

**Michigan Conference of Teamsters Welfare Fund**  
**REQUIREMENTS FOR NEWLY PARTICIPATING GROUPS**

**Before consideration of MCTWF participation and before the Employer's effective date, the Local Union or Employer is required to provide the Fund with the following –**

- COMPLETED AND SIGNED PARTICIPATION AGREEMENT (must be a minimum three years) with signatures from the Local Union and the Employer.
- COPY OF THE COLLECTIVE BARGAINING AGREEMENT (CBA) signed by the Local Union and the Employer. If the Local Union is unable to provide a copy of the completed CBA, a letter to the Fund from the Local Union is required. The letter must include the following:
  - Name of the Employer, the effective and expiration date of the CBA.
  - Statement that once the contract is completed, a copy will be forwarded to the Fund.
  - The workmen's compensation and illness obligation, layoff recall rights, new hire probation period and the post-probation contribution requirement, as stated in the CBA.
  - Confirmation that the following requirements are stated in the Health & Welfare provision of the CBA:
    - Will contribute on behalf of a participant whose absence from the job is due to an off-the-job injury/illness for the *lesser of* (1) 4 weeks following the week in which the injury/illness occurred, *or* (2) the duration of the off-the-job injury/illness related absence;
    - Will contribute on behalf of a participant whose absence from the job is due to an on-the-job injury/illness (i.e. eligible for workers' comp) for the *lesser of* (1) 26 weeks following the week in which the injury/illness occurred, *or* (2) the duration of the on-the-job injury/illness-related absence;
    - Will contribute for each week on behalf of a participant who worked or is compensated for any portion of the contribution week;
    - Will contribute on behalf of a participant whose absence from the job is due to military duty for the *first* 4 weeks following the week in which military duty commenced; and
    - Other than those Employees who have received written approval from the Fund to opt out of Fund participation, the entire bargaining unit group must participate in its designated plan of benefits. The same is true of any non-bargaining unit group.
- COMPLETE LISTING OF EMPLOYEES with social security numbers, addresses, dates of birth and employment status (i.e., active, layoff, illness, workers' compensation, probation, personal leave). If contributions are not being made on all listed employees, those individuals must be identified along with the reason for non-payment.

**The employee is required to timely submit to the Fund the following –**

- COMPLETED ENROLLMENT CARD, signed and dated.
- ADDITIONAL DOCUMENTS, when requested by the Fund office in writing, to enroll eligible dependents (e.g. marriage certificates, divorce papers, adoption papers, full time student verification papers, etc.)