ILWU-PMA BENEFIT PL	πNC /	International Longshore & Warehouse Union –					
IDWU-FMA DENEIII FD	uno /	Pacific Maritime Association	www.benefitplans.org				
			PHONE (415) 673-8500				
1188 FRANKLIN STREET • SUITE 101	 SAN FRANCE 	CO, CALIFORNIA 94109	FAX (415) 749-1400				

ILWU-PMA Pension Plan ILWU-PMA Welfare Plan ILWU-PMA Watchmen Pension Plan

November 30, 2017

- To: ILWU Oregon Locals 04, 08, 12, 21, 40, 50, 53, 92 ILWU Washington Locals 07, 19, 23, 24, 25, 27, 32, 47, 51, 52, 98
- From: Mario Perez, Manager, Welfare Plans

Subject: Weekly Indemnity Disability Benefit Modification

The attached letter and schedule will be sent out to Active ILWU-PMA Welfare Plan members in Oregon and Washington advising them the basic Weekly Indemnity maximum benefit is increasing from \$875 to \$1,048. The increase applies to claims beginning on or after December 2, 2017. There are no changes to the weekly supplement or employee contribution rate. A supply of schedules will be sent to you later under separate cover.

Enclosure

cc: Ty Gorton, Area Welfare Director Andrea Stevenson, Area Welfare Director

A copy of this memo can be downloaded at <u>www.benefitplans.org</u>

MP:js/opeiu29aflcio/MTP-WI Disability Benefit Modification-11292017

ILWU-PMA BENEFIT PLANS /

International Longshore & Warehouse Union — Pacific Maritime Association

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ILWU-PMA Pension Plan ILWU-PMA Welfare Plan ILWU-PMA Watchmen Pension Plan

December 2017

- To: Active ILWU-PMA Welfare Plan Members in Oregon and Washington
- Re: Weekly Indemnity Disability Benefit Modification

For Weekly Indemnity Disability Claims incurred on or after December 2, 2017, the basic Weekly Indemnity maximum benefit will increase from \$875 to \$1,048. Weekly Indemnity benefits are based on your average earnings in the highest quarter of your Base Period. A chart showing the benefit levels and a description of the Base Period is printed on the back of this sheet.

In addition to the Weekly Indemnity benefit, the Non-Industrial Disability Supplement Benefit of \$125.00 per week shall remain unchanged. The combined maximum benefit for the Weekly Indemnity benefit and Supplement will now be \$1,173.

Please note the employee contributions shall also remain unchanged at 1.25% of earnings for all employees.

If you have any questions, please call the Benefit Plans Office at 415-673-8500 or your Area Welfare Director.

MP:js/opeiu29aflcio/WI Disability Benefit Modification-11292017

ILWU-PMA Welfare Plan Weekly Indemnity Benefit Amounts

(This chart reflects maximum weekly benefit amounts for claims incurred on or after December 2, 2017.)

This chart shows what your weekly benefit might be based on your highest quarter of earnings in your base period.

If your illness began in:	Your base period is the 12 months	ending last
January, February or March	Se	ptember 30
April, May or June	De	ecember 31
July, August or September		March 31
October, November or December		June 30

		W.e.c.				Wee					
Weigleichten		Ben		Wages in		Bend		Wages in		Weekly E	
\$75.00 -	\$1,374.99	\$50 -	\$59	01/31	\$10,849.09	\$450 -		0.000	\$20,303.63	Anneu \$850 -	\$859
\$1,375.00 -	\$1,624.99	\$50 - \$60 -	\$59 \$69		\$11,085.45	\$460 -		13 · ·	\$20,540.00	\$860 -	\$869
\$1,625.00 -	\$1,867.27	\$00 - \$70 -	\$79		\$11,321.82	\$470 -	300000	8 · ·	\$20,776.36	\$870 -	\$879
\$1,867.28 -	\$2,103.63	\$80 -	\$89		\$11,558.18	\$480 -		38 · · ·	\$21,012.72	\$880 -	\$889
\$2,103.64 -	\$2,340.00	\$90 -	\$99		\$11,794.54	\$490 -		S8	\$21,249.09	\$890 -	\$899
\$2,340.01 -	\$2,576.36	\$100 -	\$109	\$11,794.55 -	\$12,030.91	\$500 -	\$509	\$21,249.10 -	\$21,485.45	\$900 -	\$909
\$2,576.37 -	\$2,812.72	\$110 -	\$119	\$12,030.92 -	\$12,267.27	\$510 -	\$519		\$21,721.82	\$910 -	\$919
\$2,812.73 -	\$3,049.09	\$120 -	\$129		\$12,503.63	\$520 -	20052	· · ·	\$21,958.18	\$920 -	\$929
\$3,049.10 -	\$3,285.45		\$139		\$12,740.00			· ·	\$22,194.54	\$930 -	\$939
\$3,285.46 -	\$3,521.82	\$140 -	\$149	\$12,740.01 -	\$12,976.36	\$540 -	\$549	\$22,194.55 -	\$22,430.91	\$940 -	\$949
\$3,521.83 -	\$3,758.18	\$150 -	\$159	\$12,976.37 -	\$13,212.72	\$550 -	\$559	\$22,430.92 -	\$22,667.27	\$950 -	\$959
\$3,758.19 -	\$3,994.54	\$160 -	\$169	\$13,212.73 -	\$13,449.09	\$560 -	\$569	\$22,667.28 -	\$22,903.63	\$960 -	\$969
\$3,994.55 -	\$4,230.91	\$170 -	\$179	\$13,449.10 -	\$13,685.45	\$570 -	\$579		\$23,140.00	\$970 -	\$979
\$4,230.92 -	\$4,467.27	\$180 -	\$189	\$13,685.46 -	\$13,921.82	\$580 -	\$589		\$23,376.36	\$980 -	\$989
\$4,467.28 -	\$4,703.63	\$190 -	\$199	\$13,921.83 -	\$14,158.18	\$590 -	\$599	\$23,376.37 -	\$23,612.72	\$990 -	\$999
\$4,703.64 -	\$4,940.00	\$200 -	\$209	\$14,158.19 -	\$14,394.54	\$600 -	\$609	\$23,612.73 -	\$23,849.09	\$1,000 -	\$1,009
\$4,940.01 -	\$5,176.36	\$210 -	\$219	\$14,394.55 -	\$14,630.91	\$610 -	\$619	\$23,849.10 -	\$24,085.45	\$1,010 -	\$1,019
\$5,176.37 -	\$5,412.72	\$220 -	\$229	\$14,630.92 -	\$14,867.27	\$620 -	\$629	\$24,085.46 -	\$24,321.82	\$1,020 -	\$1,029
\$5,412.73 -	\$5,649.09	\$230 -	\$239	\$14,867.28 -	\$15,103.63	\$630 -	\$639	\$24,321.83 -	\$24,558.18	\$1,030 -	\$1,039
\$5,649.10 -	\$5,885.45	\$240 -	\$249	\$15,103.64 -	\$15,340.00	\$640 -	\$649	\$24,558.19 -	\$24,742.02	\$1,040 -	\$1,047
\$5,885.46 -	\$6,121.82	\$250 -	\$259	\$15,340.01 -	\$15,576.36	\$650 -	\$659	\$24,742.03 -	and above	\$1,048	
\$6,121.83 -	\$6,358.18	\$260 -	\$269	\$15,576.37 -	\$15,812.72	\$660 -	\$669				
\$6,358.19 -	\$6,594.54	\$270 -	\$279	\$15,812.73 -	\$16,049.09	\$670 -	\$679				
\$6,594.55 -	\$6,830.91	\$280 -	\$289	\$16,049.10 -	\$16,285.45	\$680 -	\$689				
\$6,830.92 -	\$7,067.27	\$290 -	\$299	\$16,285.46 -	\$16,521.82	\$690 -	\$699				
\$7,067.28 -	\$7,303.63	\$300 -	\$309	\$16,521.83 -	\$16,758.18	\$700 -	\$709				
\$7,303.64 -	\$7,540.00	\$310 -	\$319	\$16,758.19 -	\$16,994.54	\$710 -	\$719				
\$7,540.01 -	\$7,776.36	\$320 -	\$329	\$16,994.55 -	\$17,230.91	\$720 -	\$729				
\$7,776.37 -	\$8,012.72	\$330 -	\$339	\$17,230.92 -	\$17,467.27	\$730 -	\$739				
\$8,012.73 -	\$8,249.09	\$340 -	\$349	\$17,467.28 -	\$17,703.63	\$740 -	\$749				
\$8,249.10 -	\$8,485.45	\$350 -	\$359		\$17,940.00	\$750 -	\$759				
\$8,485.46 -	\$8,721.82	\$360 -	\$369		\$18,176.36	\$760 -	\$769				
\$8,721.83 -	\$8,958.18	\$370 -	\$379	{ · ·	\$18,412.72	\$770 -	\$779				
\$8,958.19 -	\$9,194.54	\$380 -	\$389		\$18,649.09	\$780 -	\$789				
\$9,194.55 -	\$9,430.91	\$390 -	\$399	\$18,649.10 -	\$18,885.45	\$790 -	\$799				
\$9,430.92 -	\$9,667.27	\$400 -	\$409	\$18,885.46 -	\$19,121.82	\$800 -	\$809				
\$9,667.28 -	\$9,903.63	\$410 -	\$419		\$19,358.18	\$810 -	\$819				
\$9,903.64 -	\$10,140.00	\$420 -	\$429	\$19,358.19 -	\$19,594.54	\$820 -	\$829				
\$10,140.01 -	\$10,376.36	\$430 -	\$439	· ·	\$19,830.91	\$830 -	\$839				
\$10,376.37 -	\$10,612.72	\$440 -	\$449	\$19,830.92 -	\$20,067.27	\$840 -	\$849				

* The \$24,742.03 wage limit is prorated based on the EDD Wages in the High Quarter \$24,558.19 and \$24,794.54 which have a Weekly Benefit Amount of \$1,040 - \$1,049

Note that this schedule does not include an additional \$125 weekly supplement

MP:js/opeiu29aflcio/WI Disability Benefit amounts-11292017