REGULAR MEMBERSHIP MEETING

Thursday June 5, 2014
7:00pm at I.S. 167
220 East 76th Street
New York, NY 10021

Parking is available in schoolyard
75th Street between 2nd & 3rd Ave.

Bus. Mgr. Robert J. Troeller swears in newly
elected Vice President Jeffrey J. Bilek

AFTER SERVING FOURTEEN YEARS
AS VICE PRESIDENT OF LOCAL 891
MATTHEW J. WILE RETIRES
Dear Brothers and Sisters,

Our Annual Dinner Dance was a huge success. We had several important guests in attendance including New York State Comptroller Thomas Di Napoli, Manhattan Borough President Gale Brewer and former New York City Comptroller John Lui. John Lui is currently running for State Senate in Queens and has received the endorsement of the NYC and NYS Coalition of Operating Engineers. Former NYC Council member Domenic M. Recchia, Jr., a candidate for Congress in New York’s 11th District covering Staten Island and southern Brooklyn, also attended. The most important attendees were the nearly 600 members, families and friends who showed their support by participating and enjoying themselves. I thank all those who placed ads in our Journal and the 150 plus members who donated to the event by purchasing a ticket even though they were unable to attend.

Most of you have heard about and read certain details of the UFT’s new contract. The deal they reached is equitable and sets a pattern for us and other municipal unions to follow. That is not to say that we will get the exact same deal paid out over the same period of time. One obvious difference is our contract anniversary dates are different. Nothing is a “given” and everything is subject to our own successful negotiations. As I have stated on numerous occasions, I will not settle for anything less than the full raises and retroactive payments which I believe we are entitled. I have contacted the Mayor, met with Chancellor Fariña and spoken to the Office of Labor Relations about setting dates for negotiations as soon as possible. I will keep you apprised as things progress.

When I met with the new Chancellor, we discussed the many issues that affect the members of Local 891. I stressed the importance of bringing our contract up to date, and bringing the contracts of our workforce up to date as well. We discussed the need for a restoration of building allocation cuts and an increase in supply allocations. I expressed our opposition to privatization. The Chancellor recounted some past experiences with Custodian Engineers both good and bad. She stated that the schools seem to be in better condition and the Custodians generally are more responsive to the school administration and community then they were in the past. If she visits your school, make it a point to introduce yourself as the Custodian Engineer and a proud member of Local 891.

Vice President Matthew Wile is retiring as a Custodian Engineer. As of Friday May 2, 2014, he has resigned his position as Vice President. We all wish him the best of luck. Matt is in the process of exhausting his accumulated vacation and terminal leave and will be working for us in the meantime as a direct employee. I have appointed him as a Special Assistant to the Business Manager for the remainder of time he works for Local 891. Adhering to the rules of the Constitution of the International Union of Operating Engineers, the four remaining Chair Officers have voted unanimously to elect Jeffrey J. Bilek as the new Vice President. I have appointed Recording-Corresponding Secretary Frank Byrne to assume the release time position when vacated by Matthew Wile.
UNDERSTANDING YOUR COMPENSATION INSURANCE

In mid June, all State Insurance Fund policy holders will be receiving several important documents called “Information Pages.” Review these documents as they list the locations covered by your Insurance (addresses of your present assignments should be listed) and all rates and charges for your Insurance policy year.

Another Information page Contains The Following:
1. Period covered: This should be listed as 8/1/14 thru 7/31/15
** 2. Estimated payroll:
   - (this is your estimated employee payroll for the year listed)
   - Code 8810 clerical office employee: Dollar Amount
   - (this is your secretarial payroll, compensation rates are lower for secretaries and should be listed , if applicable.)

If you don’t receive an Information Page in June, or if any information mentioned above needs correction call The State Insurance Fund at 1-888-875-5790.

Billing
Compensation Insurance Bills will be received by July 1 and should reflect the charges from the information page. Payments are due within 30 days of the billing statement date, so please pay promptly, to avoid cancellation.

Premiums over $1,001 are automatically eligible for the 10 month payment plan, 50% down and nine monthly payments. (over 10,000: 25% down and 9 monthly payments).

Open all correspondence from The State Insurance Fund immediately, pay bills promptly as penalties for non or late payment are severe. Call The State Insurance Fund at 1-888-875-5790 or your Compensation Insurance Chairman immediately if problems or questions arise.

A BRIEF DESCRIPTION OF RATES AND CHARGES LISTED ON INFORMATION PAGES ARE AS FOLLOWS:

Manual Rates
Manual rates are the starting point to understanding your Worker’s Compensation premium. The manual rates applicable to your policy are based on the nature of your business operations. These rates are developed by actuaries at the New York Compensation Rating Board, an independent, non-governmental rating authority. All insurance carriers in New York, including The State Insurance Fund, are members of the Rating Board.

Factors that have an impact on manual rates and tend to drive them upward are: Increases in the statutory maximum weekly benefits payable to injured employees; Higher hospital and medical costs, and worsening of experience losses vs. payroll.

Experience Rating
All insured (with the exception of those with premiums under $5,000) eventually become “experience rated”.

Under the Board’s Experience Rating Plan your actual loss experience is compared against the “expected losses” for an employer in your industry and your payroll size. Based upon whether your own performance is better or worse than the expected or the norm, the rating Board assigns you a creditor debit experience modification, which is computed each year, serves to lower or raise your manual premium.

Insurance Carrier Modification of Rates
Insurance carriers may apply their own modifiers to the Board Rate premium. The State Insurance fund may use standard rates or increase or decrease them by means of a surcharge (differential) or credit (discount), respectively.

The State Insurance Fund’s modification of your rates may be based upon criteria such as:
- Your prior loss experience;
- Your prior premium payment history;
- The nature and hazard of your business;
- Adherence to safe practices in the workplace, and
- Compliance with all obligations imposed upon you by the Worker’s Compensation Law, including cooperation on claims matters and premium audits.


Assessment Charge
The assessment charge covers the cost of operating the Worker’s Compensation Board and Special Worker’s Compensation Funds such as the Reopened Case Fund, Special Disability Fund and the Special Funds Conservation Committee.

The assessment percentage is determined by the New York Compensation Insurance Rating Board and may change each time there is a general rate revision. The assessment percentage is applied against your premium.

** Note: Please review your information page, check your estimated payroll amount. If it is low have it adjusted by writing to The State Insurance Fund. Billing will follow in July, with payment due by August 1 or your policy will go into cancellation. If you have any questions call your Compensation Insurance Chairman.

Call the State Insurance Fund after August for a payroll audit. The earlier the audit the better as billing will follow and allow payment of any balance due prior to the December 31 PO#2. Please don’t Please don’t hesitate to call me at 718-455-9731 ext. 251. for any question-able items regarding your compensation insurance.

Submitted By:
John Maderich Compensation Committee Chairman
OCCIDENTAL HEALTH

Any member desiring an Asbestos Screening appointment should send an Asbestos Medical Request Form to: John Shea, 44-36 Vernon Blvd.
5th Floor, Long Island City, N.Y. 11101

Copies of the asbestos medical examination request form are available from the Local 891 web-site, your Borough Chairman and at the next Local 891 Union Meeting. Along with sending these requests forms to be approved, please FAX a copy to me at 212-587-3002. This will help the Occupational Health and Safety Committee to better serve our membership.

Submitted By:
Joanne O’Neill Occupational Health / Safety Chairwoman

ENTERTAINMENT

I would like to send a big THANK YOU to my Entertainment Committee members and to all the members who participated in making our Dinner Dance a success. Thanks again.

Submitted By:
Edward Brier, Jr. Entertainment Committee Chairman

THE FOLLOWING MEMBERS RECEIVED THEIR 25, 30, 35, 40 AND 45 YEAR INTERNATIONAL UNION OF OPERATING ENGINEERS SERVICE PINS AT THE JUNE UNION MEETING.

45 – 1969
THOMAS BURKE

40 – 1974
WILLIAM CARROLL
SALIH CHIOKE
SALVATORE DECARO
GERARD ESTELLE
PAUL FEDERICO
MARTIN FOGARTY
FRANK FRANCHI
DANA HAMILTON
TIMOTHY MASERONI
VINCENT MOLLICA
CHARLES O’DONNELL
MICHAEL PELUSO
MICHAEL SCHAEFFER

35 – 1979
HENRY BALTERA
JAMES CARBONARO
PATRICK CHIRICOLLA
JAMES CUNNINGHAM
RICHARD LETO
PETER MADDALONI
ROGER McKNIGHT
ROBERT O’CONNOR

GEORGE PANTELIDES
MICHAEL PAUL
PETER ROBERTIN
MICHAEL RUGGERIO
CLIFFORD THOMAS
MATTHEW WILE

30 – 1984
ROBERT CAPPELLO
THOMAS CARBERRY
DAVID CARRIGAN
SALVATORE D’AGOSTINO
SEAN DEAHL
ERIC DORESTE
KEVIN GALLAGHER
JOHN KELLY
DENNIS McCAFFREY
DENNIS MISKIMMON
NING NG
EDWARD SYVARTH
JOHN YELVERTON

25 – 1989
GEORGE ANDROSIGLIO
EDWARD BADILLO
FRANCIS BYRNE
ELIO CANTO
JOSE CASADO
RICARDO CORDERO
JAMES DENNING
WILLIAM FARRELL
EUGENE Fiumara
ERNEST FUCHS
ANTHONY GIGANTELLI
VINCENT GILMORE
ROBERT GRECO
MICHAEL KELLY
KEVIN LAFAYE
ANTHONY LAVERA
DENNIS MORTENSON
CHRISTOPHER MULLARKEY
AUSTIN O’HARA
PATRICK O’HARA
EDWIN RESSEGUE
WILLIAM RICE
FRANK RUGGERIO
KEITH RUSSELL
SALVATORE J. SCALICE
NICHOLAS SCHIAVO
CARMINE SOMMA

CALL YOUR UNION FIRST
THE FOLLOWING MEMBERS RECEIVED THEIR 25, 30, 35, 40 AND 45 YEAR INTERNATIONAL RETIRING
Custodian Engineers are reminded that they should contact their Union prior to retirement. Information regarding benefits and insurance policies are discussed. Answers to your questions at this time may save you a lot of work later during retirement.

ADDRESS CHANGES
Please send any change of address information as soon as you have it to IUOE Local 891 to:

Frank Byrne
Recording-Corres. Secretary
220 Henry Street, New York, N.Y. 10002
Phone: (718) 455-9731 Ext. 254

IN MEMORIAM
It is with deep regret we announce the passing of the following Brother.

ARTHUR HANSEN
Retired Custodian Engineer Level II (K044)
Condolences may be sent to
Kenneth Hansen
PO BOX 122
Millinocket, ME 04462

Our Blood Drive was held in Long Island and at the Brooklyn Navy Yard. Thank you to all who participated.

Pictured are: Top Row: (Far Left) CE Albert Negron; Evan Manca, Blood Bank Committee Chairman; Far Right (left to right) CEs Jose Pego; Armando Chavarría and Herminio Negron; Middle Row: CEs Edward Perez and Gerard Burns; Bottom Row: Rocco Marano, Brooklyn Boro Chairman and James Rafferty, Bronx Boro Chairman.

BLOOD BANK
LOCAL 891 BLOOD BANK MAY 23, 2014 AT THE LOCAL 891 UNION HALL

Our Blood Drive was held in Long Island and at the Brooklyn Navy Yard. Thank you to all who participated.

Pictured are: Top Row: (Far Left) CE Albert Negron; Evan Manca, Blood Bank Committee Chairman; Far Right (left to right) CEs Jose Pego; Armando Chavarría and Herminio Negron; Middle Row: CEs Edward Perez and Gerard Burns; Bottom Row: Rocco Marano, Brooklyn Boro Chairman and James Rafferty, Bronx Boro Chairman.
CITY OF NEW YORK
HEALTH BENEFITS PROGRAM
FREQUENTLY ASKED QUESTIONS FOR RETIREES

UPON YOUR RETIREMENT YOU WILL BE ENROLLED FOR HEALTH BENEFITS ON THE FIRST DAY OF YOUR RETIREMENT PROVIDED YOUR APPLICATION HAS BEEN PROCESSED BY THE HEALTH BENEFITS PROGRAM PRIOR TO THE DATE OF RETIREMENT (AT LEAST 3 WEEKS BEFORE YOUR RETIREMENT DATE). Make sure that you read the information below to ensure there is no break in your health plan coverage.

PRE-RETIREMENT PROCESS

1. What are the qualifications for eligibility for health benefits at retirement?
   a. You have, at the time of retirement, at least ten (10) years of credited service as a member of a retirement or pension system maintained by the City (if you were an employee of the City on or before December 27, 2001, then at the time of your retirement you must have at least five (5) years of credited service as a member of a retirement or pension system maintained by the City). This requirement does not apply if you retire because of accidental disability; and
   b. You have been employed by the City immediately prior to retirement as a member of such system, and have worked regularly for at least 20 hours per week; and
   c. You receive a pension check from a retirement system maintained by the City.

   EXCEPTIONS: Members of pension systems not maintained by the City may be eligible for health coverage pursuant to legislation or a collective bargaining agreement specifying such coverage.

2. How do I Enroll for Health Benefits upon Retirement?

   After receiving written verification of your retirement date from your pension system, or your agency benefit representative, you must obtain a Health Benefits Application (can be downloaded from the OLR website) or from your agency’s benefits office. This application is to be completed in its entirety by you AND certified by your agency’s health benefits officer. The application can then be forwarded to the Health Benefits Program located at 40 Rector Street, 3rd Floor, NY, NY 10006, by either your agency or yourself for processing (please allow 2-3 weeks for processing). Incomplete or uncertified applications will be returned to you unprocessed. Your health coverage as a retiree will be effective your date of retirement. If your Health Benefits Application is not submitted to the Retiree Health Benefits Program within 31 days of your date of retirement, this constitutes a late enrollment, except in the case of a disability retirement. As such, your effective date of health coverage as a retiree will be the first day of the month following the submission of your application.

   Special Note: If at any time after you submit a Health Benefits Program application, you either rescind your retirement, or change your date of retirement, you must contact your agency and ask the health benefits representative to notify the Health Benefits Program office about the change. Failure to do so can delay your enrollment as a retiree, or reinstatement of your coverage as an active City employee.

3. What if I choose not to take health benefits as a retiree?

   If you wish to waive your health coverage at the time of your retirement, you MUST complete a Health Benefits Program application and check “Waive Benefits” at the top of the application. If after your retirement you wish to obtain health coverage through the City, to apply, you must complete another application. The effective date of your coverage will be the first day of the month following a 90-day waiting period (this waiting period is waived if you are applying for coverage as a result of losing other coverage).

4. How do I enroll for health coverage at retirement if I and/or my spouse is eligible for Medicare?

   Prior to your date of retirement, if you and/or any of your dependents are eligible for Medicare, you must contact the Social Security Administration and file for Medicare benefits. If you are enrolled in an HMO at retirement and wish to remain in the same health plan, the Medicare-eligible person must obtain a special enrollment application directly from the health plan. The special application must be submitted directly to the health plan prior to your date of retirement. A copy of the special enrollment application must accompany your Health Benefits Program application along with a copy of your Medicare card or Medicare Award Letter. If you enroll in a Medicare Supplemental Plan, a copy of your Medicare card or Medicare Award Letter must accompany your Health Benefits Program application. Failure to submit the necessary documentation and applications could delay the effective date of your coverage as a retiree. Special Note: If you are eligible for Medicare at the time of your retirement, you may transfer your health plan. Also, pleased be advised that not all health plans accept Medicare enrollments and some Medicare HMOs may not be available in your area. Please call your health plan directly for further information. You can also refer to the Summary Program Description on our website for more information.

VARIABLE RATE

The Pension Committee reports that the Variable Unit value is 87.942 for the month of May 2014
**PRE-RETIREMENT PROCESS**

1. **How will I pay for my cost of health benefits, such as the Optional Rider or Basic Health Coverage, if applicable?**

Premiums for the Optional Rider and Basic Health coverage, if applicable, are deducted directly from your pension check. After retirement, It may take considerable time before health plan deductions are taken from a retiree’s pension check. Health coverage is continuous throughout the period in which there are no deductions as long as you are eligible to receive a pension from a City approved pension system. When deductions do begin, retroactive deductions are made to pay for coverage during the period from retirement to the time of the first deduction. Subsequent pension checks will contain the normal monthly cost for your health coverage as well as a portion of the retroactive amount owed. Retroactive premium payments will be deducted at a rate of $35 a month in addition to the regular per month deduction until the balance of the premiums owed is paid up.

2. **What do I do if I am having incorrect health plan premiums deducted from my pension check?**

First, check the website to compare your deductions with the rate chart. Rates are subject to change and notices are sent to retirees about these changes.

If you are having incorrect deductions taken from your pension check for health coverage, you **must** notify the Health Benefits Program in writing within 31 days of the discrepancy. Corrections will be made as quickly as possible after notification. Incorrect deductions will be refunded to you directly from the health plan. You may be asked to submit photocopies of pension check stubs (or quarterly statements for those with direct deposit) as proof of incorrect deductions. It is advised that you retain ALL pension check stubs and/or quarterly statements for your records.

**Special Note:** Medicare-eligible retirees enrolled in Medicare HMO Plans will receive enhanced prescription drug coverage from the Medicare HMO if their union welfare fund does not provide prescription drug coverage, or does not provide coverage deemed to be equivalent, as determined by the Health Benefits Program, to the HMO enhanced prescription drug coverage. The cost of this coverage will be deducted from the retiree’s pension check. **Eligibility for the enhanced prescription drug coverage is determined automatically and cannot be elected or dropped by the retiree.**

3. **When Do Premiums Change for Health Benefits?**

There are usually two times when premiums change for retiree health benefits: January and July. Medicare HMOs are governed by Federal laws that require that they implement new premiums January 1 (which is reflected in your July 31 pension check). All other plans premiums change July 1 (which is reflected in your July 31 pension check).

4. **How do I add/drop dependents from my health plan?**

To add or drop dependents you must contact the Health Benefits Program. Changes in coverage do not happen automatically. You must obtain a Health Benefits Program application (can be downloaded from the OLR website) and submit the form within 31 days of the event necessitating the change in coverage. In the event of the death of a dependent, you must submit a copy of the Death Certificate. In the event of a divorce, you must submit a copy of the page(s) of your divorce decree that notes the effective date of the divorce. Coverage for dependent children terminates at age 19, unless they remain full-time students. Full-time students can remain on your coverage until the end of the year of their 23rd birthday, or graduation, which ever occurs first. If your dependent is not a full-time student at the age of 19, you must submit a Health Benefits Program application to drop him/her from your coverage.

**Special Note:** The effective date of termination is the date of death and the date of divorce.

5. **When can I change health plans?**

Retiree transfer periods occur every even numbered year. However, the Health Benefits Program may implement a special transfer period if significant changes occur in a health plan. In such cases, the Health Benefits Program will notify you in writing. Listed below are qualifying events that allow you to transfer plans without having to wait for a transfer period:

- You move into, or out of, a health plan service area
- Your health plan is no longer servicing your area
- You or your dependent become Medicare-eligible and your health plan will not cover the Medicare-eligible person(s)
- At retirement, provided you are Medicare-eligible OR
- You may use your “Once in A Lifetime” option (you must be retired one year to use this option) at any time to change your health plan.

**Special Notes:** If you are transferring out of a Medicare HMO voluntarily, you must disenroll from your health plan in writing, directly to your health plan (or complete a disenrollment application at your local Social Security Administration office). If both you and your dependent are enrolled in a Medicare HMO, separate disenrollment letters are required. If you transfer into a Medicare HMO, separate applications are required and are only available from the health plan. When enrolling in a Medicare HMO, you must identify yourself as a City of New York retiree.

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**PRINCIPAL RATING**

Members are reminded they only have 30 days to grieve a Principal’s Rating. Any member wishing to grieve a rating should contact their Borough Chairman. Please contact your Union immediately upon receiving a Principal’s Rating you wish to grieve.
6. What happens to my dependents health benefits upon my death?

Health benefits for dependents of retirees are only available under special circumstances such as the death of certain retirees who die as a result of a line of duty injury. (Contact the pension system to see if you qualify. Otherwise, dependents are eligible for COBRA (see next question). Contact the Health Benefits Program for a COBRA package.

7. What happens when my dependent(s) become ineligible for coverage?

The Federal Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) requires that the City offer employees, retirees and their families the opportunity to continue group health and/or welfare fund coverage in certain instances where the coverage would otherwise terminate. The monthly premium will be 102% of the group rate. All group health benefits, including Optional Riders, are available. The maximum period of coverage for dependents of retirees is 36 months. Under the law, the retiree or family member has the responsibility of notifying the Health Benefits Program and the applicable welfare fund within 60 days of the death, divorce, domestic partnership termination, or of a child’s losing dependent status. COBRA packages containing detailed information and an application can be obtained from the Health Benefits Program. Once completed, COBRA applications must be submitted directly to your health plan.

8. What do I do when I and/or my dependent, becomes eligible for Medicare?

When you or one of your dependents becomes eligible for Medicare at age 65 (and thereafter) or through special provisions of the Social Security Act for the Disabled, your first level of health benefits is provided by Medicare. The Health Benefits Program provides a second level of benefits intended to fill certain gaps in Medicare coverage. In order to maintain maximum health benefits, it is essential that you join Medicare Part A (Hospital Insurance) and Part B (Medical Insurance) at your local Social security office AS SOON AS YOU BECOME ELIGIBLE. If you do not join Medicare, you will lose whatever benefits Medicare would have provided. The City’s Health Benefits Program supplements Medicare but does not duplicate benefits available under Medicare. Medicare-eligibles must be enrolled in Medicare Parts A and B in order to be covered by a Medicare HMO plan. In order to remain in an HMO, you must complete a special enrollment application with your health plan.

9. What if my Health Plan does not cover persons eligible for Medicare?

You must transfer to another health plan at retirement or prior to becoming Medicare-eligible after retirement.

10. What is the Medicare Part B Reimbursement Program and how do I enroll?

The City will reimburse retirees and their eligible dependents for the monthly premium for Medicare Part B, as well as dependents enrolled on Medicare disability. You must notify the Health Benefits Program, in writing, including submitting a copy of your Medicare card showing the Medicare Part A and Part B effective dates immediately upon receipt of your or your dependent’s Medicare card. Once the Health Benefits Program is notified, our database is updated and you are automatically enrolled in the Medicare Part B reimbursement program. Special Note: The Medicare Part B reimbursement is issued each August for the prior calendar year (January through December). You will only receive the reimbursement for the period of time that you were enrolled on Medicare Part B and covered by a City of New York health plan as a retiree. Retirees who reside outside of the United States are NOT eligible for the Medicare Part B reimbursement since Medicare is not your primary insurer.

11. Who Should I Notify if I change My Address?

• The City of New York Health Benefits Program (must be in writing)
• Your Health Plan
• Your Union welfare fund
• Your pension system

12. When should I contact the Health Benefits Program?

• For questions regarding deductions for health benefits taken from your pension check
• To obtain an application to make a change to your coverage such as adding/dropping dependents, adding/dropping the optional rider, waiving health coverage and to change plans (excluding Medicare HMOs which require a special application from the plan)
• To obtain information and an application for COBRA benefits
• To change your address (you must also notify your health plan, union welfare fund and pension system)
• To notify the program of your and/or your eligible dependent’s enrollment on Medicare
• For questions regarding Medicare Part B reimbursements
• If your health coverage has been terminated by your health plan (call your plan first)
• If a dependent has been terminated by your health plan (call your plan first)

13. When should I contact my Health Plan?

• If you have ANY questions regarding covered services
• For claim allowances (How much will my plan pay towards a claim?)
• For information about the status of pending claims or claims disputes
• If your health coverage has been terminated by your health plan
• If a dependent has been terminated by your health plan
• For health plan service areas
• For a list of participating providers
• To obtain a special application to enroll in a Medicare HMO

13. When should I contact my Union/Welfare Fund?

If your welfare fund provides any of the following benefits:

• Prescription drug coverage
• Eyeglass coverage
• Dental benefits
• Life insurance
• Survivor benefits
• COBRA benefits

Submitted By:
Andrew Samberg
Hospitalization Committee Chairman
A college education generally leads to greater employment and earnings potential. However, it comes with a price. In 2012, approximately 70% of college students graduated with student loan debt that, nationally, averaged nearly $30,000.00 per student. There was between $900 billion and $1 trillion in outstanding student loan debt in 2012.

Although they generally have lower loan limits, federal student loans which account for almost 80% of all loan debt offer a number of advantages over private student loans. Federal Student Loans offer:

- Fixed interest rates generally ranging from 3.4% to 7.9%;
- Repayment is deferred and interest does not start to accrue until after graduation;
- Interest can often be deducted for income tax purposes;
- Consolidation of multiple loans to afford the borrower a single payment; and
- There are no pre-payment penalties.

There are a number of programs aimed to assist you in repaying your Federal student loan debt including:

- Deferment (interest does not accrue) and forbearance (interest continues to accrue) programs for financial hardship, illness and other criteria;
- Loan forgiveness for teachers and public service employees; and
- Income Based Repayment (15% of discretionary income) and Pay as You Earn (10% of discretionary income) programs based upon financial hardship.

Understanding student loans is a daunting task. Under the Welfare Fund’s Legal Plan a covered member may schedule an appointment with an attorney to discuss available legal measures if confronted with a student loan collection issue.

GRIEVANCES LOCAL 94/32BJ

Last month I had listed steps you should take while counseling an employee on what is expected of them. The next Step in the Progressive Discipline process is to give a verbal warning. A verbal warning is when performance or misconduct problems continue after counseling and assistance (for example more training) have taken place.

Although this step is explaining verbal warnings-these warnings should be set forth in a written document that clearly designates the document as a Verbal Warning.

For example: This memorandum confirms our meeting of April 9, 2014 during which you received a Verbal Warning for ____________________.

This creates a written record that may ultimately support your case if further discipline is required. It becomes a more formalized discipline to notify the employee that the issue is serious and that he/she must improve their performance or stop the misconduct.

When formulating the memorandum-present a clear and concise statement of the problem and/or the rule violated. You may even want to attach a photocopy of the rule or regulation at issue (for example: part of their work schedule). Refer to the details of the incident that prompted the warning

- Who/What/Where/when
- Reference the prior counseling session—date, reiterate what was told to the employee at that time
- Repeat previous expectations-tell them again what you expect, what behavior is unacceptable

Make sure you deliver a copy of any memorandum to the employee personally-do not leave any disciplinary documents on their time cards.

Submitted By: Frank Byrne Grievance Committee
Chairman Local 32BJ/94
### PAYROLL/PERMIT COMMITTEE

#### REDUCED RATE EMPLOYEES

Local 32 BJ employees who have a break in service lasting more than six months will be classified as reduced rate employees and subject to a lower rate of pay.

#### HELPERS’ TAX WITHHOLDING

CE’s should check employee’s withholding taxes as listed on the building payroll. Employee taxes withheld should match taxes listed on the PO1. If these taxes are estimated taxes this would indicate that the PO1 was not received by Custodial Payroll.

### SUMMER VACATION ACTIVITIES

For use of buildings for summer vacation (during the months of July and August) from 9:00 AM to 5:00 PM daily except Saturdays, Sundays and holidays there shall be a payment ($4722) equivalent to the space fees charged for 15 classrooms, for required cleaning services each day the building is utilized. No deductions shall be made for a lesser use of space. For space used in excess of 15 classrooms, the evening space rates shall apply. The cleaners' rate is paid exclusively from June to September.

### CONTRACTORS’ FEE

Contractors working in the building in the summer between the hours of 8 AM to 5 PM are not required to pay a fee. However a building permit is still required. All work done in the building before 8AM and after 5PM, on weekends and holidays requires a fee paid permit.

### WC ADJUSTMENT MONEY

Workers’ Compensation adjustment reimbursement for the 2nd quarter ending June 2014 should be received in the July 31, 2014 paycheck.

### DAR 2014

1ST quarter DAR for 2014 for the period ending March 27, 2014 can be expected by mid June.

### PO2 ENTRIES

Section E on the PO2 will only accept home telephone and transportation expenses. All other cash expenses under $50.00 (gasoline, stamps etc.) must be entered in the section listed below as “ Petty Cash”.

### FISCAL YEAR

The DOE’s fiscal year ends on June 30, 2014 and begins on July 1, 2014. Therefore building permits and space sheets should not cross fiscal years.

### OUTSIDE GROUPS

Outside applicants who don’t have an “Approved and Paid Permit” should be barred from entering the building until such time that the permit is paid.

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**Welfare & Annuity Funds**

Kevin J. Gallagher, Chairman of Trustees  
63 Flushing Ave. • Unit 358 • Brooklyn, NY 11205  
Ph: (718) 455-9731 Ext. 301 • Fax: (718) 488-7122  
welfarefund@local891.com

**Dental Forms**  
(718) 822-2098

**Legal Services**  
(718) 895-7160

**Daniel H. Cook Associates**

welfare forms • eye care vouchers • claims information  
253 W. 35th St., 12th Floor • New York, N.Y. 10001  
(212) 505-5050 ext. 229