

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
djackson@dc4.org

ORGANIZING

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

Joe Guza
Organizer/Inside Counsel
716-458-5844
jguza@dc4.org

Jesus Rivera
Bilingual Organizer
716-444-2618
jrivera@dc4.org

TOOLS REQUIRED FOR THE GLAZING TRADE

The Glazing trade requires various tools, here is a list of tools you will need to perform your work. You will need to acquire more tools accordingly, but this is a good starting point in order of tools needed.

- Tool Bag
- Tape Measure (25’ is recommended)
- Utility Knife
- Tin Snips
- Mallett/Dead Blow
- Pry Bar (Jimmy Bar)
- Pruning Shears with Anvil
- Combination Square
- Speed Square
- Caulk Gun
- Caulking Tools
- Razor Scraper Handle
- Large Pry Bar (18” or 24”)
- Allen Wrench Sets (Standard & Metric)
- Vice Grips (Regular & Needle Nose)
- Torpedo Level
- Files
- Screwdriver Set
- Hack Saw
- Tool Belt

	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.

District Council # 4 Trust Funds Quick Reference Guide for Glaziers/Glassworkers/Industrial

Glaziers (ONLY) SUBPAY Benefits:

(Glassworkers/Industrial workers do not contribute to the 660 Sub Account, and therefore do not qualify).

Your initial qualification for all benefits is 2,000 Sub hours contributed to the 660 Sub Account after you become a journeyman, **as well as** 1,200 hours from the day of layoff going back one year. Both criteria must be met to qualify. Glaziers and Glassworkers both must notify your business representative of your lay-off. The SUBPAY is not subject to employer taxes but will still be applicable to personal State and Federal Taxes. When requesting/receiving a check, you must bring your unemployment history. You will be eligible for up to 26 weeks of benefits in the following manner:

→ 1st & 2nd Waiting weeks- $250.00 each week
Remaining 24 weeks: → $100.00- Zero (0) days worked
→ $110.00- One (1) day worked
→ $240.00- Two (2) days worked
→ $110.00- Three (3) days worked

Glazier (ONLY) Bonus Vacation:

(Glassworkers/Industrial Workers do not contribute to the 660 Sub Account, and therefore do not receive this benefit).

Your initial 2000 Sub hours must first be met, then in addition, you must have contributed 1600 Sub hours during the previous calendar year. The amount paid out is calculated on an individual basis, which is based on the monies contributed into the Sub Account less the benefits that have been taken from this account in the previous year. The remaining balance is the amount you are eligible for. The Trustees will then review the calculations and will choose a vested percentage to pay out. (i.e.: 100%, 70%, etc.) The benefit is processed and mailed out in March of the year in which you qualified.

Glazier (ONLY) SUB Holidays ($192.00):

(Glassworkers/Industrial workers do not contribute to the 660 Sub Account, and therefore do not qualify).

Your initial 2000 Sub hours must first be met, then in addition, you must have contributed 1,200 Sub hours in the previous calendar year (Jan 1- Dec 31). There are a total of 6 holiday benefits - New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day. You must work the business day before and after the Holiday to receive the benefit. Members have until January 31st of the following year to request the prior year's holiday benefits.

Disability/Workers Compensation Benefit (Glaziers/Glassworkers/Industrial:

To be eligible for any benefit pertaining to Disability or Compensation, proof of collection of such benefits (i.e., a copy of the check stub) is mandatory. These benefits are subject to FICA and Medicare taxes (both employer and employee portions). If your initial 2000 Sub hours has been met, you may qualify for benefits from the SUB Account based on hours contributed to the fund. You will need to meet one of the criteria of hours in one of the qualifying quarters to receive these benefits. This is based on the breakdown below:

(1) 300 hours in the previous Eligibility quarter, or
(2) 550 hours in the two previous Eligibility Quarters, or
(3) 800 hours in the three previous Eligibility Quarters, or
(4) 1000 hours in the four previous Eligibility Quarters

Eligibility Quarters	Coverage Quarters
September, October, November	January, February, March
December, January, February	April, May, June
March, April, May	July, August, September
June, July, August	October, November, December

The amount of each benefit from the SUB Account is as follows:

Disability: → Glaziers - $160.00 for a total of 26 weeks

→ Glassworkers - $130.00 for a total of 26 weeks

Workers Compensation: → Glaziers/Glassworkers- $160.00 first three (3) weeks, then $75.00 for the remaining 23 weeks (up to a total of 26 weeks in all)

Updating your Address:

Anytime you change your address, please be sure to complete an address change form **(must be notarized)** and send it back to the **District Council #4 Office.** This will ensure items sent such as mailings, W-2's and checks are mailed to the proper address.

Please also notify us of a change in your phone number - we do send informational text messages to members.

Pension Phone #: 1-410-564-5500 - For any questions in regards to your pension, please call this phone number.

Individual Account Plan – BPAS: This is your Individual Account Plan and is contributed based on your membership in the Glaziers Local 660 and is in place of contributing to the International Annuity Fund. However, you will still contribute to the International Pension Fund. You personally may ***not*** contribute to the BPAS Plan on an individual basis (it only allows for the employer/contractor contributions for hours worked). However, you are eligible to process a rollover from your previous employer into this Plan. Hardships are available to you upon qualification but are not required to be paid back to the Plan. If you resign from the Union, you must be vested for the monies in the Plan to be eligible for the disbursement. This disbursement can only be made after a two-year break of service. If you retire, you must also meet the vesting qualification, but may receive the disbursement upon retirement. Vesting in the BPAS Plan requires three (3) consecutive years worked, with a minimum of four hundred (400) hours per year.

BPAS Website: www.BPAS.com Customer Service: 1-866-401-5272

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

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.