



WEEKLY INDEMNITY DISABILITY CLAIM FORM



IRON WORKERS BENEFIT TRUST
1470 WORLDWIDE PLACE • VANDALIA, OHIO 45377-1156
Phone (937) 454-1744

TO BE COMPLETED BY IRONWORKER • FORM MUST BE COMPLETED IN FULL

IRON WORKER'S NAME		DATE OF BIRTH	SOCIAL SECURITY #	LOCAL UNION NO.
IRON WORKER'S ADDRESS (NO., STREET, CITY, STATE, ZIP)				
DATE YOU LAST WORKED	AREA CODE + PHONE NUMBER		IRON WORKER'S EMAIL ADDRESS	
IF HOSPITALIZED, GIVE NAME OF HOSPITAL			DATES CONFINED TO HOSPITAL FROM TO	
NAME OF ATTENDING PHYSICIAN			PHYSICIAN'S ADDRESS & TELEPHONE NUMBER	
CAUSE OF DISABILITY			WHEN DID YOU BECOME TOTALLY DISABLED (UNABLE TO WORK)	
IS DISABILITY DUE TO AN ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, PLEASE COMPLETE THE FOLLOWING SECTION <i>IN FULL</i>)			WAS THIS WORK RELATED IN NATURE? (NOT WEAR & TEAR) <input type="checkbox"/> YES <input type="checkbox"/> NO	
DATE OF ACCIDENT	PLACE ACCIDENT OCCURRED (COMPLETE DESCRIPTION AND WHO WAS INVOLVED)			

I AUTHORIZE RELEASE OF ANY INFORMATION PERTAINING TO THIS CLAIM. I CERTIFY THAT ALL INFORMATION GIVEN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

MEMBER'S SIGNATURE: _____ DATE: _____

BUSINESS MANAGER'S SIGNATURE: _____ DATE: _____

IF YOU SUBMIT A CLAIM FOR BENEFITS AS THE RESULT OF AN ACCIDENT, INJURY OR ILLNESS INVOLVING A THIRD PARTY, YOU, THE PARTICIPANT, MUST SIGN, DATE AND HAVE WITNESSED THE FOLLOWING REIMBURSEMENT AND SUBROGATION AGREEMENT

AGREEMENT

The Benefit Trust was created to provide you and your dependents with hospitalization, surgical, medical care and/or short-term disability benefits as the result of any accident, injury or illness you or your dependents may experience. Due to the dramatic rise in the cost of providing such benefit that has occurred in the past several years, the Board of Trustees has adopted a policy granting the Benefits Fund a right to seek either reimbursement or subrogation with respect to any claims paid on behalf of you and your dependents when a third party is legally responsible for causing the underlying loss, illness or injury on which payment were made by the Benefit Trust.

Therefore, by signing this Agreement you acknowledge and agree that the Benefit Trust is subrogated to all rights of recovery available to you and your dependents regardless of whether you or your dependents obtain a full or partial recovery from such third party, including, but not limited to, the insurer of such third party and that the failure to sign and return this Agreement entitles the Benefit Trust to deny coverage for the subject loss, injury or illness. In addition, you further acknowledge and agree that the Benefit Trust has a subrogated interest from any insurance held by you or your dependents, including coverage for medical payments, underinsured and/or uninsured motorists' coverage, at fault or no-fault insurance, casualty or liability insurance, or payments received under a workers' compensation system.

Further, you acknowledge and agree that the full amount of the benefits paid by the Benefit Trust will be subject to recovery without regard to any collateral source of recovery. The Benefit Trust reimbursement and subrogation rights will take priority over any and all rights of recovery held by you or your dependents against such third person with respect to the event(s) that triggered the payment of benefits. The Benefit Trust subrogated interest will apply regardless of whether you or your dependents have been or will be made whole and regardless of whether you or your dependents have incurred fees or costs to obtain a recovery from any third party or the insurer of such third party. You hereby acknowledge and agree that the "make whole" doctrine or any similar doctrine or common law rule with respect to the reimbursement and subrogation rights of the Benefit Trust do not apply.

In addition, you further acknowledge and agree that the "common fund" doctrine or any similar doctrine or common law rule with respect to the reimbursement and subrogation rights of the Benefit Trust do not apply.

You further acknowledge that a complete description of the reimbursement and subrogation rights granted to the Benefit Trust is set forth in the Summary Plan Description and that by executing this Agreement you hereby agree to be bound by the provisions and conditions set forth in both this Agreement and the Summary Plan Description.

MEMBER'S SIGNATURE: _____ WITNESS SIGNATURE: _____

DATE: _____ DATE: _____

IRON WORKERS DISTRICT COUNCIL OF SOUTHERN OHIO & VICINITY PENSION TRUST

1470 Worldwide Place • Vandalia, Ohio 45377-1156

Phone Number: 937.454.1744

AUTHORIZATION AGREEMENT FOR WEEKLY DISABILITY PAYMENTS DIRECT DEPOSIT

Participant Information:

Last 4 SS No.: _____

Participant Name: _____

Participant Address: _____
Street Address

City _____

Participant Phone Number: _____

State

Zip

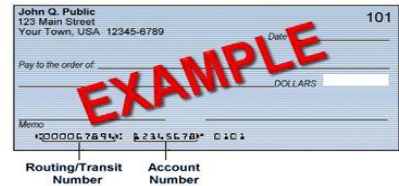
Bank Information:

Bank Name: _____

Routing Number: _____

Account Number: _____

This account is: Checking Account Savings Account



If you do not have a bank account or would like a refillable US Bank card, please check below:

US Bank Focus Card:

***Disclaimer: if this form is not returned, you will be issued a refillable bank card to receive your weekly payment.

I (we) hereby authorize Iron Workers Benefit Trust to initiate credit entries, and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account as indicated above. This authority is to remain in full force and effect until the Trust has received WRITTEN notification from me (or both of us) of its termination in such time and in such manner as to afford the Trust and Depository a reasonable opportunity to act on it.

Date: ____/____/____

Participant's Signature

Joint Owner's Signature

THIS SECTION TO BE COMPLETED BY THE BANKING INSTITUTION OR ATTACH COPY OF VOIDED CHECK:

We have noted the above authorization and hereby agree to credit and/or debit the above listed account subject to all applicable provisions of the Automated Clearing House (ACH) operating rules:

Date: ____/____/____ Bank Name: _____

Authorized Signature of Bank Officer: _____

Please indicate here if you are **not** ACH eligible: _____

U.S. Bank Focus Card Pre-Acquisition Disclosure
Program Number: 126784009 POD

Monthly fee	Per purchase	ATM withdrawal	Cash reload
\$0	\$0	\$0 in-network	\$5.95*
		\$1.75 out-of-network	

ATM Balance Inquiry (in-network or out-of-network) \$0

Customer Service (automated or live agent) \$0 per call

Inactivity (after 365 days with no transactions) \$2.00 per month

We charge 3 other types of fees.

*This fee can be lower depending on how and where this card is used.

No overdraft/credit feature.

Your funds are eligible for FDIC insurance.

For general information about prepaid accounts, visit cfpb.gov/prepaid.

Find details and conditions for all fees and services inside the card package or call 888-863-0681 or visit www.usbankfocus.com.

U.S. Bank Focus Card Fee Schedule

Program Number: 126784009 POD

All fees	Amount	Details
Add money		
Check Reload	5% or \$5.00 minimum	This is not our fee and is subject to change. Fee of up to 5% of check value may apply when cashing a check to load your card at Ingo Money. Money in Minutes - 2% (pre-printed payroll or gov't checks) or 5% (all other checks), minimum \$5.00. Money in 10 Days - no fee. Fee is deducted from check value. Go to ingomoney.com for more information.
Cash Reload – Visa Readylink	Varies by retailer	Third party fee may apply when reloading your card at a Visa Readylink network. Fee is paid to third party at the time of reload. Go to usa.visa.com/pay-with-visa/cards/services-locator.html for locations.
Cash Reload - GreenDot	\$5.95	This is not our fee and is subject to change. Fee of up to \$5.95 may apply when reloading your card at Green Dot®. Fee is paid to third party at the time of reload. Go to greendot.com for more information.
Get cash		
ATM Withdrawal (in-network)	\$0	This is our fee per withdrawal. “In-network” refers to the U.S. Bank or MoneyPass® ATM networks . Locations can be found at usbank.com/locations or moneypass.com/atm-
ATM Withdrawal (out-of-network)	\$1.75	This is our fee per withdrawal. “Out-of-network” refers to all the ATMs outside of the U.S. Bank or MoneyPass ATM networks. You may also be charged a fee by the ATM operator even if you do not complete a transaction.
Teller Cash Withdrawal	\$0	This is our fee for when you withdraw cash from your card from a teller at a bank or credit union that accepts Visa®.
Using your card outside the U.S.		
International Transaction	3%	This is our fee which applies when you use your card for purchases at foreign merchants and for cash withdrawals from foreign ATMs and is a percentage of the transaction dollar amount, after any currency conversion. Some transactions, even if you and/or the merchant or ATM are located in the United States, are considered foreign transactions under the applicable network rules, and we do not control how these merchants, ATMs and transactions are classified for this purpose.
International ATM Withdrawal	\$3.00	This is our fee per withdrawal. You may also be charged a fee by the ATM operator even if you do not complete a transaction.
Other		
Card Replacement	\$5.00	This is our fee per replacement of your card, whether mailed to you with standard delivery (up to 10 business days) or provided to you by your sponsor / in another manner. This fee is waived for your first card replacement in a 12-month period. This fee will be charged for each additional replacement during the same 12 months.
Card Replacement Expedited Delivery	\$15.00	This is our fee for expedited delivery (up to 3 business days) charged in addition to any Card Replacement fee.

Card Replacement Overnight Delivery	\$25.00	This is our fee for overnight delivery charged in addition to any Card Replacement fee.
Inactivity	\$2.00	This is our fee charged each month after you have not completed a transaction using your card for 365 consecutive days.

Your funds are eligible for FDIC insurance up to \$250,000. FDIC insurance protects deposits from loss due to bank insolvency. See [fdic.gov/deposit/deposits/prepaid.html](https://www.fdic.gov/deposit/deposits/prepaid.html) for details.

No overdraft/credit feature.

Contact Cardholder Services by calling **888-863-0681**, by mail at P.O. Box 551617, Jacksonville, FL 32255 or visit www.usbankfocus.com.

For general information about prepaid accounts, visit [cfpb.gov/prepaid](https://www.cfpb.gov/prepaid). If you have a complaint about a prepaid account, call the Consumer Financial Protection Bureau at 1-855-411-2372 or visit [cfpb.gov/complaint](https://www.cfpb.gov/complaint).

Divulgación Previa a la Adquisición de la Tarjeta U.S. Bank Focus
Número de Programa: 126784009 POD

Los servicios podrían estar disponibles solamente en inglés.

Cargo	Por compra	Retiro de fondos en ATM	Recarga de efectivo
\$0	\$0	\$0 dentro de la red \$1.75 fuera de la red	\$5.95*
Consulta de Saldo en ATM (dentro o fuera de la red)			\$0
Servicio de Atención al Cliente (automatizado o representante en vivo)			\$0 por llamada
Inactividad (después de 365 días sin transacciones)			\$2.00 por mes
Cobramos otros 3 tipos de cargos.			
<p>*Este cargo puede ser menor dependiendo de cómo y dónde se utilice esta tarjeta.</p> <p>Sin prestación de sobregiro/crédito. Sus fondos son elegibles para el seguro FDIC.</p> <p>Para obtener información general sobre cuentas prepagadas, visite cfpb.gov/prepaid (en inglés). Encuentre detalles y condiciones de todos los cargos y servicios en el paquete de la tarjeta, o bien, llame al 888-863-0681 o visite www.usbankfocus.com (en inglés).</p>			

Lista de Cargos de la Tarjeta U.S. Bank Focus

Número de Programa: 126784009 POD

Todos los cargos	Monto	Detalles
Agregar dinero		
Recarga con Cheque	5% o mínimo de \$5.00	Este cargo no es nuestro y está sujeto a cambios. Se puede aplicar un cargo de hasta el 5% del valor del cheque cuando cobre un cheque para depositarlo en su tarjeta en Ingo Money. Money in Minutes: 2% (cheques preimpresos de nómina o de gobierno) o 5% (todos los demás cheques), mínimo de \$5.00. Dinero en 10 Días: sin cargo. El cargo se deduce del valor del cheque. Visite ingomoney.com (en inglés) para obtener más información.
Recarga de Efectivo – Visa Readylink	Según el comercio minorista	Es posible que se apliquen cargos de terceros cuando recargue su tarjeta en una red Visa Readylink. Este cargo se paga a un tercero en el momento de la recarga. Visite usa.visa.com/pay-with-visa/cards/services-locator.html (en inglés) para encontrar ubicaciones.
Recarga de Efectivo – GreenDot	\$5.95	Este cargo no es nuestro y está sujeto a cambios. Es posible que se aplique un cargo de \$5.95 cuando recargue su tarjeta en Green Dot®. Este cargo se paga a un tercero en el momento de la recarga. Visite greendot.com (en inglés) para obtener más información.
Retiros de efectivo		
Retiro de Fondos en ATM (dentro de la red)	\$0	Este es nuestro cargo por cada retiro de fondos. “Dentro de la red” se refiere a las redes de U.S. Bank o MoneyPass®. Puede encontrar ubicaciones en usbank.com/locations (en inglés) o moneypass.com/atm-locator.html (en inglés).
Retiro de Fondos en ATM (fuera de la red)	\$1.75	Este es nuestro cargo por cada retiro de fondos. “Fuera de la red” se refiere a todos los ATM que se encuentran fuera de las redes de U.S. Bank y de MoneyPass. El operador del ATM también puede cobrarle un cargo, incluso si no termina de realizar la transacción.
Retiro de Efectivo con Personal de Ventanilla	\$0	Este es nuestro cargo por realizar un retiro de efectivo desde su tarjeta con la ayuda del personal de ventanilla en un banco o cooperativa de crédito que acepte Visa®.
Uso de su tarjeta fuera de los EE. UU.		
Transacción Internacional	3%	Este es el cargo que cobramos y que se aplica al uso de su tarjeta para compras en comercios extranjeros y por retiros de efectivo en ATM extranjeros y es un porcentaje del monto en dólares de la transacción después de cualquier conversión de moneda. Algunas transacciones, aunque usted y/o el comercio o ATM estén ubicados en los Estados Unidos, se consideran transacciones en el extranjero conforme a las reglas correspondientes de la red, y nosotros no tenemos control sobre cómo se clasifican estos comercios, ATM y transacciones para este fin.
Retiro de Fondos en ATM Internacional	\$3.00	Este es nuestro cargo por cada retiro de fondos. El operador del ATM también puede cobrarle un cargo, incluso si no termina de realizar la transacción.
Otros		

Reemplazo de Tarjeta	\$5.00	Este es nuestro cargo por el reemplazo de su tarjeta, ya sea con servicio de entrega estándar (hasta 10 días hábiles) o si se lo proporciona su patrocinador o de cualquier otra manera. No cobramos este cargo por el primer reemplazo de su tarjeta en un período de 12 meses. Este cargo se cobrará por cada reemplazo adicional durante los mismos 12 meses.
Reemplazo de Tarjeta con Entrega Expresa	\$15.00	Este es nuestro cargo por entrega expresa (hasta 3 días hábiles), adicional a cualquier cargo por Reemplazo de Tarjeta.
Reemplazo de Tarjeta con Entrega al Día Siguiente	\$25.00	Este es nuestro cargo por entrega al día siguiente, adicional a cualquier cargo por Reemplazo de Tarjeta.
Inactividad	\$2.00	Este es nuestro cargo por mes si no ha realizado una transacción con su tarjeta durante 365 días consecutivos.

Si bien esta comunicación de U.S. Bank se ofrece en español, las futuras comunicaciones de U.S. Bank y los documentos relacionados con sus acuerdos contractuales, divulgaciones, notificaciones y estados de cuenta, así como los servicios en Internet y de la banca móvil, podrían estar disponibles solamente en inglés. Usted debe poder leer y comprender estos documentos o tener asistencia en su traducción para poder entender y utilizar este producto o servicio. Los documentos en inglés están disponibles a petición suya.

Sus fondos son elegibles para el seguro FDIC hasta \$250,000. El seguro FDIC protege a los depósitos de pérdida ocasionada por insolvencia bancaria. Consulte [fdic.gov/deposit/deposits/prepaid.html](https://www.fdic.gov/deposit/deposits/prepaid.html) (en inglés) para obtener detalles.

Sin prestación de sobregiro/crédito.

Comuníquese con Servicios para Titulares de Tarjetas, llamando al **888-863-0681**, por correo a Cardholder Services P.O. Box 551617, Jacksonville, FL 32255 o visite www.usbankfocus.com (en inglés).

Para obtener información general sobre cuentas prepagadas, visite cfpb.gov/prepaid (en inglés). Si tiene alguna queja sobre una cuenta prepagada, llame a la Oficina para la Protección Financiera del Consumidor (Consumer Financial Protection Bureau) al 1-855-411-2372, o visite cfpb.gov/complaint (en inglés).

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