Basic Crafts Workers' Compensation Benefits Trust Fund

265 Hegenberger Road, Suite 240
Oakland, CA 94621-1480
Telephone: (510) 568-5920

Re: Northern California District Council of Laborers
Northern California Carpenters Regional Council
Operating Engineers Local Union No. 3

Workers' Compensation Coverage

Dear Individual Employer:

Enclosed with this letter is an original signature page which when signed by you begins your participation in the Basic Crafts Workers' Compensation Benefits Trust Fund and bind you to the addendum to the Collective Bargaining Agreement with the Union that will cover your employees with this special workers' compensation program. This packet provides information that your employees who have also received and will use if they suffer a job-related injury while employed by you.

In brief, if one of your covered employees claims a work-related injury from working for you, this program means the following:

1. They must notify you as the employer and select a provider for medical treatment from the Exclusive List of Medical Providers;

2. If a dispute arises, it must be resolved within the dispute resolution process in the Basic Crafts Workers' Compensation Benefits Trust Fund Addendum;

3. A labor-management Trust has hired a skilled Ombudsman to aid and counsel the injured employee regarding claims, complaints and inquiries. This will help prevent or limit disputes.

The enclosed "Overviews" provide the basics of the program. The Basic Crafts Workers' Compensation Benefits Trust Fund Addendum provides more detailed information.

Please sign the signature page enclosed for the addendum by checking the box by the crafts to which you are signatory and signing on the signature line appearing with each of those crafts. Please make sure that you have signed for each of the crafts to which you are signatory to a Collective Bargaining Agreement.

Finally, when returning this form to the Basic Crafts Workers' Compensation Benefits Trust Fund at the address indicated above, please also enclose with your document a copy of your current Collective Bargaining Agreement with all crafts to which you are signatory or a copy of the Power of Attorney to any association signatory to a Master Collective Bargaining Agreement with any of the crafts indicated above.

If you or your staff have any questions with regard to this program, please contact the Basic Crafts Workers' Compensation Benefits Trust Fund Marketing Director Mason Gunn at 916-224-1538 or email: mgunn@ncbcg.org

SIGNATURE PAGE FOR THE UNION:

By: _____

Signature of Authorized Union Representative

_____ _____

Union Name Date Signed:

FOR THE INDIVIDUAL EMPLOYER:

_____

Contractor or Firm Name
(Print exactly as listed with State License Board)

Street Address _____

_____

City State Zip Code

Contractor's License Number _____

By signing and checking the box(s) below Individual Employer agrees that this Addendum applies to its Collective Bargaining Agreements with the following Unions covering the 46 Northern California Counties:

☐ NORTHERN CALIFORNIA DISTRICT COUNCIL OF LABORERS

Signature _____

☐ NORTHERN CALIFORNIA CARPENTERS REGIONAL COUNCIL

Signature _____

☐ OPERA TING ENGINEERS LOCAL UNION NO. 3

Signature _____

_____ _____

Print Name and Title of Person Signing This Addendum Date Signed

Date Insurance Coverage Starts: _____

SIGNATURE PAGE
FOR THE UNION:

By:_____
Signature of Authorized Union Representative

_____
Union Name

Date Signed:_____

FOR THE INDIVIDUAL EMPLOYER:

_____
Contractor or Firm Name
(Print exactly as listed with State License Board)

Street Address:_____

_____
City State Zip Code

Contractor's License Number_____

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☐ NORTHERN CALIFORNIA DISTRICT COUNCIL OF LABORERS

_____
Signature

☐ NORTHERN CALIFORNIA CARPENTERS REGIONAL COUNCIL

_____
Signature

☐ OPERATING ENGINEERS LOCAL UNION NO. 3

_____
Signature

_____
Print Name and Title of Person Signing This Addendum

Date Signed:_____

Date Insurance Coverage Starts:_____