



**CARPENTER FUNDS ADMINISTRATIVE OFFICE  
OF NORTHERN CALIFORNIA, INC.**

[carpenterfunds.com](http://carpenterfunds.com)

265 Hegenberger Road, Suite 100  
Oakland, California 94621-1480  
Phone Toll-Free: (888) 547-2054  
Fax: (510) 633.0215

**Maternity Disability Benefit Application**

**\*Submit Proof of Pregnancy from your Treating Medical Provider\***

Name: \_\_\_\_\_ UBC, SSN or CFAO ID#: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone #: (\_\_\_\_) \_\_\_\_\_

\*\*Email address (optional): \_\_\_\_\_

1. Expected Delivery Due Date: \_\_\_\_\_. The Fund Office must receive your application for Maternity benefits no later than 1 year following your expected delivery due date.
2. First Day of Disability (Maternity Disability Start Date): \_\_\_\_/\_\_\_\_/\_\_\_\_. This date can be chosen by you, but cannot be earlier than 9 months prior to your expected delivery due date.
3. Last Date Worked before your selected First Date of Disability above: \_\_\_\_/\_\_\_\_/\_\_\_\_  
To qualify for Maternity Disability benefits, your last date worked must be within 30 days of your First Day of Disability.
4. Name of Last Employer: \_\_\_\_\_
5. Was your most recent work:  On a job site or  In the office
6. Provide any/all Dates you returned to Work during the Disability Period: \_\_\_\_\_

In the event that you return to work at any time after the Maternity Disability Start Date requested above, all Maternity Disability Benefits will end. Please contact the Trust Fund office.

7. **\*IMPORTANT – Attach proof of pregnancy from your medical professional and submit the proof with this application \***

8. \_\_\_\_\_

PARTICIPANT SIGNATURE

DATE

***I hereby certify under penalty of perjury under the laws of the State of California, that the information given in this form is true, correct and complete to the best of my knowledge.***

Application along with attached proof documents can be mailed, faxed or emailed ([benefitservices@carpenterfunds.com](mailto:benefitservices@carpenterfunds.com)).

## MATERNITY DISABILITY BENEFITS

This application is for two Maternity Disability Benefits including:

1. Extension of Health and Welfare eligibility – up to 9 months extension of eligibility for Plan A Participants and up to 4 months for Plans B or R Participants.
2. Maternity Supplemental Disability Benefit Payments of \$2,500 per month, up to a maximum of 9 months.

### EXTENSION OF HEALTH COVERAGE

Your existing eligibility may be extended if you are unable to work for a Contributing Employer as a result of your Maternity Disability. The maximum number of months the Plan can extend eligibility based on Maternity Disability or any other type of Disability in a 24 month period is 9 months under Plan A, or 4 months under Plans B or R.

A Participant who is a Stakeholder, or who is reported pursuant to a Subscriber's Agreement, or who is not working in a craft covered by the United Brotherhood of Carpenters shall be excluded from this benefit.

Other requirements to qualify for Disability Extension & Supplemental Disability Payments include:

- You must submit written evidence of your pregnancy from your medical practitioner;
- You must have earned eligibility based on work hours or hour bank for the month in which you stated was the First Date of Disability, and for the following month;
- You must have worked for a Contributing Employer at least 1 day in the 30 days prior to the stated First Date of Disability;
- You must have earned eligibility, based on work hours or hour bank, of at least 12 calendar months within the 24 months immediately preceding the First Day of Disability; and
- You must file an application with the Fund within 12 months of the stated First Date of Disability.

The term "First Day of Disability" is the date chosen by the Participant that is between the expected date of delivery and 9 months before.

**\*\*Electronic Delivery of Plan Correspondence:** Electronic materials are emailed, typically in Portable Document Format (PDF), and are identical to the paper versions you've been receiving. There is no charge for accepting materials online. You will need an internet connection and a computer with an operating system capable of receiving, accessing and displaying and either printing or storing the electronic documents received. You should have Adobe Reader to access PDF files. Learn more and download Adobe Reader directly from Adobe's website, [www.adobe.com](http://www.adobe.com). Change your email address at any time by contacting the Fund Office at [benefitservices@carpenterfunds.com](mailto:benefitservices@carpenterfunds.com), (510) 633-0333, or Toll-Free (888) 547-2054. The change must be in writing, with your signature. Some example documents that may be sent electronically include Summary Plan Descriptions, Notice of Plan changes, Explanation of Benefits, Benefit and Claim Department letters, Prohibited Employment Committee letters and Fund Trustee memos. Your consent to electronic delivery of Plan documents is valid unless and until you withdraw your consent. You can withdraw your consent and reset your preference to mail at any time by contacting the Fund Office at [benefitservices@carpenterfunds.com](mailto:benefitservices@carpenterfunds.com), (510) 633-0333, or Toll-Free (888) 547- 2054. The change must be in writing, with your signature. While e-delivery may significantly reduce the amount of mail we send you, certain documents and service-related correspondence will continue to be sent via U.S. Mail. Additionally, you may request a paper copy of any documents received electronically. Unless otherwise instructed, your email address will be shared with the Carpenters Union, Apprenticeship Training Committee and the Carpenters Trust Funds. I hereby certify under penalty of perjury under the laws of the State of California, that the information given in this form is true, correct, and complete to the best of my knowledge.