


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

# 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

# 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 | |

| | PAINTERS DISTRICT COUNCIL #4 HEALTH & WELFARE FUND<br>OPEN ENROLLMENT EFFECTIVE MARCH 1, 2026:<br>BENEFIT SUMMARIES | |
|---|---|---|
| | **Plan 1** | **Plan 2** |
| IN-NETWORK DEDUCTIBLE<br>CO-INSURANCE<br>OUT OF POCKET MAXIMUM | $500/$1,000<br>90%/10%<br>$2,500/$5,000 | $2,000/$4,000<br>80%/20%<br>$4,000/$8,000 |
| | | |
| OUT-OF-NETWORK DEDUCTIBLE<br>CO-INSURANCE<br>OUT-OF-POCKET MAXIMUM | $1,500/$3,000<br>70%/30%<br>$5,000/$10,000 | $3,000/$6,000<br>60%/40%<br>$6,000/$12,000 |
| | | |
| PHYSICIAN COPAY SPECIALIST<br>COPAY | $20<br>$30 | $25<br>$40 |
| | | |
| HOSPITAL COPAY | $500 | 20% AFTER DEDUCTIBLE |
| | | |
| OUTPATIENT SURGERY COPAY<br>EMERGENCY ROOM<br>URGENT CARE | $75<br>$150<br>$50 | 20% AFTER DEDUCTIBLE<br>$150<br>$50 |
| | | |
| PRESCRIPTION DRUG | $5/$30/$50 AT RETAIL<br>(2.5 TIMES AT MAIL) | $5/20%/20% AT RETAIL ($150 MAX/$250 MAX)<br>(2.5 TIMES AT MAIL) |
| | | |
| SINGLE RATE<br>TWO-PERSON RATE<br>FAMILY RATE | $919.56<br>$1,796.94<br>$2,343.21 | $574.66<br>$1,122.71<br>$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 Apprentice Quick Reference Guide**

**Contributions Being Entered:** Contractors have 45 days "after a month's 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 (i.e.: remittances for work performed for the month of May do not have to be submitted until July 15th).

**Effective dates of Contributions**: When Trust Funds receives a contribution to process, the member account allocations will be based on the following:

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

1. **HCA-** All HCA accounts must maintain a minimum balance of $1,500. Contributions will be disbursed 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 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, the split will 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 a minimum balance of $1,500 in the HCA in order to qualify for coverage. The paperwork needed to enroll in the insurance can be sent by postal mail or email. Members have 30 days from the date of submission to date back the insurance coverage. Please contact the Trust Funds office for rates and information.

**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 a bill/ledger with the patient's name, statement of charges, service provided, and date must be submitted with proof of payment, or this claim may be denied.

*****In order to get reimbursed for out-of-pocket medical, dental, and vision expenses, you must have employer-based health insurance either through DC#4 or your spouse's or parent'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 dependents are not on any 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 must complete a request form.

**Unemployment Waiting Week ($400):** Member must have money in **WRA**, must show proof of unemployment history, and must complete a 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 and have direct deposit set up, 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 a week in the future (i.e.: Christmas Day cannot be requested until **one week prior** to it appearing 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 members' benefit checks (vacations/holidays/medical reimbursements/pap sub pays). 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 apply to your account on Thursdays. (Holiday schedules may differ)

** 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, the balance in that account 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 following year will qualify for our Guardian Life insurance benefit (free of cost). The coverage period is from August 1st to July 31st of the following year.

The benefit breakdown is as follows:

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

**Note: A beneficiary designation form is mailed out to each of the members upon qualification which needs to be completed and returned to DC#4 Trust Funds ***EVERY YEAR***. It is ***your responsibility*** to make sure the beneficiary form is completed and turned in in a timely manner to ensure you and/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-2s, and checks being 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 Apprentice Office (716-565-0112). The Address change forms must be notarized and sent back to DC#4.

**IUPAT Pension Phone: 1-410-564-5500 -** For any questions in regards to your pension, please 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 a member's spouse, parent, or whomever they choose 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 specific account information, such as when contributions came in and how much was contributed.

**Specific description of the 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

# 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.**

**********

**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.