

Operating Engineers Local #49 Health & Welfare Fund

MATERNITY LEAVE BENEFIT, ACTIVE EMPLOYEES

GROUP: **5WM00490**

NO BENEFITS CAN BE PAID UNLESS THIS FORM IS COMPLETED IN ITS ENTIRETY

INSTRUCTIONS:

This form is to be completed by the member. Complete member's section fully. Be sure to include your Social Security Number and sign member's signature section. Remember to include applicable documentation.

RETURN COMPLETED FORM TO:

Operating Engineers Local #49 Health & Welfare Fund
3001 Metro Drive - Suite 500
Bloomington, MN 55425
952-854-0795 | Fax 952-851-3521 | Toll Free 800-535-6373

MEMBER COMPLETES THIS SECTION:

Name of Member		Home Phone	
Date of Birth	Social Security Number	Occupation	
Employer			
Home Address	City	State	Zip Code
Date last worked:		Date of child delivery:	

If Hospitalized, Name of Hospital:

Date Admitted:	Date Discharged:
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Have you included documentation of enrollment in BCBS Health Pregnancy Program? <input type="checkbox"/> YES <input type="checkbox"/> NO
Have you included a copy of your child's Birth Certificate? <input type="checkbox"/> YES <input type="checkbox"/> NO

MATERNITY LEAVE REQUIREMENTS

All active Employees, working for a contributing employer performing work within the scope of a collective bargaining agreement, will be eligible to receive a Maternity Benefit. The benefit is payable as a lump sum benefit in the amount of \$3,000, upon giving birth to a child(ren). The benefit is not payable for the Spouse or Dependent of an Active Employee. The Active Employee must be eligible for benefits at the time of the delivery and must have enrolled in the Blue Cross Blue Shield Healthy Pregnancy Program, prior to delivery. This benefit applies to deliveries occurring on and after January 1, 2022.

The Active Employee may submit the application for this benefit following the birth of her child and must provide verification of her enrollment in the Healthy Pregnancy Program offered by Blue Cross Blue Shield. Any Active Employee applying for the Maternity Benefit may also be eligible for the Accident and Weekly Sickness Benefit, before and/or after the delivery of the child. You will need to separately apply for the Accident and Sickness Weekly benefit, as required under the terms of the Plan.

The Maternity Benefit, like the Accident and Sickness Weekly Benefit, is taxable.

I hereby make claim for benefits and certify that the above statements are true and correct to the best of my knowledge and belief. I authorize the above named institution or physician to release information concerning my enrollment, related records and medical records to the Operating Engineers Local #49 Health & Welfare Fund.

Insured Member's Signature _____ Date _____