

Healthcare Benefits During Strikes

- In strike situations where an employer cuts off healthcare benefits, CWA will pay for necessary medical/hospital expenses. In some extreme cases the Fund Director may authorize payment of healthcare premiums (COBRA) on behalf of strikers and their dependents. The CWA Members' Relief Fund will only pay COBRA premiums for healthcare. CWA self-insures for other medical needs such as "necessary" dental and vision care. The Members' Relief Fund does not pay life insurance premiums.
- The term "necessary" does not include any treatment not normally covered under the employer's health plan, nor does it include any care such as elective Procedures or dental visits that can be postponed until the end of the strike.
- Whenever an employer stops healthcare coverage during a strike and the Local's Community Services Committee decides that it is prudent to pay COBRA on behalf of the striker, then the COBRA form and necessary justification (doctor's prognosis, Medical bills etc...) must be attached to the disbursement voucher and available for inspection.
- Strikers must still pay healthcare premium contributions as well as any deductibles and co-pays that existed before the strike. The concept being that no one should have a better benefit during a strike than that which was in effect before the strike.
- It is the responsibility of the Local's Community Services Committee to attempt to get the healthcare provider (doctor, dentist, hospital, etc.) to accept as full payment an amount less than that which was billed. A notation of this attempt must be made in the striker's record.
- All bills submitted for payment must contain all the necessary information,(name, of patient, date of treatment and service rendered). Strikers who can obtain healthcare coverage through other sources, such as a spouse's health plan, should rely on those sources during the strike.

CWA MEMBER REQUEST FOR COBRA PAYMENT

CWA members with chronic and serious ongoing medical conditions may be eligible for union-paid COBRA benefit payments. If you think you qualify for union-paid COBRA, fill out this form and submit it to your local Member Relief Fund Coordinator.

Part I.

1. Name: _____ Local: _____
2. Home Address: _____
3. Email: _____ Cell: _____ Home phone: _____
4. Total monthly household income including strike payments: \$ _____
5. Are you currently covered by a Verizon Health Care Plan? Yes No
- 5a. If yes, what plan? _____
- 5b. If yes, who in your family is covered under the plan? _____

Part II. To help us determine if you are eligible for union-paid COBRA benefits, please provide the following medical information.

6. Is insurance available through another member of your household? Yes No
- 6a. If yes, have you requested coverage through that plan? Yes No
- 6b. If you have not requested coverage, explain why: _____
- _____
7. Have you applied for any other medical coverage (Medicaid, etc.)? Yes No
8. Medical Information
- | Name | Age | Diagnosis |
|-------|-------|-----------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

9. Prescription drugs being taken for serious condition

Condition	Medication/strength:	Monthly Cost
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. Pending appointments for treatment of serious, ongoing medical conditions

Family member/Patient name	Treatment	Cash payment
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

11. Physician(s) information

Name: _____

Contact information: _____

12. Please attach supporting documentation.

PART III. Determination

13. Reviewed by:

Name: _____ Date: _____

14. Recommendation:

Union should pay COBRA Yes No

15. Signature of reviewer: _____