

**Building Trades Welfare Benefit Fund  
50 Charles Lindbergh Blvd. Ste 207  
Uniondale, NY 11553**

April 3<sup>rd</sup>, 2020

Dear Contributing Employer:

We hope that you and your employees are staying healthy and safe during the extreme circumstances we are all facing. As you are likely aware, both the state and federal governments have issued emergency legislation that expand the leave requirements for individuals who are unable to work as a result of various specified circumstances related to COVID-19. Federal law generally requires that an employer continue to provide health coverage during periods of family and medical leave under the Family Medical Leave Act (FMLA), and similar requirements were mandated by New York State under the New York State Paid Family Leave law (NYSPL). The Building Trades Welfare Benefit Fund (Fund) is able to provide continuing coverage to your employees during periods of this leave, provided the Fund receives contributions during the period of leave. Therefore, Local Union 363, United Electrical Workers of America (Union) and the Building Industry Electrical Contractors Association (Association) have entered into a Memorandum of Agreement modifying their current collective bargaining agreement to require that employers make contributions to the Fund for any period during which a covered employee is on a leave of absence under the FMLA, NYSPL or other comparable state or federal law ("Leave"). Contributions during a Leave will be required based on 40 hours per week at the following rates:

1st Year Apprentice & Helper	\$2.63	2nd Year Apprentice & Helper 2	\$2.81
3rd Year Apprentice	\$2.98	4th Year Apprentice	\$3.14
5th Year Apprentice	\$3.25	Mechanics	\$4.00
Journeyman	\$4.40		

You are not required to make contributions to the Building Trades Annuity Benefit Fund, Building Trades Educational Fund and Electrician's Retirement Fund while a covered employee is on Leave. If you have a covered employee on a Leave, you must complete and sign the enclosed form and return it to the Fund Office with your contributions. If you do not provide a properly completed form, you will be treated as being delinquent in your contribution obligation to the Fund.

If you have any questions, please contact the Fund office at 516-740-5319.

Sincerely,

Board of Trustees of the Building Trades Welfare Benefit Fund

LEAVE FORM

Employer's Name: \_\_\_\_\_

Please provide the following information for each covered employee who is on a leave of absence under either federal or state law. If you need more space, please attach a separate sheet of paper.

Employee 1:

Name: \_\_\_\_\_ SS #: \_\_\_\_\_

Reason for Leave: \_\_\_\_\_  
(you must specify the provision of state or federal law under which the leave has been authorized)

Period of Leave Granted: \_\_\_\_\_  
(must include start date and end date if known)

Employee 2:

Name: \_\_\_\_\_ SS #: \_\_\_\_\_

Reason for Leave: \_\_\_\_\_  
(you must specify the provision of state or federal law under which the leave has been authorized)

Period of Leave Granted: \_\_\_\_\_  
(must include start date and end date if known)

Employee 3:

Name: \_\_\_\_\_ SS #: \_\_\_\_\_

Reason for Leave: \_\_\_\_\_  
(you must specify the provision of state or federal law under which the leave has been authorized)

Period of Leave Granted: \_\_\_\_\_  
(must include start date and end date if known)

I, \_\_\_\_\_, am an authorized representative of the Employer named above and have the authority to enter into binding contracts on behalf of the Employer. I swear, under penalty of perjury, that the employee(s) listed above have satisfied the eligibility requirements for a leave of absence under either the federal Family and Medical Leave Act, or a comparable federal or state law ("Leave"). I understand that the Building Trades Welfare Benefit Fund ("Fund") is relying on my representations made herein when determining eligibility for health coverage. I agree, on behalf of the Employer, that if any of the statements made by me herein are found to be untrue, the Employer will indemnify and hold the Fund and its Trustees harmless for any related expenses, fines, penalties, costs, liabilities and damages, including attorneys and audit fees and also including any and all health claims incurred by such employee(s) during any periods to which such employee(s) took, but was not entitled to, Leave.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date