

**BUFFALO LABORERS' WELFARE FUND (the "Fund")  
APPLICATION FOR PAID SICK LEAVE BENEFITS**

**Return completed form to:** Buffalo Laborers' Welfare Fund, 25 Tyrol Drive, Suite 200, Cheektowaga, NY 14227

**Important Note on Timing:** *Your completed application must be received by the Fund Office within 60 days after the absence for which you are seeking benefits. If it is not received by that date, your claim will be denied as untimely.*

**PARTICIPANT INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Number of full and/or half sick days requested: \_\_\_\_\_

Date(s) absent from work (for each date, indicate whether a full or half sick day is being applied for):

\_\_\_\_\_  
\_\_\_\_\_

**PARTICIPANT CERTIFICATION**

I certify that I was unable to work for \_\_\_\_\_ (*insert name of Contributing Employer*) on all or a portion of dates indicated above because of one of the covered reasons detailed in the Fund's Summary Plan Description (and summarized on the following page). Under penalties of perjury, I certify that the information contained in this form is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Penalty for Fraudulent or Incorrect Information**

*If you make a false statement, or furnish fraudulent or incorrect information (including, for example, submitting false information in order to receive paid sick leave benefits), the Fund may impose penalties, including the denial, suspension, discontinuance or reduction in your Fund benefits.*

*If the Fund pays sick leave benefits that are in excess of what you are entitled to due to error (including for example, a clerical error), fraud, or for any other reason, the Fund reserves the right to recover such overpayment through whatever means are necessary, including, without limitation, deduction of the excess amounts from future claims and/or legal action. See the SPD for further information.*

**BUFFALO LABORERS' WELFARE FUND**  
**IMPORTANT INFORMATION REGARDING PAID SICK LEAVE**

***Use of Sick Leave***

Participants are eligible to take accrued paid sick leave if unable to work for a Contributing Employer for the following reasons:

- (i) for a mental or physical illness, injury, or health condition of the Participant or the Participant's family member, regardless of whether such illness, injury, or health condition has been diagnosed or requires medical care at the time that the Participant requests such leave;
- (ii) for the diagnosis, care, or treatment of a mental or physical illness, injury or health condition of, or need for medical diagnosis of, or preventive care for, the Participant or the Participant's family member; or
- (iii) for covered purposes where the Participant or the Participant's covered family member is a victim of domestic violence, a family offense, sexual offense, stalking or human trafficking ("safe time").

For purposes of this benefit, covered family members include a Participant's child, spouse, domestic partner, parent, the child or parent of a Participant's spouse or domestic partner, sibling (including adopted, half- or step-sibling), grandparent and grandchild.

Reasons for safe time may include: (i) to obtain services from a domestic violence shelter, rape crisis center, or other shelter or services program; (ii) to participate in safety planning, temporarily or permanently relocate, or take other actions to increase the safety of the Participant or Participant's family members; (iii) to meet with an attorney or other social service provider to obtain information and advice on, and prepare for or participate in any criminal or civil proceeding; (iv) to file a complaint or domestic incident report with law enforcement or meet with a district attorney's office; (v) to enroll a child in a new school; or (vi) to take any other actions necessary to ensure the health or safety of the Participant or the Participant's family member or to protect those who associate or work with the Participant.

***Amount of the Sick Leave Benefit***

The amount of the Fund's sick leave benefit is \$275 per day (\$137.50 in the case of a half day), less applicable tax withholding. If you apply for benefits for more than one sick day, you will receive one check for all sick days applied for.

Sick leave must be used in increments of 4 hours (i.e., a half day) or 8 hours (i.e., a full day). Participants' can earn and receive payment for up to a maximum of 5 sick days during each calendar year. Unused sick days will be carried over for use in the following calendar year (subject to the 5 day maximum).

As a reminder, Eligible participants accrue 1 day of paid sick leave for every 240 hours worked for Contributing Employers in Covered Employment on or after July 1, 2021.

\* \* \*

*This notice is intended to provide you with a brief summary of the Fund's paid sick leave benefit. To be as concise as possible, we have had to omit certain details and legal language that fully describe the Fund's rules regarding paid sick leave benefits. These rules are detailed in full in the Fund's summary plan description ("SPD") that was previously provided to you, in particular, please refer to the Summary of Material Modifications effective July 1, 2021. If you need another copy of the SPD, or if you have any questions, please contact the Fund Office.*