

**CWA Local 1101  
Member Relief Fund Ground Rules**

In the event of a strike in August, payments to strikers will begin on the 15<sup>th</sup> day after the strike began to all qualified strikers. All members should acquire an application for benefits from their Chief Steward or Steward. Strikers will qualify for payments if:

- They have completed the application for benefits and have returned it to their Chief Steward.
- They have been performing their strike assignments. Chief Stewards will have to certify that members are performing their strike assignments.
- The first and second weeks payment will be \$200 each.
- Starting with the third payment, weekly payment will increase to \$300 per week.
- If payments to strikers reach \$600, we will be required to issue IRS form 1099 misc.
- Anyone on temporary transfer to another work location will have to report to his or her permanent work location for strike assignments.

**Strikers will not be eligible for payments for any of the following reasons:**

- They have not completed the application for benefits.
- They are not performing their strike assignments.
- They are on vacation from the company in a particular week.
- They are on disability absence and receiving disability pay.
- There can be no make up payments for persons that file their application late.

**Emergency Medical**

It has been the practice of the company to suspend payments for our medical insurance. This tactic by the company is designed to increase the level of stress in the families of our members that are striking. We fully expect that this will happen again in the event of a strike in August. For that reason, we want to prepare you for this event and explain the CWA's position on health insurance for strikers.

- You will receive a notice from the company that they have suspended payments to the health insurance carriers. They will enclose a form for you to elect COBRA if you wish to continue coverage.
- You will have 60 days from the date of the notice to indicate if you wish to pay COBRA or not.
- Once you elect COBRA, you will have an additional 45 days to actually make the payment.

- You may elect to continue coverage for a single member of your family if you wish to in lieu of the entire family. You do not have to include the full insurance coverage. You can elect just medical and decline dental and vision. This will reduce the cost of COBRA.

**What to do when the company notifies you of your loss of coverage:**

- **Do not pay COBRA without prior approval from the Defense Fund if you expect to get reimbursed for the expense.** You have 60 days from the date of notice to elect to take the COBRA. Coverage is retroactive to the first day.
- If you, or covered member of your family has an ongoing and compelling medical need for medical coverage it may be prudent to elect COBRA
- If you feel that you should elect your COBRA, you should **call the Local first.** Explain your reasons for your need of COBRA.

**What is the policy of the Defense Fund for payments to strikers with medical or other bill payments?**

- No funds are available to make payments for rents, mortgages, loan payments, or utility bills.
- For necessary medical expense, the Defense Fund may authorize payments for the following reasons:
  1. COBRA bills for those persons when a clear medical necessity exists due to ongoing medical problems. COBRA payments will be made for the medical part of COBRA only. No payments will be made for dental or vision care. COBRA will only be authorized for the family member that has the medical problem, and not the entire family.
  2. Individual medical and or dental bills, which are the result of a sudden onset of injury or illness and the cost, do not exceed the cost of COBRA. Payments will only be equal to the payments that would have been made if the insurance were still in effect. You will be responsible for any normal co-pays and deductibles.
  3. No payments for medical expenses will be made for routine medical examinations and or cosmetic procedures.