

OUR MISSION

To better the lives of each and every member by being the strongest, most powerful voice in the industries we represent.

ONE UNION

Our strength is forged through unity by every member within our union working together, regardless of our individual trades, throughout North America. We stand united as one, transcending individual differences and creating collective power.

ONE FAMILY

We stand together as one. We support, care for, and respect each other in our union halls, on and off the job, each and every day. We leave no members behind.

ONE FIGHT

We fight together for stronger contracts – that means safer job sites, industry leading pay, and democracy at work. When we win stronger collective bargaining agreements for IUPAT members we win higher standards of living for every worker in our crafts.

DISTRICT COUNCIL #4
INTERNATIONAL UNION OF PAINTERS AND ALLIED TRADES

General Things to Know:

- **The cost of becoming a journeyperson member is $100 (Application Processing Fee) plus any over-the-counter dues if your local is collecting any upfront dues.**
    - **This cost is payable to your local union within 45 days of filling out an application. Make Checks payable to your local union.**
- **Stay current on your dues to avoid a suspension fee of $50. If you receive notice that your dues are behind, please get caught up as soon as possible.**
    - **Dues can be paid in person, over the phone or online at: https://www.dc4.org/union-dues/**
- **Please call your local Business Rep if you are laid off, so that they can get you back to work as soon as possible.**
    - **Out of Work List (online) https://www.dc4.org/out-of-work-list/**
- **Attend as many upgrading classes as possible and participate in the STAR program. Call the Training Department or check on www.dc4.org for more info on upcoming classes.**
- **Most information can be found within your respective Collective Bargaining Agreement. If you have any questions, reach out to your business representative.**
    - **Collective Bargaining Agreements can be found at: https://www.dc4.org/collective-bargaining-agreements/**
    - **IUPAT Constitution: https://www.iupat.org/wp-content/uploads/2025/08/IUPAT-Constitution-2025_English.pdf**
    - **District Council 4 Bylaws: https://www.dc4.org/wp-content/uploads/DC4-2025-Bylaws-12.11.2025-GEB-Approved-w-Stamp.pdf**

DC4 Local Meeting Nights and Dues Schedule

LOCAL	MEETING LOCATION	MONTHLY MEETING NIGHT	DUES			REGIONAL BUSINESS REPRESENTATIVE
			REGULAR	APPRENTICE	INDUSTRIAL	
Local #11	701 State Street Ithaca, NY	2nd Tuesday @ 5:00pm				Dan Jackson
Local #31	615 West Genesee Street Syracuse, NY	1st Monday @ 5:00pm	$40.00	$40.00		Jaimee Bechard
Local #38	216 Cayuga Street Fulton, NY	4th Tuesday @ 6:00pm	$42.00	$42.00	$38.00	Jaimee Bechard
Local #43	585 Aero Drive Cheektowaga, NY	2nd Thursday @ 6:00pm	$39.00	$36.00	$36.00	Wes Schlossin
Local #112	585 Aero Drive Cheektowaga, NY	2nd Monday @ 6:00pm	$40.00	$37.00	$26.00	Wes Schlossin
Local #150	244 Paul Road Rochester, NY	2nd Wednesday @ 4:30pm	$39.00	$39.00	$39.00	David Chaffee
Local #178	701 State Street Ithaca, NY	1st Tuesday @ 5:00pm	$40.00	$40.00	$40.00	Dan Jackson
Local #660	585 Aero Drive Cheektowaga, NY	3rd Wednesday @ 5:30pm	$37.00	$37.00	$28.00	Brian Lipczynski
Local #677	6605 Pittsford Palmyra Road Fairport, NY	1st Monday @ 5:00pm Zoom Option- Syr/Bing	$39.00	$39.00	$39.00	Josh Aten
Local #1203	585 Aero Drive Cheektowaga, NY	Quarterly 2nd Friday @ 12:00am				Wes Schlossin

District Council #4

Michael Hogan

Business Manager Secretary Treasurer

Departments				
Servicing	**Organizing**	**Office Staff**	**Training**	**Trust Funds**
Director	**Director**	**Fin. Secretary**	**Director**	**Manager**
Wes Schlossin #43/112	Guy Falsetti	Heather Lewandowski	Rachel Van Alstine	Sue Bernat
Business Reps	**Organizers**	**Admin**	**Coordinators**	**Benefits Admins**
Brian Lipczynski #660	Joe Guza	Judy Salansky	Bob Brueckman (WNY)	Velitchka Kireva
Josh Aten #677	Jesus Rivera	**Dues Admin**	Donald Meyers	Wendy Styn
David Chaffee #150		Shannon Albano	**Staff**	Victoria Antonicelli
Jaimee Bechard #31/#38			Hillary Sansone	Nancy Haddad
Dan Jackson #11/#178			Yamilette Ramos-Carrasquillo	

District Council 4 Contact Info

WWW.DC4.ORG

Headquarters
716-565-0303
jsalansky@dc4.org

Trust Funds Office
716-565-0234
wstyn@dc4.org

Apprenticeship/Training
716-565-0112
hsansone@dc4.org

SERVICE REPRESENTATIVES

Wesley Schlossin
Director of Service
Buffalo Painter/Taper Rep
716-989-1684
wschlossin@dc4.org

David Chaffee
Rochester
Painter Taper Rep
585-413-8699
dchaffee@dc4.org

Jaimee Bechard
Oswego/Syracuse/Watertown
Painter/Taper Rep
315-237-7201
jbechard@dc4.org

Brian Lipczynski
Buffalo
Glazier Rep
716-429-7489
blipczynski@dc4.org

Josh Aten
Rochester/Syracuse
Binghamton Glazier Rep
717-254-3670
jaten@dc4.org

Dan Jackson
Ithaca/Elmira/Binghamton
Painter/Taper Rep
315-744-5280
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ORGANIZING

Guy Falsetti
Director of Organizing
716-580-2626
gfalsetti@dc4.org

Joe Guza
Organizer/Inside Counsel
716-458-5844
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Jesus Rivera
Bilingual Organizer
716-444-2618
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	PAINTERS DISTRICT COUNCIL #4 HEALTH & WELFARE FUND OPEN ENROLLMENT EFFECTIVE MARCH 1, 2026: BENEFIT SUMMARIES	
	Plan 1	**Plan 2**
IN-NETWORK DEDUCTIBLE CO-INSURANCE OUT OF POCKET MAXIMUM	$500/$1,000 90%/10% $2,500/$5,000	$2,000/$4,000 80%/20% $4,000/$8,000
OUT-OF-NETWORK DEDUCTIBLE CO-INSURANCE OUT-OF-POCKET MAXIMUM	$1,500/$3,000 70%/30% $5,000/$10,000	$3,000/$6,000 60%/40% $6,000/$12,000
PHYSICIAN COPAY SPECIALIST COPAY	$20 $30	$25 $40
HOSPITAL COPAY	$500	20% AFTER DEDUCTIBLE
OUTPATIENT SURGERY COPAY EMERGENCY ROOM URGENT CARE	$75 $150 $50	20% AFTER DEDUCTIBLE $150 $50
PRESCRIPTION DRUG	$5/$30/$50 AT RETAIL (2.5 TIMES AT MAIL)	$5/20%/20% AT RETAIL ($150 MAX/$250 MAX) (2.5 TIMES AT MAIL)
SINGLE RATE TWO-PERSON RATE FAMILY RATE	$919.56 $1,796.94 $2,343.21	$574.66 $1,122.71 $1,536.41

PAP Insurance Splits

	Plan 1	Plan 2
Single	60% HCA – 40% WRA	55% HCA – 45% WRA
2-Person	90% HCA – 10% WRA	85% HCA – 15% WRA
Family	97% HCA – 3% Admin	97% HCA – 3% Admin

No Insurance on File	Waiver on File
80% HCA – 20% WRA	20% HCA – 80% WRA

Aetna Dental Rates Starting March 2026

Single Coverage	$23.78
Family Coverage	$67.79

aetna

Painters District Council No. 4 Health & Welfare Trust Fund
Effective Date: 03-01-2021

Dental Benefits Summary

	Active PPO MAX With PPOII and Extend℠ Networks	
	Participating	Non-participating
Annual Deductible*		
Individual	$50	$50
Family	$150	$150
Preventive Services	100%	100%
Basic Services	80%	50%
Major Services	50%	50%
Annual Benefit Maximum	$2,500	$2,500
Office Visit Copay	N/A	N/A
Orthodontic Services**	50%	50%
Orthodontic Deductible	None	None
Orthodontic Lifetime Maximum	$1,000	$1,000

*The deductible applies to: Basic & Major services only
**Orthodontia is covered only for children (appliance must be placed prior to age 20).

Partial List of Services	Active PPO MAX With PPOII and Extend℠ Networks	
Preventive	Participating	Non-participating
Oral examinations (a)	100%	100%
Cleanings (a) Adult/Child	100%	100%
Fluoride (a)	100%	100%
Sealants (permanent molars only) (a)	100%	100%
Bitewing Images (a)	100%	100%
Space Maintainers	100%	100%
Basic		
Full mouth series Images (a)	80%	50%
Amalgam (silver) fillings	80%	50%
Composite fillings (anterior teeth only)	80%	50%
Uncomplicated extractions	80%	50%
Major		
Inlays	50%	50%
Onlays	50%	50%
Crowns	50%	50%
Stainless steel crowns	50%	50%
Full & partial dentures	50%	50%
Pontics	50%	50%
Scaling and root planing (a)	50%	50%
Gingivectomy (a)*	50%	50%
Root canal therapy		
Anterior teeth / Bicuspid teeth	50%	50%
Molar teeth	50%	50%
Osseous surgery (a)*	50%	50%
Incision and drainage of abscess*	50%	50%
Surgical removal of erupted tooth*	50%	50%
Surgical removal of impacted tooth (soft tissue)*	50%	50%
Surgical removal of impacted tooth (partial bony/ full bony)*	50%	50%
General anesthesia/intravenous sedation*	50%	50%
Denture repairs	50%	50%

*Certain services may be covered under the Medical Plan. Contact Member Services for more details.
(a) Frequency and/or age limitations may apply to these services. These limits are described in the booklet/certificate.

Waiver of Group Health Benefits

Painters District Council No. 4 Health and Welfare Fund
585 Aero Dr., Cheektowaga, NY 14225 Ph: 716-565-0234 Fx: 716-565-1494

Please complete the following:

Participant Name: _____ _____ _____
(Last) (First) (MI)

Participant SS# (Last 4 digits): _____ Effective Date____/____/____
(MM/DD/YY)

I am waiving coverage for:

☐ Myself

☐ Spouse – (Name)_____

☐ Dependent (s) – Please list names:_____

Is this an employer sponsored plan? ☐ **Yes** ☐ **No**

I am waiving due to Coverage under:

☐ My own ☐ My spouse's ☐ My parent's plan

Name of carrier: _____

If you are waiving coverage, you must present a copy of your enrollment card.

☐ Other coverage – name of carrier: _____

This other coverage is: ☐ Individual ☐ COBRA ☐ Medicare ☐ TRICARE (formerly CHAMPUS)
☐ Child Health Plus ☐ Medicaid ☐ Indian Health Service

IMPORTANT: Individual coverage purchased through NY State of Health, Medicare, Medicaid, TRICARE, Child Health Plus or health programs operated by the Indian Health Service, Indian tribes, tribal organizations, and Urban Indian organizations are considered NON- Employer based plans and will not qualify for medical reimbursements.

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Special Enrollment Notice and Certification – *Please review and sign below if you wish to waive coverage*

By signing below, I certify that I have been given an opportunity to apply for coverage for myself and my eligible dependents, if any. I am declining enrollment as indicated above. I understand that I am declining enrollment for myself or my eligible dependents (including my spouse) because of other health insurance or group health plan coverage.

I understand that I must request enrollment no more than 30 days after the date the other health plan coverage ends (60 days for Medicaid or a State Children's Health Insurance Program). If I do not do so, I will not be able to enroll until the plan's next annual open enrollment period (March 1st).

I understand that in order to request special enrollment due to a qualifying event or obtain more information, I should contact my group administrator.

_____ _____
Signature of Participant Date of Signature

District Council # 4 Trust Funds Rochester/CNY/Elmira Quick Reference Guide

Contributions being Entered: Contractors have 45 days "after a month end" to send in a remittance report for work performed. When contractors send in monthly reports, it may not reflect the most current work performed, (ie: remittances for work performed for the month of May does not have to be submitted until July 15th).

Effective dates of Contributions: Once the Trust Funds receives a contribution, the member contributions will be based on the following:

HCA/WRA Splits: Basis on how splits are computed:

****A single contribution cannot be split multiple ways regardless of the dollar amount in your HCA/WRA. (This may put your HCA/WRA over the $1,500/$12,500 limit for that single contribution—the next contribution will be split accordingly)**

1. **HCA**-All HCA accounts must be at a minimum of $1,500. Contributions will go 97% into HCA until that amount is met. (3% is admin fee out of the WRA)
2. **WRA**- If WRA reaches $12,500, contributions will revert back to 97% into HCA (3% admin fee out of the WRA)
3. Health insurance type/level of coverage and split:

Plan 1		Plan 2	
Single	60/40	Single	55/45
2-Person	90/10	2-Person	85/15
Family	97/3	Family	97/3
HCA Amt Below $1500			80/20
No Longer Receiving Health Ins			80/20
Waive/Employer-Based			20/80
Waive/ Non-Employer Based			20/80

4. Date order of contribution: **A contribution will be allocated as of the Payroll ending date of the contribution.** Therefore whatever the health insurance status is at the payroll ending date of the contribution, will have the split go according to the split table above (in some instances- if contributions are sent in after a more current remittance from a contractor, the date order cannot be followed).

   ****A single contribution cannot be split multiple ways regardless of the dollar amount in your HCA/WRA. (This may put your HCA/WRA over the $1,500/$12,500 limit for that single contribution—the next contributions after that will be split accordingly)**

Health/Dental Insurance: Members must have the minimum balance of $1,500 in the HCA in order to qualify for coverage. Paperwork will be sent in the mail. Members have 30 days from a qualifying event to enroll or members must wait until the annual Open Enrollment. Call the Trust Funds Office for rates.

Health Insurance Default: Once a member's HCA account balance reaches $1,500, they become eligible to sign up for our insurance. Upon receiving the default letter, they have 45 days to respond. If no response is received within this period, the member will be automatically enrolled in our single low plan. Members who already have insurance must submit a waiver with proof of coverage; otherwise, they will be defaulted to our insurance.

Medical Reimbursements: This is a reimbursement program, therefore you must pay the bill before submitting for reimbursement. A Claim form along with the patients' name, statement of charges, service provided and date must be submitted with proof of payment, or claim may be denied.

*****In order to get reimbursed for out of pocket medical, dental and vision expenses, you must have employer based insurance either through DC#4 or your spouse's employer. If you have your spouse's coverage, a waiver form must be on file showing the dependents who have the employer sponsored coverage. If any dependents are not on employer based coverage, no reimbursements can be made on their behalf.**

Unemployment PAP Benefits $250: Member must have money in **WRA**, must show proof of unemployment history and complete request form.

Unemployment Waiting Week ($400): Member must have money in **WRA**, must show proof of unemployment history and complete request form.

Vacations:

There is a maximum of six (6) weeks of vacation that can be taken between June 1st and May 31st of the following year. FICA and Medicare taxes are mandatory to be taken as well as personal withholdings for state and federal taxes. Vacations are taken with the status of Apprentice ($850.00 comes out of WRA), Industrial ($850.00 comes out of WRA), or Journeyman ($1,600.00 comes out of WRA). If a member calls in the request, they will need to pick up the check on Thursday or Friday and sign for it. If you owe documentation or need to sign for your check, we cannot release the funds, therefore you will have a paper check that week.

Holidays:

There are ten (10) holidays that can be taken each year. The cut off for taking the prior year's holidays is May 31st. You cannot request a holiday that is more than one week in the future (ie: Christmas Day cannot be requested until **one week prior** to that holiday occurring on the physical Calendar).

Bereavement:

You will be eligible for up to three (3) days at $300 per day for days missed from the job (you cannot be collecting unemployment). You must also have worked the business day before the bereavement days requested, as well as the business day after the last bereavement day requested. The funds must be available in the WRA to receive this benefit (if the funds are not available at the time of bereavement, this is valid for one year from the date of passing). The Bereavement request form and proof of death (obituary or death certificate) of a family member is required. This benefit only applies for immediate family members (parent or parent-in-law, grandparent, spouse, child, or sibling). This benefit applies to Social Security and Medicare employer and employee taxes in addition to federal and state taxes.

Jury Duty:

For the Jury Duty benefit, you must complete a form and provide proof of the days you served. You can collect $200 per day served, provided you have sufficient funds in your WRA. This benefit is available for up to one year from the dates you served, even if the funds were not available at the time of service.

Disability/Workers Compensation Benefit:

You must provide proof of collection of benefits, such as a copy of the check stub. This is mandatory in order to be eligible for such benefits. These checks are subject to FICA and Medicare taxes (both employer and employee portions). The funds must be available in your WRA in order to collect these benefits (i.e.: for two (2) weeks of disability of $500.00 ($250 each week), you are required to have a balance of $560.38).

Direct Deposit: We offer direct deposit for pap checks (vacations/holidays/medical reimbursements/pap benefits). We need to have the form completed along with a voided check or a statement from the bank with your routing and account number. Direct deposits go in the bank on Thursdays.

** If you owe documentation or need to sign for your check, we cannot release the funds, therefore you will have a paper check that week.

Inactivity Bucket:

If there is no contribution to, or distribution from your Health Care Account or Wage Replacement Account for a period of sixty (60) consecutive months, then any balance in those accounts will be forfeited and added to the Fund's reserves. Further, any balance remaining in your Health Care Account upon your death (if you are not survived by a spouse or eligible dependents), or upon the death of the survivor of your spouse or eligible dependents, will be forfeited and added to the Fund's reserves. Any balance remaining in your Wage Replacement Account will be forfeited upon your death and added to the Fund's reserves.

Life Insurance: Members who work 500 hours between May 1st and April 30th of the next year will qualify for our Hartford Life insurance benefit (free of cost). The plan year runs from August 1st to July 31st the following year.

The benefit breakdown is as follows:

- $50,000 coverage for the member
- $5, 000 coverage for the members spouse
- $2,500 coverage for the members eligible dependents ages 6 months to 19 years of age
- $250 coverage for the members eligible dependents ages 14 days to 6 months

Note: A beneficiary designation form is mailed out to all of the members upon qualification that needs to be completed and returned to DC#4 EVERY YEAR. It is ***your responsibility* to make sure the beneficiary form is completed and turned in at a timely manner to ensure you or your beneficiaries will receive these benefits.

Updating your Address:

Always keep your address updated with District Council #4. This is very important for mailings, W-2's and checks getting mailed out.

The Address change form is located on our DC4 website (www.dc4.org) or you can obtain the form by calling the District Council #4 Office at 716-565-0303. Address change forms must be notarized and sent back to DC#4.

IUPAT Pension Phone #: 1-410-564-5500 Any questions on your pension and annuity, you must call this phone number.

IUPAT Annuity Phone: 1-866-767-1212 - For any questions in regards to your annuity, please call this phone number.

HIPAA Forms:

HIPAA forms allow members' spouse, parent or whomever they chose to be able to call/come in to discuss the options below: **PLEASE** complete one as spouses and parents may not understand when we are unable to give them account balances or info on when contributions came in and how much was contributed.

Specific description of information to be used or disclosed: (Please check all that apply)

☐ Health Care Acct Balances ☐ Medical Bills/Receipts ☐ Reimbursement Checks

Specific purpose of the disclosure:

☐ Submission of Medical Claims ☐ Balance, status Inquiries ☐ Allowed to pick up reimbursement checks

Safety Training Awards Recognition (S.T.A.R.) Program

QUALIFICATION REQUIREMENTS

Qualifying Period: May 1, 2025, through April 30, 2026

STAR Raffle Qualification Requirements:

1. Must be present at the 2026 Awards Ceremony

2. Must be a "Member in good standing" at the time of the Awards Ceremony

Members in Good Standing: An apprentice or journey worker whose dues are paid current (not suspended or dropped). Members in good standing who are excluded from the raffle are: Business Manager, Regional Business Representatives/Organizers, full-time FTI staff, and staff of the District Council. Training Fund instructors are eligible if they meet the employment hour requirement, through work under the collective bargaining agreement, with a signatory employer and complete the required courses as a student.

3. Must complete a minimum of 800 hours of employment for a signatory/signed employer during the Qualifying Period

4. Must complete at least 16 hours of training in the Qualifying Period

2027 STAR Training Course Requirements: For each 16 hours of Health & Safety/Journeymen Upgrading Training you receive during the Qualifying Period (May 1, 2023, through April 30, 2024), in a Qualifying Training Class at the Finishing Trades Institute of Western & Central New York (the "Training Fund"), you will be entitled to one chance in each prize category. You must complete the course to receive credit. Duplication of Health & Safety classes during the qualifying period is NOT permitted.

Example: If you complete a 32-hours of Health & Safety/Journeymen Upgrading Training classes, you will have (02) chances for the Grand Prize Raffle & (02) chances for the Primary Prize Raffle and (02) chances for the Secondary Prize Raffle. Every additional 16 hours of classroom /hands-on training puts your name in for another chance for each Prize Category.

Qualifying Class: Any health, safety, or training class offered by the Training Fund, or a class approved by the Training Fund Trustees, and completed during the Qualifying Period.

ADDITIONAL WAYS TO EARN CREDITS

Attending Local Union Meetings: For every Local Union meeting attended during the qualifying period, you will receive one (1) S.T.A.R. credit hour.

DC4 Volunteer Organizing Committee (V.O.C.)/DC 4 Sanctioned Volunteer Events: For every DC4 V.O.C or DC 4 sanctioned volunteer event attended, you will receive four (4) S.T.A.R. credit hours. If you volunteer for more than 4 hours, and it is documented, you will receive those additional S.T.A.R. credit hours. For every DC4 V.O.C. meeting attended, you will receive 1 credit hour.

Stipulation: You must attend and complete at least one (1) Health & Safety or Journeyman Upgrading class.