Park Drive
Waterloo, IA 50701
319.235.6709

312 W. 1st Street
Cedar Falls, IA 50613
319.273.8917

<https://www.communitybt.com/>

ROCKFORD BANK & TRUST LOCATIONS - Rockford, IL*

308 W. State St., Suite 100
Rockford, IL 61101
815.961.9383

4571 Guilford Road
Rockford, IL 61107
815.489.2114

<https://www.rkfdbank.com>

M2 Lease Funds - Brookfield, WI*

175 N. Patrick Blvd, Suite 140
Brookfield, WI 53045
262.789.6670

<http://m2lease.com/>

*All banks and companies are separate QCR Holdings, Inc. subsidiaries. Products and terms may vary by bank.

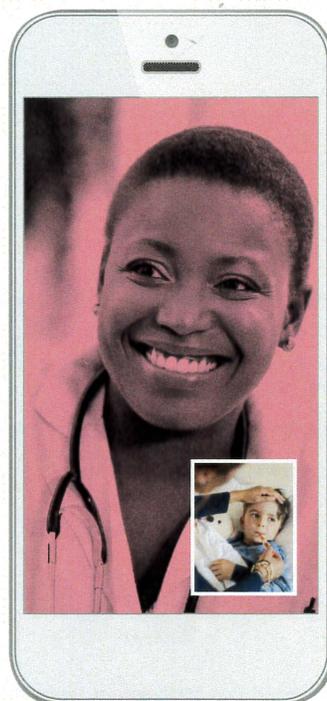
SENTIRSE MEJOR DEBERÍA SER FÁCIL.

Tenga una consulta virtual con un médico en su teléfono inteligente, tableta o computadora desde cualquier lugar, en cualquier momento.

dr. on demand

Comenzar es fácil.

- Descargue la aplicación Doctor On Demand® o visite DoctorOnDemand.com.
- 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

Enfermarse ya es suficientemente molesto sin tener que levantarse para visitar a un médico. Con Doctor On Demand, usted y sus familiares pueden conectarse y hablar cara a cara con un médico certificado según sus horarios.

Reciba tratamiento para:

- 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)¹

¹ 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.



¿PREGUNTAS? LLAME AL 800-997-6196.

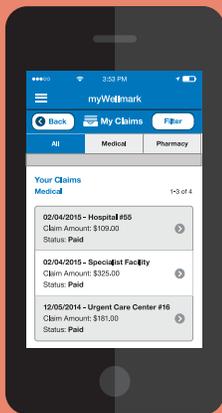
Es posible que las personas que llaman experimenten tiempos de espera más largos entre las 10 p.m. y las 6 a.m. hora estándar del centro (CST) o, en algunos casos, se les puede indicar que programen una cita.

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:

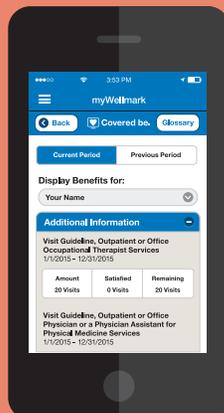


MY CLAIMS

Check the status of your claims.

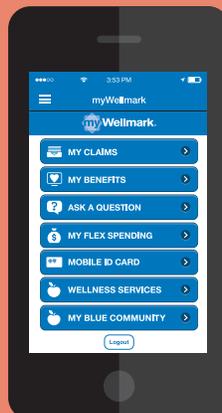
MY FLEX

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

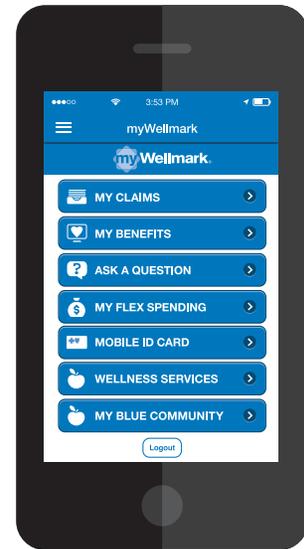
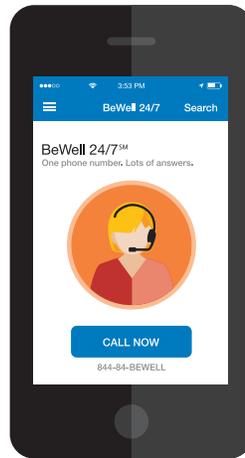
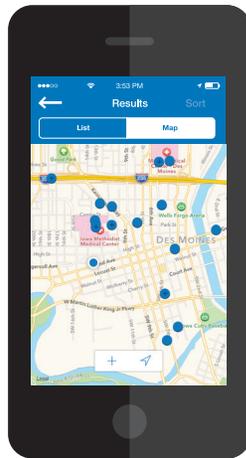
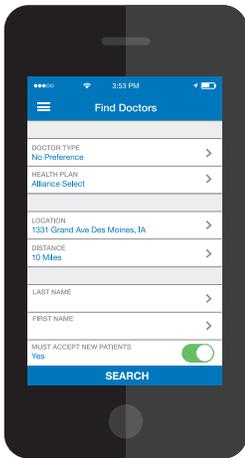


MOBILE ID CARD

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.



Get the care you need, when you need it.

Besides finding important information about your health plan benefits, the Wellmark mobile app can help you get the care you need.



View doctors and hospitals within the Wellmark health plan network.



Share doctor, dentist, or facility information by text or email, or save to your favorites for easy access in the future.



Get health answers over the phone with one tap on the phone's screen.



Connect directly to your provider's office or to a health professional.



Find the closest doctor or facility using GPS technology.



View a map or get driving directions to your doctor or hospital.

Register today!

- 1 Download the Wellmark mobile app from any of the app stores, or you can visit Wellmark.com/GoMobile.
- 2 Open the app and select myWellmark.
- 3 Log in using your myWellmark user ID and password. If you are not currently registered for myWellmark, simply create your myWellmark account using your Wellmark member ID, found on your ID card.

Wellmark complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: Si habla español, los servicios de asistencia de idiomas se encuentran disponibles gratuitamente para usted. Comuníquese al 800-524-9242 o al (TTY: 888-781-4262).

注意：如果您说普通话，我们可免费为您提供语言协助服务。请拨打 800-524-9242 或（听障专线：888-781-4262）。

ACHTUNG: Wenn Sie deutsch sprechen, stehen Ihnen kostenlose sprachliche Assistenzdienste zur Verfügung. Rufnummer: 800-524-9242 oder (TTY: 888-781-4262).



Wellmark Blue Cross and Blue Shield is an independent licensee of the Blue Cross and Blue Shield Association.

Blue Cross®, Blue Shield® and the Cross® and Shield® symbols, are registered marks of the Blue Cross and Blue Shield Association, an Association of Independent Blue Cross and Blue Shield Plans. Wellmark® is a registered mark and BeWell 24/7SM is a service mark of Wellmark, Inc.

© 2016 Wellmark, Inc.

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](https://www.wellmark.com/blue365)



Just by being a Wellmark member, you have access to Blue365. When you sign up, you get exclusive discounts for wellness products and services you use every day.

Savings are just a click away

Register for Blue365 at Wellmark.com/Blue365. It's free and you can start saving right away. Browse the discounts and be the first to know about the latest deals to hit Blue365 through a weekly email sent right to your inbox.

Wondering what types of deals are available? Here are just a few ways you can save money while meeting your health and personal goals:



APPAREL AND FOOTWEAR. Save up to 20 percent on Reebok® shoes or 30 percent on Skechers®.



FITNESS. Get access to a network of gyms near you for just \$29 per month or track your health with discounted wearables from FitBit®, Garmin® and Polar®.



HEARING AND VISION. Save an average of \$1,100 on LASIK eye surgery. Or, get eyeglass frames and hearing aids at a discounted rate.



HOME AND FAMILY. Switch to Sprint and get up to a \$200 pre-paid gift card. Or, make sure your pet's health is covered with 10 percent off pet insurance.



NUTRITION. Eat well for less with a free 3-month Jenny Craig® membership.



TRAVEL. Travel for less with an extra 10 percent off hotels through Hotels.com™ and 20 percent off Fairmont Hotels and Resorts.



Wellmark members get more

Blue365 isn't the only way you get more for being a Wellmark member. As part of your health plan, you also have access to products and services like:

- **myWellmark®** — your one-stop shop for tools and resources to help you get the most out of your health care.
- **BeWell 24/7SM** — get connected with a real person who can help you with a variety of health-related concerns. Just call 844-84-BEWELL (239355).
- **Doctor On Demand®** — see a board-certified doctor from virtually anywhere using a smartphone, tablet or computer.



Register for Blue365 today!

Go to Wellmark.com/Blue365. All you need to register is a valid email address and the first three characters of your Wellmark ID number.

Blue365 is a discount program available to members who have medical coverage with Wellmark. This is not insurance.

Visit Wellmark.com/Blue365 for a full list of deals and discounts available to you.

Wellmark complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: Si habla español, los servicios de asistencia de idiomas se encuentran disponibles gratuitamente para usted. Comuníquese al 800-524-9242 o al (TTY: 888-781-4262).

注意：如果您说普通话，我们可免费为您提供语言协助服务。请拨打 800-524-9242 或（听障专线：888-781-4262）。

ACHTUNG: Wenn Sie deutsch sprechen, stehen Ihnen kostenlose sprachliche Assistenzdienste zur Verfügung. Rufnummer: 800-524-9242 oder (TTY: 888-781-4262).



Wellmark Blue Cross and Blue Shield of Iowa, Wellmark Health Plan of Iowa, Inc., Wellmark Value Health Plan, Inc. and Wellmark Blue Cross and Blue Shield of South Dakota are independent licensees of the Blue Cross and Blue Shield Association.

Blue Cross®, Blue Shield® and the Cross® and Shield® symbols and Blue365® are registered marks of the Blue Cross and Blue Shield Association, an Association of Independent Blue Cross and Blue Shield Plans. Wellmark® and myWellmark® are registered marks and BeWell 24/7SM is a service mark of Wellmark, Inc.

Doctor On Demand is a separate company providing an online telehealth solution for Wellmark members. Doctor On Demand® is a registered mark of Doctor On Demand, Inc.

Reebok® is a registered mark of Reebok International Limited. Skechers® registered mark of Skechers U.S.A., Inc. is Fitbit® is a registered mark of Fitbit, Inc. Garmin® is a registered mark of Garmin Ltd. Polar® is a registered mark of Polar. Sprint is a trademark of Sprint. Jenny Craig® is a registered trademark.

Hotels.com™ is a trademark of Hotels.com L.P. © 2019 Wellmark, Inc.

In these unpredictable times...

MAP IS HERE FOR YOU!

Member Assistance Program

Get help dealing with:

- Substance Abuse
- Anxiety & Depression
- Relationship & Family Conflict
- Divorce & Custody
- ...and much more!

NO COST TO YOU

CONFIDENTIAL

AVAILABLE 24/7

ERS^{EAP}
An AllOne Health Company

Connecting is easy. Call us at
800.292.2780 or visit **www.ers-eap.com**
to complete an intake form!

ERS^{EAP}
An AllOne Health Company

WORK/LIFE RESOURCES

*Free resources to
improve your life!*

RESOURCES INCLUDE:

- *Budgeting & Finances*
- *Household Errands*
- *Adoption/Elder Care*
- *Estate Planning*
- *Shopping Discounts*
- *Health & Lifestyle Assessments*



Get started at **www.ers-eap.com**
and click on "My Life Expert."
First time visiting? Call the MAP for your
code! **800.292.2780**

 114