



Sick-Leave and Disability Extensions: What you should know

If an illness or injury prevents you from working, or if it keeps you from working the qualifying hours needed to remain eligible for your health benefits, you should submit a completed Sick-Leave/Disability Extension form.

(Please see page 4)

FOR YOUR BENEFIT

is a newsletter designed to keep all Members informed about how to use their benefits most effectively. Members also may contact their Union's Benefit Clerks or call the Trust Fund office directly at (800) 552-2400. Phone hours for the Trust Fund office's Health and Welfare Services Department are 7:30 a.m.-5:30 p.m., Monday-Friday. Or visit us online at UFCWTRUST.COM.

¿Le gustaría una versión en Español de este boletín de noticias? Would you like a Spanish version of this newsletter?

Visite UFCWTRUST.COM, haga clic en el menú de Recursos y seleccione formas para elegir un tema. Visit UFCWTRUST.COM, highlight the Resources menu and select Forms to choose an issue.

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Working For Your Benefit
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WHEN SHOULD I START MY SOCIAL SECURITY RETIREMENT BENEFITS?

The National Academy of Social Insurance (NASI) is a nonprofit, nonpartisan organization made up of the nation's leading experts in social insurance. NASI has put together a tool kit including an online informative video that explains why it may pay to wait when you're deciding when to take your Social Security benefits. Watch the video now at bit.ly/PaysToWait or scan the QR code below.



DISCLAIMER: UFCW & EMPLOYERS TRUST, LLC IS NOT AFFILIATED WITH NASI. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT NASI AT (202) 452-8097.



SCAN HERE WITH YOUR SMARTPHONE



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Glossary

MEDICAL EMERGENCY

The sudden onset of a medical condition which, in the absence of immediate medical attention, could result in serious impairment to bodily functions, serious dysfunction of a bodily organ or other serious medical consequences.

MEDICALLY NECESSARY

This term applies to any treatment, procedure, service, supply, drug, medicine or equipment the Trust Fund determines to be appropriate for care, based on several factors including safety, good medical standards and scientific evidence.

RECONSTRUCTIVE SURGERY

A procedure – determined to be Medically Necessary and appropriate – performed to correct or repair abnormal structure of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors or disease.

Weight loss leads to unexpected benefits for UFCW member

For many years, Dan Brin – a member of the UFCW Trust communications team – wasn't happy with his appearance or the way he felt.

Between 2000 and 2012, his weight had slowly crept up to 245 lbs. due to an unhealthy diet and little exercise. Arthritis sometimes made it difficult to move.

"I was a mess," said Brin, who has been a UFCW member since 2003. "I hated the way I looked. I would be in a department store with my family and see myself in a mirror and just say 'yuck.'"

The turning point came late in 2012, as Brin was approaching his 60th birthday. At his annual physical, his doctor reviewed the results of his biometric screenings and diagnosed him with Type 2 diabetes.

Brin was shaken by the news, but not surprised.

"My father was diagnosed with diabetes when he was my age and he was able to control it by losing a lot of weight," he said. "I decided to follow his example."

Adding to his motivations were the experiences of a friend, a cardiologist who lost a foot because of his uncontrolled diabetes.

MAKING THE CHANGE

Brin progressively reduced his daily intake of calories until he found his perfect recipe for weight loss. He reset his eating habits to focus on light, balanced meals, such as eggs and cherry tomatoes for breakfast and salad with lean protein for lunch and dinner.

"It was a Spartan diet, but I wanted quick results," he said.

He also joined a gym and began a daily regimen of weight lifting and bicycling.

After a couple of months, he was noticeably thinner. He also noticed his arthritis was improving.

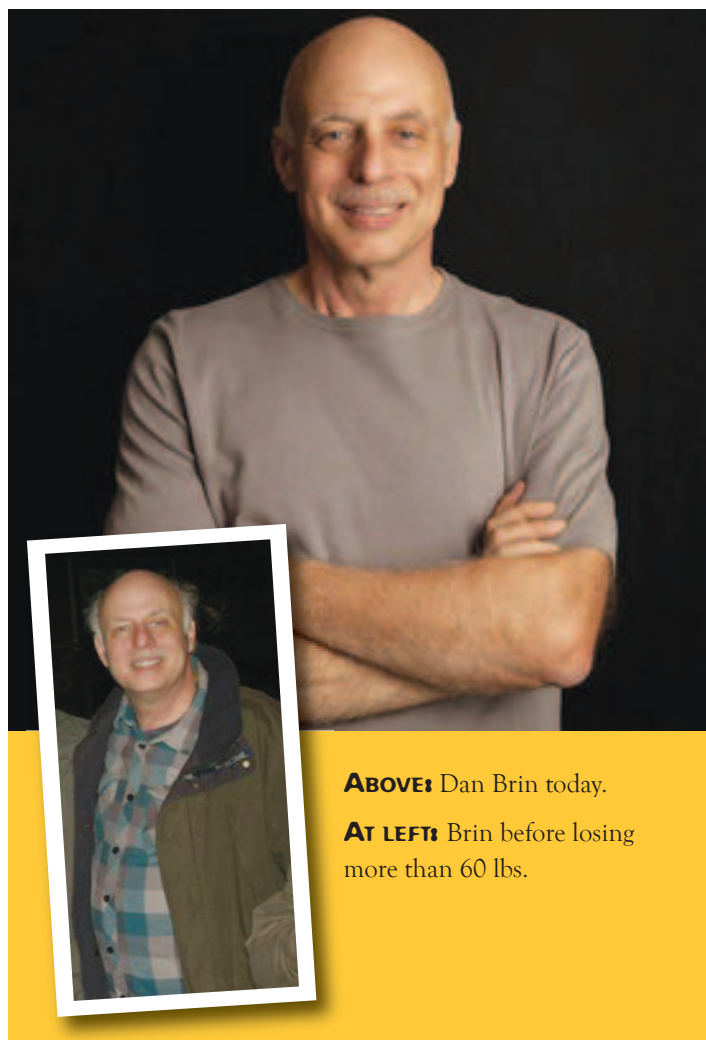
Within seven months, Brin had shed more than 60 lbs. Not only was he feeling great, his blood sugar had dropped to healthy levels. His doctor informed him he effectively no longer had diabetes.

"It turned out my pancreas wasn't making enough insulin to handle my previous weight," he said. "Once my weight went down, my body mass was appropriate for my insulin production."

Brin asked his doctor if he should keep building muscles, which would add to his weight.

"He said go ahead, by all means!" Brin recalled. "While fatty tissues store sugar, muscles use it up. This meant I could eat more and weigh more if it all went to muscle."

So he redoubled his weight lifting, adding more than 20 pounds of muscle.



ABOVE: Dan Brin today.

AT LEFT: Brin before losing more than 60 lbs.

A NEW START

Now at age 61, Brin happily tackles a busy calendar packed with work, public service activities and social events. He is the elected leader of a suburb of 42,000 people and heads a nonprofit which produces cultural events for the community.

He still lifts weights and creates other exercise opportunities, organizing community hikes or simply running at full speed to reach his car.

"I've never felt better in my life," he said. "I mean it!"

Brin is thankful for his UFCW health benefits as an Active Member, which paid for his annual physical and kickstarted his transformation. He also takes advantage of programs instituted by his plan to encourage healthy activities. These include disease management phone calls which earn him hundreds of dollars in additional contributions to his Health Reimbursement Account.

"It's never too late for a new start," he said.

Sick-Leave and Disability Extensions: What you should know

(Continued from page 1)

The Trust Fund Office will process this form as quickly as possible. You can help ensure the process goes smoothly by selecting the correct form for your situation, supplying all of the necessary information and meeting the filing deadlines.

Sick-Leave and Disability Extension: What's the difference?

Sick-Leave Benefits replace your lost wages due to a disability which prevents you from working your regular work schedule.

A Disability Extension provides coverage for you and your covered family members when you have a reduction of hours due to your disability.

If you have determined you need to fill out a Sick-Leave/Disability Extension form, visit UFCWTRUST.COM. Printable forms can be found by selecting "Resources" and then "Forms" on the homepage.

Two versions of the form are available: one for members with Monday-Sunday work schedules (Save Mart, Lucky and Vons members) and one for members with Sunday-Saturday work schedules (all other members).

State Disability Insurance and Workers' Compensation

You should file for State Disability Insurance (SDI) benefits if your disability is not due to employment and lasts more than seven calendar days. You should file for Workers' Compensation (WC) for disabilities caused by your employment. When a Workers' Compensation claim is delayed, you should file for SDI.

Any amount you receive from SDI or WC is deducted from your Sick-Leave pay. The benefits together will always equal your straight-time wages for the period you were unable to work.

SDI generally starts on the eighth calendar day of the disability and WC generally starts on the fourth calendar day of the disability if you are out fewer than 15 days. If you are out 15 days or more, integration of your Sick-Leave pay and your WC starts the first day of the disability.

How to complete the form

At the top of the form, you are given three options to specify why you are submitting the form. The options are: Sick-Leave only, Disability Extension only or both Sick-Leave and Disability Extension. It is very important you select one of the options. If you do not select an option, the form will be

processed for Sick-Leave Benefits only, which may cause a delay in a Disability Extension if it was your intention to file for both.

Part 1: Be sure to enter all of your current personal information and sign the middle of the page.

Part 2: This portion is completed by your employer.

Part 3: This portion is completed by your doctor.

Reminders to ensure your form is processed correctly

- Do not leave any sections blank, such as your Social Security number, your signature, etc.

Part 1

Be sure to enter all of your current personal information and sign the middle of the page.

Part 2

This portion is completed by your employer.

Part 3 (on the back)

This portion is completed by your doctor.

UFCW TRUST UEBT SICK LEAVE/EXTENSION
CHECK ONE: SICK LEAVE DISABILITY EXTENSION

PART 1 EMPLOYEE
These sections must be completed by the employee.

1-A Last Name _____
Mailing Address _____

1-B 1st Date Absent Due to Disability: (MM/DD/YYYY) _____

1-C For privacy reasons, this section (1c) may be filled out on a separate sheet.
Did you see a doctor during your disability? NO YES

1-D I request Sick Leave payments or Disability Extension payments for committing a fraudulent insurance act if it is determined to defraud or mislead the Trust Fund to obtain Disability Extension benefits.
Store Name: _____
EMPLOYEE'S Signature: _____

PART 2 EMPLOYER STATEMENT
This section must be completed by your Employer. The Employer should sign the proper Authorized Signature. The Employer should sign the proper Authorized Signature.

2-A Regularly Scheduled Work Hours per Week: _____ Hourly Rate: \$ _____
Hours per week: _____
First Day of Absence: (MM/DD/YYYY) _____ Job Classification: _____
Date Employee Returned to Work: _____

PART 3 ATTENDING PHYSICIAN'S STATEMENT (TO BE FILLED OUT BY YOUR DOCTOR)
In order to be paid for the first day of disability or to be paid beyond the first week of disability, this section must be completed by your doctor. Please be sure your doctor provides the proper information. A disability day is defined as any day in which you do not work more than 50% of your regular work schedule. If you work more than 50% of your regular work schedule on a day, this day will not be considered as a disability day and therefore will not be considered as your disability day.

3-A Patient Name: Last _____ First _____ Middle Initial _____ Date of Birth: _____
Patient has been continuously disabled (unable to work) from: (MM/DD/YYYY) _____ through: (MM/DD/YYYY) _____
Date(s) seen by doctor: _____ Diagnosis: _____ Diagnosis Code: _____
Was patient hospitalized? NO YES Hospital: Name _____ City _____

3-B Attending Physician: Last Name: _____ First Name: _____
Address: _____ Street Address _____ City _____ State _____
Attending Physician Signature: _____ Date: _____

IF YOUR ABSENCE LASTS LONGER THAN 7 CALENDAR DAYS, YOU MUST FILE FOR BOTH SICK LEAVE AND DISABILITY EXTENSION.

ADDITIONAL IMPORTANT INFORMATION
(1) Disabled more than Seven Calendar Days (Three Calendar Days if Disability Caused by Injury on the Job) in combination with State Disability Insurance (SDI) or Worker's Compensation (WC) to receive your maximum benefits, you MUST file for SDI or WC and attach one of the following:
• A copy of your SDI Notice of Computation; or
• A Worker's Compensation Benefit Notice
If the Trust Fund receives this form without your SDI statement, the Trust Fund will not process your claim for SDI or WC benefit. You MUST submit a copy of your first SDI or WC benefit notice to the Trust Fund.

LEAVE CLAIM FORM/DISABILITY EXTENSION APPLICATION
LEAVE ONLY DISABILITY EXTENSION ONLY SICK LEAVE AND DISABILITY EXTENSION

EMPLOYEE INFORMATION (TO BE FILLED OUT BY EMPLOYEE ONLY)
Employee: Part 1-A and 1-B must be completed prior to the Employer completing their section.

First Name: _____ Initial: _____ Date of Birth: _____ Social Security #: _____ Home Phone #: _____
City: _____ State: _____ Zip Code: _____
Check if this address is an address change:
 Date of Address Change: MM/DD/YYYY

Return-to-Work Date: (MM/DD/YYYY) _____ Were you injured on the job?
NO YES Injury Date: MM/DD/YYYY _____

Describe your disability: _____

STATEMENT (TO BE FILLED OUT BY EMPLOYER ONLY)
Full-Time: OR Part-Time:
Hours Scheduled - Week of Disability:
Mon: _____ Tue: _____ Wed: _____ Thurs: _____ Fri: _____ Sat: _____ Sun: _____

DATE FOR STATE DISABILITY INSURANCE (SDI)
Information by Work from first day of Absence* - The Trust Fund pays benefits beginning your first week of disability. In order to receive your Sick Leave benefits by the maximum State Disability Fund in order to be paid for any additional benefits that are



Where to get your flu shot this season and why

Flu season is here. Now is the time to get your flu shot if you haven't already.

All Active PPO Members can visit one of many participating pharmacies to receive their shot with no copay. Some of the participating pharmacies include:

- Save Mart
- Safeway Wellness Centers
- Raley's pharmacies

It is recommended you receive your flu shot from a pharmacy. However, Active PPO Members also may schedule appointments with their doctors to receive the shot. Please note: benefits are not payable when you use a non-PPO provider.

All Kaiser Permanente participants may receive their flu shots at no charge at Kaiser Permanente medical facilities. For up-to-date information, including Flu Shot Clinic dates, times and locations near you, call the toll-free, 24-hour flu hotline at (866) 70-NOFLU or (866) 706-6358, or visit kp.org/flu.

Why should I get a flu shot?

Hundreds of thousands of Americans are hospitalized each year with flu complications. The Centers for Disease Control and Prevention consider vaccination as the single best defense against the flu.

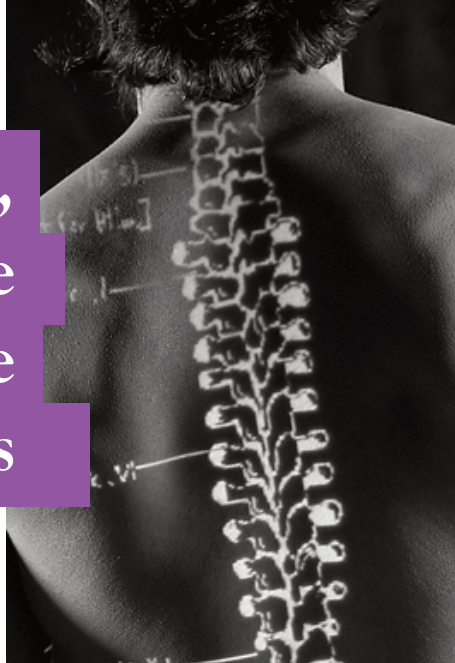
If more people get vaccinated, it is less likely the flu will spread throughout different regions of the country. The flu virus is constantly changing, so it is necessary to receive a new flu shot every year.

Children under age 5, adults age 65 or older, pregnant women and other groups have an especially high risk for developing flu-related complications. Visit CDC.GOV/FLU/ABOUT/DISEASE/HIGH_RISK.HTM for the full list of high-risk groups.

In addition to your flu shot, frequent and thorough hand washing is an important line of defense against the flu. Sneeze into your elbow – not your hands – and take steps to strengthen your immune system, such as exercising, losing weight and quitting smoking.

- If applicable, attach either a copy of your SDI Notice of Computation or a WC Benefit Notice in order to receive your maximum benefits.
- To avoid disqualification, submit the form before these deadlines:
For Disability Extension: 60 days from the date you receive your COBRA/Loss of Eligibility notification.
For Sick-Leave: One year from the first day of your disability for Sick-Leave Claims.
- Submit the form directly to UEBT on the address printed on the form (not to your union or your employer).

Chiropractic, Acupuncture and Acupressure benefits



Participants who are interested in alternative methods of healing muscle pain may find relief through chiropractic care, acupuncture and acupressure.

Chiropractors diagnose and treat problems related to the spine, muscles, joints and other disorders. Physical therapy, prescribed by your physician, may be an effective treatment to relieve pain and restore mobility instead of surgery or medication. People most commonly visit a chiropractor due to back pain.

Acupuncture is the placement of

small needles into the skin throughout the body for pain relief. It was first used in ancient China and is used today to treat a wide range of conditions, from carpal tunnel syndrome to headaches to endometriosis.

Acupressure is similar to acupuncture, although physical pressure is applied to certain points on the body rather than needles.

BENEFIT INFORMATION

Acupuncture and Acupressure treatment is covered when provided by a Certified Acupuncturist or a Physician.

Covered services for chiropractic care include office visits, adjustments, other types of therapy and x-rays. Non-PPO level of benefits apply for services provided by an out-of-network provider.

There is a combined limit of \$500 for all chiropractic, acupuncture and acupressure services in a calendar year for participants.

Participants can search for a provider by visiting UFCWTRUST.COM. Select Resources then Find A Provider from the homepage and you'll be able to find a doctor based on your specific needs. Kaiser Members should contact their doctor for more information.



REPORT CHANGES TO YOUR CONTACT INFORMATION DIRECTLY TO THE TRUST FUND


Keep in touch with us!

It is important to provide any updated contact information directly to the Trust Fund even if you have updated this information with your Union Local and/or employer.

This will save the Trust Fund unnecessary time and expense in trying to locate you and will help ensure you receive up-to-date benefit information which could result in saving you money.

If you leave the industry and are vested with the Plan, it is still important to keep your contact information current with the Trust Fund, as we may need to notify you of your pension benefits at a future time.

Log into UFCWTRUST.COM and on your "My Info" page you can click on "My Contact Info" and fill out the form and submit it online. Your change of information will be updated within five days.



Keep your
feet healthy
by using your
podiatry
benefits

Taking care of your feet is essential, especially if you have a job which keeps you standing all day.

A few simple tips can keep your feet healthy. Be sure to wear comfortable shoes, have your shoe size re-measured periodically and put your feet up as often as possible after standing for a long period of time.

Foot problems are sometimes the first sign of more serious medical conditions like arthritis, diabetes and nerve or circulatory disorders. It is important to have your feet examined if you are experiencing any discomfort.

Schedule an appointment with a podiatrist if you are having any problems related to your ankle, foot, toenails, muscles in the leg or foot, or the skin in those areas.

BENEFIT INFORMATION

Podiatry care for PPO Members is provided through the Podiatry Plan Organization of California (PPOC). Podiatry care for Kaiser HMO Members is provided by Kaiser.

PPO Members generally have lower out-of-pocket expenses when visiting a PPOC provider. If you use a non-PPOC podiatrist, the covered amount is limited to the PPOC contract allowances.

You can find a PPOC provider by calling (800) 367-7762 or view a list of providers by visiting **UFCWTRUST.COM**. Once on the homepage, select Resources and then Find A Provider. The list of podiatrists is labeled PPOC (Podiatry).

Your podiatry benefits cover office visits, X-rays, surgeries and custom molded orthotics (braces, inserts and other materials). Members are responsible for any deductibles and coinsurance.



Be sure to have a medical review performed before your procedure

The Trust Fund uses the medical review process to ensure medical procedures performed on participants are Medically Necessary and appropriate.

If you are using a PPO doctor and hospital, a medical review will automatically take place prior to a procedure and/or hospital stay. If you are not using a PPO doctor or hospital, it is your responsibility to initiate a medical review.

Blue Shield PPO Members can call (888) 861-4173 to ensure a medical review is scheduled for your procedure or hospital stay. You can also call Podiatry Plan Organization of California at (800) 367-7762 or HMC (mental health and substance abuse) at (877) 845-7440, if appropriate.

A medical review looks at hospital admissions, surgical procedures, high-cost diagnostic tests and other procedures to determine what is Medically Necessary.

This review also analyzes the estimated length of hospital stays, hospice care, private duty nursing, home health care and other aspects of care to determine if they are appropriate.

KNOW YOUR RESPONSIBILITY

If a medical review determines a procedure or hospital stay is not Medically Necessary, then the Trust Fund will only cover the portion of the charges determined to be Medically Necessary. This could result in significant out-of-pocket expenses, depending on the procedure or length of hospital stay.

This is why it is important to make sure a medical review is completed before an extensive treatment. In an emergency, you should get the required medical care first and then contact the Trust Fund as soon as possible.

In some instances, a participant's needs are better met by alternative care outside of a hospital. Examples of alternative care include home health care and outpatient rehabilitation. A medical review is necessary for all proposed alternative care and any course of treatment involving alternative care must be pre-approved.

DENTAL PRE-DETERMINATION

Whether you use a Premier Access provider or not, the Trust Fund recommends you and your dentist get a pre-determination of benefits if a recommended procedure or treatment plan costs \$500 or more. If you are covered under Delta Dental and see a Delta Dental provider, you or your dentist should contact Delta Dental directly. This will help you understand what portion of your treatment will be covered and how much you may have to pay out-of-pocket.

You can contact Premier Access at (866) 341-2377 and Delta Dental at (800) 765-6003.

For Members using Liberty Dental, all services requiring a specialist must be pre-authorized. Call (888) 703-6999 for more information.