

California Ironworkers Collectively Bargained Workers' Compensation Program

- ✓ **Pre-Approval Process**
- ✓ **Application Information**
- ✓ **Eligibility Checklist**

for

**Signatory Employers
&
Insurance Carriers**

Memorandum

Date: September 9, 2004

To: Signatory Employers and Insurance Carriers

From: Labor Co-Chairman, Richard Zampa
Management Co-Chairman, Dave McEuen

Re: Pre-approval and Application Process for Participation in the California
Ironworkers Collectively Bargained Workers' Compensation Program

The purpose of this document is to provide information to interested parties regarding the procedures for participation in the California Ironworkers Collectively Bargained Workers' Compensation Program. It is the desire of the Trustees to make this program available to all signatory employers who qualify for participation.

In order to help expedite the application process, the Trustees have prepared the following information for employers and insurance carriers that outlines the pre-approval process, application information, and eligibility requirements for participation.

In addition to the application information contained in this packet, there are other documents pertaining to the California Ironworkers Collectively Bargained Workers' Compensation Program that are available upon your request (attached order form).

If you have any questions regarding procedures for participation contained in this memorandum, please contact *Eric J. Nobriga, Sr.* at:

*Eric J. Nobriga, Sr, Program Administrator
California Ironworkers Workers' Compensation Program
2120 Foothill Boulevard, Suite 100, La Verne, CA 91750
Office: (888) 615-IRON or (626) 356-3051 Fax: (866) 322-2044
Email: eric.nobriga@ironworkerbenny.net*

Employer Requirements & Eligibility Checklist

The Trustees of the California Ironworkers Collectively Bargained Workers' Compensation Program have established the following requirements and eligibility checklist for employers who participate in the Program. Please review the following requirements and contact Eric J. Nobriga, Sr. at (626) 356-3051 or (888) 615-IRON if you have any questions.

- ✓ **Signatory Employers.** The employer must be signatory to the 7/01/14 – 6/30/17, District Council of Iron Workers of the State of California and Vicinity Master Labor Agreement.
- ✓ **Participation of Shop Iron Workers.** Employers who wish to place their shop ironworker employees in the ADR Program must be signatory to a shop ironworker agreement that participates in the plan, or employers can participate by signing a separate contribution participation agreement.
- ✓ **Contractors' License.** The employer must have a current California or Nevada State Contractors License.
- ✓ **Fringe Benefits.** The employer must have been current on all Trust Fund benefit contributions to the California Field Ironworkers Trust Fund and/or the California Shop Iron Workers Trust Fund for the 12 months preceding participation in the Plan. If the employer has entered into a payment plan for delinquent contributions, the payment plan must have been approved by the Trustees of the Workers' Compensation Trust Fund and the employer must have been current at all times on the payment plan.
- ✓ **Ironworkers Workers' Compensation Trust.** The employer must be current on the three & one half cents (\$.035) cents per hour contribution to the Ironworkers Workers' Compensation Trust which is effective as of July 1, 2011. (includes all amounts and previous rates)
- ✓ **Agreement to Program Requirements.** The employer must agree to all the terms and conditions contained in the Ironworkers Workers' Compensation Addendum and Trust Agreement.
- ✓ **Application for Participation.** The employer must forward the attached "Employer Application and Questionnaire for Program Participation" form to the Administrator at the address below (60) days prior to the employers' annual insurance renewal date. Applications will be processed within (15) days.
- ✓ **Agreement to Program Safety Policy.** The employer must agree to the Program Safety Policy (attached below) set forth by the Trustees, and must provide any documentation requested by the Safety Committee with regard to its safety record, and its safety record must have been approved by the committee.
- ✓ **Joint Participation Conference Call.** The employer claims representative shall participate in a joint conference call with the program administrator, ombudsman, insurance claims adjuster, patient advocate nurse, and insurance broker within one week of notification of participation in the Program.

Employer Requirements & Eligibility Checklist (Continued)



- ✓ **Distribution of Union Employee Guide.** The employer shall ensure that each employee covered by this Program is provided with a “Union Employee Guide” that explains contact information and benefits of the Program.
- ✓ **Exclusive Participation.** Benefits and rights contained in the California Ironworkers Collectively Bargained Workers’ Compensation Program are limited exclusively to union employees covered by the Iron Workers Master Labor Agreement.
- ✓ **Execution of Memorandum of Understanding.** Upon acceptance in the California Ironworkers Collectively Bargained Workers’ Compensation Program, each employer must sign the attached “Memorandum of Understanding (MOU)”, which is the Employer’s Acknowledgement of Participation form, at the time of coverage and participation in the Program.
- ✓ **Annual Reapplication.** The employer must reapply on an annual basis and forward the “Employer Application and Questionnaire for Program Participation” form (attached below) and a new Memorandum of Understanding (MOU) to the Administrator at the following address (60) days prior to the employers’ annual insurance renewal date. Applications will be processed within (15) days.

Eric J. Nobriga, Sr., Program Administrator
California Ironworkers Workers’ Compensation Program
2120 Foothill Boulevard, Suite 100, La Verne, CA 91750
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Email: eric.nobriga@ironworkerbenny.net

Insurance Carrier Requirements and Responsibilities

The Trustees of the California Ironworkers Collectively Bargained Workers' Compensation Program have established the following requirements for insurance carriers who participate in the Program. Contact the Administrator at (626) 356-3051 or (888) 615-IRON if you have any questions.

1. **Agreement to Program Requirements.** Each insurance carrier who participates in the California Ironworkers Collectively Bargained Workers' Compensation Program must agree to all the terms and conditions contained in the Ironworkers Workers' Compensation Addendum and Trust Agreement, and sign the Memorandum of Understanding (MOU) form for each insured at the time of coverage and participation in the Program.
2. **Insurance Carrier Approval.** Each insurance carrier must be approved by the Labor and Management Trustees prior to participation in the Program, and must contact the Administrator at (626) 356-3051 or (888) 615-IRON to establish a meeting to discuss the Program requirements and claims handling procedures.
3. **Trustee - Insurance Carrier Meeting.** The meeting between the Program Trustees and the insurance carrier shall include at minimum the "lead claim adjusters" and claims supervisors. This meeting shall occur prior to participation and issuance of an insurance policy to any employer.
4. **Joint Participation Conference Call.** The claims supervisor and claims adjusters for the insurance carrier shall participate in a joint conference call with the program administrator, ombudsman, patient advocate nurse, employer claims representative, and insurance broker within one week of notification of participation in the Program.
5. **Application Process.** When the insurance carrier receives a submission from an insurance broker requesting participation in the Program, the insurance carrier must inform the broker that each employer is required to complete an "Employer Application and Questionnaire" (attached below) for approval. Additionally, the insurance carrier must notify the program administrator whenever a submission for participation has been made. The broker and employer may contact the Administrator at the address below to obtain additional information or forms pertaining to the program or application process.
6. **Annual Reapplication for Policy Holders.** The employer (policy holder) must reapply on an annual basis and forward the attached "Employer Application and Questionnaire" form to the Administrator at the address below (60) days prior to the employers' annual insurance renewal date. Applications will be processed within (15) days.
7. **Exclusive Participation.** Benefits and rights contained in the California Ironworkers Collectively Bargained Workers' Compensation Program are limited exclusively to union employees covered by the Iron Workers Master Labor Agreement.

Insurance Carrier Requirements and Responsibilities (Continued)

8. **Execution of Memorandum of Understanding.** The insurance carrier must sign the attached “Memorandum of Understanding” form for each insured at the time of coverage and participation in the Program. The original copies must be forwarded to the Administrator listed below.
9. **Contact with Medical Providers.** The insurance carrier shall contact the medical providers (immediately upon notification of participation) to ensure that claims adjusters have been provided with the directories and lists of medical providers that have been pre-designated by the Trustees of the Program. Contact the Program Administrator listed below if you have any questions or need the contact information for the approved medical providers.
10. **Claims Adjuster Training.** The insurance carrier shall provide training and instruction to claims adjusters regarding the terms, conditions, and requirements of this Program.

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California Ironworkers Workers' Compensation Program
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Email: eric.nobriga@ironworkerbenny.net

California Ironworkers Collectively Bargained Workers' Compensation Program

Employer Application & Questionnaire for Program Participation

Employer Information

Company name: _____ License Number: _____

Address: _____

Contact Person: _____ E-mail Address: _____

Phone: _____ Fax: _____

Current insurance carrier: _____

Insurance broker: _____

Expiration date of workers' compensation policy: _____

Type of Work: Structural Decking Reinforcing Steel
 Fabrication Rigging Miscellaneous
 Other (explain) _____

How long have you been signatory to the Iron Workers? _____

List all other crafts to which you are signatory? _____

Average number of Iron Worker employees per month? _____

Do you operate a shop? Yes No

Is your shop signatory to the Iron Workers? Yes No

Have you posted the required Trust Fund Bond? Yes No

Are you currently delinquent on your Fringe Benefits? Yes No

Are you on any payment plan regarding delinquency? Yes No

Application and Questionnaire

If your answer is yes to either of two previous questions, please explain.

Are you signed to the District Council's IMPACT Drug & Alcohol Policy? Yes No
(If yes, when?) Date: _____

Have there been any formal grievances or informal problems in the implementation of the IMPACT Drug & Alcohol Policy? Yes No
(If yes, explain)

Have you had any fatalities within the past 2 years? (If yes, explain) Yes No

Have you had any lost time injuries in the last 2 years? (If yes, explain) Yes No

Have you been complying with Section 21 of the Agreement by providing Letters of Evidence and submitting prevailing wage survey information to the trust office? Yes No

I declare under penalty of perjury under the laws of the State of California that my answers to the above questions are true and correct.

Executed on _____, 20__ at _____,
California

Signature _____

Please complete and Mail, Email, or Fax this application to:

**Eric J. Nobriga, Sr., ADR Program Administrator
2120 Foothill Boulevard, Suite 100, La Verne, CA 91750
Email: eric.nobriga@ironworkerbenny.net
Office: (626) 356-3051 or (888) 615-IRON Fax: (866) 322-2044**

Ironworkers Collectively Bargained Workers' Compensation Program

District Council of Iron Workers of The State of California And Vicinity
California Ironworkers Employers Council

Employer Acknowledgment of Participation

The undersigned employer, _____, by signing this Employer Acknowledgment of Participation, hereby acknowledges and certifies that the undersigned employer has collectively bargained for and has agreed to be bound by all terms and conditions of the Ironworkers Workers' Compensation Addendum, attached hereto, entered into between the District Council Of Iron Workers Of The State Of California And Vicinity ("Union") and the Associations Comprising the California Ironworkers Employers Council, Inc. ("Association"), pursuant to California Labor Code section 3201.5.

The undersigned employer also acknowledges and certifies that the undersigned employer has collectively bargained for and has agreed to be bound by all terms and conditions of the Agreement and Declaration of Trust Establishing the Ironworkers Workers' Compensation Trust ("Trust"), attached hereto. **This "Employer Acknowledgement of Participation" document must be executed by all parties at the time of coverage and participation in the Program and annually thereafter. The original copies must be forwarded to:**

Eric J. Nobriga, Sr., Administrator
California Ironworkers ADR Program
2120 Foothill Blvd., Suite 100, La Verne, CA. 91750
Office: (626) 356-3051 Fax: (866) 322-2044
Email: Eric.nobriga@ironworkerbenny.net

Employer Name: _____ CA License #: _____

Employer Address: _____

Signed for the Employer By: _____ Date: _____

Print Name: _____

Insurance Company: _____ Policy #: _____

Signed for the Insurance Carrier by: _____ Date: _____

Print Name: _____

Effective Date of Coverage: _____

Insurance Carrier hereby acknowledges the employer participation in the workers' compensation program and agrees to comply with all the requirements of the program.

Acknowledged by ICBWCP Administrator: _____

Date: _____

Document Order Form

List of Program Documents Available Upon Request

Following are various documents pertaining to the program that are available upon request. If you would like a copy of any of the documents listed below, please check the corresponding boxes and forward this page to the email or fax number below.

- All of the Following Documents.
- Ironworkers Workers' Compensation Addendum for California.
- Ironworkers Workers' Compensation Addendum for Nevada.
- California participation Memorandum of Understanding.
- Nevada participation Memorandum of Understanding.
- Ironworkers Workers' Compensation Addendum for 790 Shop Iron Workers.
- Ironworkers Workers' Compensation Addendum Draft for 509 Shop Iron Workers.
- Agreement and Declaration of Trust Establishing the Ironworkers Workers' Compensation Trust.
- General contact information for Co-Chairmen, Program Representative, Program Ombudsman, Director of Safety, Program Case Nurse, Mediator, or Arbitrator.
- Employer Application and Questionnaire for Program Participation.
- Employee Questionnaire Regarding Medical Treatment.
- List of Current Employers Participating in Program.
- Union Employers' and Employees' Guide.

Email or Fax this Request for Documents to:

Eric J. Nobriga, Sr.

Email: eric.nobriga@ironworkerbenny.net Fax: (866) 322-2044

Return Information to:

Name: _____
Company: _____
Address: _____

Telephone: _____

Program Safety Policy

Scope and Application:

The California Ironworkers Workers Compensation Trust has established a “Program Safety Policy” for all employers and parties who elect to participate in the Collectively Bargained Workers Compensation Program. This policy shall apply to the Associations comprising the California Ironworkers Employers Council, Inc., Individual Contractors, District Council of Ironworkers of the State of California and Vicinity, and each respective insurance carrier who provides workers’ compensation insurance to program participants.

The Program Safety Policy shall be administered by the Trustees of the California Ironworkers Workers’ Compensation Trust pursuant to California Insurance Code Sections 11656.6-11656.7, California Labor Code Section 3201.5, Nevada Revised Statutes 616A.466, Code of Federal Regulations, California Safety Orders, and any other state or local statutes pertaining to safety and health requirements.

General:

The purpose of this Program Safety Policy is to achieve outstanding safety performance through the cooperative efforts of the labor, management, and the insurance carriers. The safety provisions set forth in this document are a minimum standard for participation, and employers may elect to exceed any requirements contained herein. Nothing contained in this policy shall prohibit an employer from implementing more stringent safety programs, policies, or procedures.

The Trustees of the California Ironworkers Workers Compensation Trust shall have the authority to establish safety policies and procedures for all parties to this agreement. Additionally, the Trustees shall have the authority to implement corrective action to rectify safety and health issues in response to accident trends, regulatory amendments, and adverse safety performance of program participants that may arise. It is the desire of the Trustees to administer a uniform safety program policy for all parties subject to the Collectively Bargained Workers Compensation Program.

Safety Compliance Policy:

In the event that a program participant does not comply with the minimum requirements contained in this Program Safety Policy, the Trustees shall have the authority to implement corrective action and seek any remedies necessary to rectify items of non-compliance. Any alleged items of non-compliance and/or disputes regarding safety and health issues may be forwarded to the Labor and Management Co-Chairmen of the California Ironworkers Workers Compensation Trust for review and consideration.

1.0 Labor-Management Safety and Health Committee

1.1 Committee Membership

- a) The Union Co-Chairman of the California Ironworkers Workers Compensation Trust shall designate three (3) representatives to serve on the committee.
- b) The Management Co-Chairman of the California Ironworkers Workers Compensation Trust shall designate three (3) representatives to serve on the committee.
- c) The IMPACT Director of Western Region shall be designated by the Committee members to serve as an advisor to the Safety Committee.
- d) Each insurance carrier shall designate a representative to act as an advisor to the labor-management safety committee.
- e) Only labor and management representatives can vote.

1.2 Meeting Schedule and Responsibilities

- a) Periodic meetings shall be held to review the frequency and severity of accidents and accident trend reports to evaluate program safety performance.
- b) Insurance representatives shall prepare and submit accident trends reports for program participants which indicate the frequency and severity of various types of workplace injuries.
- c) Insurance representatives shall provide a log of cases when workers' compensation checks were not provided to injured workers within the statutory period of time required by State Law.
- d) The committee shall review any notices of non-compliance with the Program Safety Policy or disputes regarding safety and health issues.
- e) The IMPACT Director shall develop and provide committee members with an agenda and materials for periodic meetings.
- f) The IMPACT Director shall provide the committee members with proposed OSHA safety and health regulations that may affect program participants.
- g) The IMPACT Director shall provide the committee with any documentation relevant to the safety performance of the program participants including non-compliance issues.
- h) Committee members shall review the effectiveness of the Program Safety Policy and draft safety and health amendments when necessary.

2.0 Periodic Safety and Health Audits

2.1 Initial Audit Procedures for Program Prospects

- a) The IMPACT Director shall work with the insurance carriers to provide an initial safety survey of the program applicant.
- b) This survey report shall include but not limited to an evaluation of the prospects current projects under construction, written safety and health program, workplace and equipment inspection records, employee orientation and training records, etc.
- c) The IMPACT Director in conjunction with the insurance carriers shall review safety reports and discuss any safety concerns pertaining to the prospect safety survey.
- d) The IMPACT Director in conjunction with the insurance carrier shall determine if any special conditions or stipulations are necessary to address safety concerns. Such special conditions shall be reviewed with the employer and included in the underwriting proposal from the insurance carrier.
- e) In the event of any disputes between the IMPACT Director, insurance carrier, or the program prospect regarding the safety survey report or special underwriting conditions, a written report outlining the items of dispute shall be forwarded to the Labor and Management Co-Chairmen of the California Ironworkers Workers' Compensation Trust for review.
- f) The Labor and Management Co-Chairmen of the California Ironworkers Workers' Compensation Trust shall have the authority to resolve any disputes that may arise during the prospect evaluation process.

2.2 Periodic Audit Procedures

- a) The IMPACT Director shall work at the direction of the Trustees to establish a schedule for periodic safety and health audits.
- b) The Trustees may authorize an unannounced audit of any employer participating in the Program.
- c) Periodic safety and health audits will be conducted by qualified persons authorized by the Trustees.
- d) A copy of the initial and periodic safety audit shall be provided to the employer immediately following completion.
- e) The IMPACT Director shall maintain a file of safety and health audits.

3.0 Employer Safety and Health Programs

3.1 Program Development

- a) Each program participant shall be required to develop a written accident prevention program in accordance with the applicable federal, state, or local statutes pertaining to safety and health requirements.
- b) Safety and health programs shall be written under the supervision of a qualified person designated by the employer.
- c) Written accident prevention programs shall identify the hazards associated with common activities in the workplace and provide measures to abate such unsafe acts or conditions.
- d) The employer must develop policies and procedures for safety responsibility and accountability directed to company management, field and shop superintendents, field and shop foremen, field ironworkers and crane operators.
- e) Each program participant shall be required to develop any necessary written programs to address unique hazards or hazardous processes in the workplace.
- f) The IMPACT Director shall assist program participants in the development of written accident prevention programs.
- g) The Trustees of the California Ironworkers Workers' Compensation Trust shall have the authority to require any additional written safety programs.

3.2 Program Implementation

- a) Safety and health programs shall be implemented under the supervision of a competent person designated by the employer.
- b) Program implementation shall include but not limited to employee orientation and training, and job site specific safety plans.
- c) Implementation of periodic and frequent workplace inspections.
- d) The IMPACT Director shall assist the program participants in the development of program implementation methods and materials.
- e) Investigate all accidents and "near misses".
- f) Develop a job hazard analysis and develop a job site specific safety and health plan for each worksite and/or specific job function.

3.3 Program Maintenance and Recordkeeping

- a) Each program participant shall be required to maintain an effective accident prevention program in accordance with the applicable federal, state, or local statutes pertaining to safety and health requirements.
- b) Records of jobsite and shop inspections and corrective action (including reprimands or termination) taken to abate unsafe conditions or work habits shall be maintained and made available for review upon request.
- c) Documentation of safety and health training and instruction for each employee including employee name, trainer name, dates and type of training shall be maintained.