



Brotherhood of Locomotive Engineers and Trainmen

A Division of the Rail Conference—International Brotherhood of Teamsters

NATIONAL DIVISION

1370 Ontario Street, Mezzanine • Cleveland, OH 44113-1702
Phone: (216) 241-2630 • Fax: (216) 241-6516 • www.ble-t.org

November 7, 2008

RE: BLET Short-Term Disability Insurance Changes Effective January 1, 2009

Dear BLET Member:

We are pleased to announce a number of changes to the BLET Short-Term Disability Insurance Plan effective January 1, 2009. These changes will impact you if you are an eligible employee working on a railroad that participated in the Wage Rules portion of the National Agreement dated December 16, 2003. Two parts to the Plan are being offered as outlined below:

Part A – Non-Occupational Disabilities

Effective January 1, 2009, the current plan covering both occupational and non-occupational disabilities will be modified:

- Part A will pay \$402 per week for non-occupational disabilities only. This is an increase from \$362 per week.
- Occupational disabilities will not be covered.
- Each eligible member will also be insured for \$50,000 of Accidental Death and Dismemberment (AD&D) coverage.

NOTE:

- This plan change will not impact members with current claims. Those members who have a date of disability prior to January 1, 2009 will continue to qualify for the \$362 per week benefit for occupational or non-occupational as determined by the Plan.
- Claims for occupational disabilities prior to January 1, 2009 will continue to be administered as they are today, making them subject to repayment upon receipt of a FELA settlement (repayment after a personal injury settlement).

Part B – Occupational Disabilities

Effective January 1, 2009:

- Part B will be voluntary.
- The cost will be \$23 per month and will be payroll deducted with your monthly union dues.
- The weekly benefit for occupational disabilities will be \$402 per week.
- Each eligible member will also be insured for \$50,000 of AD&D coverage.
- The benefit will not be subject to repayment upon receipt of a FELA settlement (no repayment after a personal injury settlement).
- The benefit will not be considered taxable income.

NOTE:

- Eligibility for Part B will be driven by your eligibility for Part A. You will have two options if you become ineligible for Part A: Pay \$40 directly to the BLET Trust Fund by the 10th of the month for Part A and continue your payroll deduction of \$23 for Part B or drop out of Part B. If you choose to drop out of Part B, you may discontinue the \$23 payroll deduction. However, you may not resume coverage for Part B until a subsequent annual enrollment period.

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- Participation in this additional occupational coverage is not required. If you wish **NOT** to participate, you **must notify us in writing by completing and returning the attached form prior to December 1, 2008**. Your completed form should be sent to the Secretary-Treasurer of your Local Division. If you are a BLET member and do nothing, you will be automatically enrolled in Part B effective January 1, 2009.
- Members opting out of Part B coverage effective January 1, 2009, will not be eligible to enroll for the coverage until the next annual enrollment period.
- UTU members may purchase Part B coverage by making an annual payment of \$276 to the BLET Trust Fund.

If you have any questions, please contact the undersigned.

Fraternally yours,



Jim Bradford
BLET Short-term Disability Administrator
(216) 241-2630, ext. 205 or email Bradford@ble-t.org

OPT OUT FORM
PART B – BLET SHORT TERM DISABILITY INSURANCE PLAN

(You need only complete this form if you wish to DECLINE Part B coverage)

If you desire to **OPT OUT** or **DECLINE** Part B coverage under the BLET Short Term Disability Insurance Plan, complete the remainder of this form. Be sure to include your signature and the date and deliver to your Division Secretary-Treasurer by **December 1, 2008**.

"I, _____ (Print your name here and sign below), hereby choose to **DECLINE** coverage, or **OPT OUT**, of the BLET Short Term Disability Insurance Plan, Part B. I understand that I may only seek enrollment in Part B during a future open enrollment period."

Signature: _____ Date: _____

Phone Number: _____

DEADLINE TO OPT OUT IS DECEMBER 1, 2008

