NAME: **SS#:**

Warehouse Employees Union Local No. 730 Health & Welfare Trust Fund

EMPLOYER: Giant Recycling **LOCAL:** 730
STATUS: Full Time

ISSUE: Accident and Sickness – Waiting Period #A26/113-5195

FUND RULE:

"**WEEKLY ACCIDENT & SICKNESS BENEFITS**

The Fund provides disability income benefits to a participant if you are totally disabled and unable to work. […]

The amount of the weekly benefit and the waiting period required before you may file a claim varies, depending on your Employer. See the table on page [70] for the benefit rate and waiting period that apply to you. […]

Company	Class	Weekly Benefit Amount	Day Benefit Begins		Max. Weeks Payable
			Accident	Sickness	
Eight O'Clock Coffee	E	$ 300.00	15th	22nd	52
Adams Burch, Inc	E	$ 300.00	1st	8th	52
Giant Recycling	E	$ 300.00	15th	22nd	52
Giant Food--Warehouse	E	$ 300.00	15th	22nd	52
Warehouse Emps. Union Local No. 730 Staff	E	$ 300.00	15th	22nd	52
Washington Food & Supply	E	$ 300.00	15th	22nd	52
Maximum weeks payable are per calendar year per disability.					

(Warehouse Employees Union Local No. 730 Health & Welfare Trust Fund SPD, December 2022, Pages 68-70)

SUMMARY:

Last Day Worked:	July 30, 2026
Disability Began:	July 31, 2026
Returned to Work:	August 15, 2026
Denial Issued:	August 12, 2026
Appeal Received:	August 19, 2026

The **participant** is appealing the denial of Accident and Sickness benefits for the period from July 31, 2026 through August 14, 2026. The participant states, in summary, that he was unable to work due to his condition and that his physician certified that he was continuously totally disabled and unable to work during this period of time.

Fund records indicate the participant submitted a completed Accident and Sickness claim form on August 10, 2026 for a disability of "Phimosis" commencing on July 31, 2026. In accordance with Fund rules, Giant Recycling employees are eligible for weekly Accident and Sickness benefits beginning on the 15th day if the disability is related to an accident, or on the 22nd day if the disability is related to sickness. In this case, the participant's disability was not related to an accident. Based on the participant's beginning date of disability of July 31, 2026, he would have become eligible for payment of Accident and Sickness benefits beginning on August 22, 2026. However, the participant's physician did not disable him beyond August 14, 2026, and his employer verified that he returned to active work on August 15, 2026, before the waiting period expired. The Fund Office mailed a letter to the participant on August 12, 2026 advising that he is not entitled to weekly Accident and Sickness benefits in accordance with the foregoing.

ACTION: **Approved** ☐ **Denied** ☐ **Tabled** ☐
COMMENTS:

August 19, 2026

Board of Trustees
Warehouse Employees Union Local No. 730 Health & Welfare Trust Fund
P.O. Box 1064
Sparks, MD 21152-1064

Re: Appeal of Denial – Weekly Accident & Sickness Disability Claim
Claimant: [redacted]
Employer: Giant Food
Local 730

Dear Members of the Board of Trustees:

I am writing to formally appeal the denial of my Weekly Accident & Sickness Disability claim.

I received the Fund's written determination stating that my claim was denied because the period of disability did not satisfy the Fund's 21-day waiting period. I respectfully request that the Board of Trustees reconsider this determination after reviewing the complete medical documentation submitted with my claim.

My last day worked was July 30, 2026. Following my last day of work, I was unable to return to work due to my medical condition. My attending physician completed and signed the Weekly Accident & Sickness Claim Form and certified that I was continuously totally disabled and unable to work during the period indicated on the medical certification.

I understand that the Fund has a waiting-period requirement for Weekly Accident & Sickness benefits. However, I respectfully request that the Fund provide me with the specific provision of the Plan Document or Summary Plan Description that was applied to my claim, including the exact method used to calculate the 21-day waiting period and the dates that the Fund determined were included or excluded from that calculation.

I also request that the Board review the fact that my last day worked was **July 30, 2026,** together with the physician's certification and the dates of my disability and treatment, when determining whether I satisfied the requirements for Weekly Accident & Sickness benefits.

If additional documentation is required, including medical records, a physician's statement, confirmation of my last day worked, or any other information necessary to establish my period of disability, please advise me in writing so that I may provide it promptly.

For these reasons, I respectfully request that the Board of Trustees:

1. Reconsider the denial of my Weekly Accident & Sickness claim;

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2. Review all medical documentation and the physician's certification submitted with my claim;
3. Take into consideration that my last day worked was **July 30, 2026**;
4. Provide the specific Plan provision relied upon to deny the claim;
5. Provide the Fund's calculation of the applicable 21-day waiting period, including the specific dates used in that calculation; and
6. If the claim is determined to be payable under the Plan, issue all benefits due to me for the qualifying period of disability.

Please consider this letter my formal written appeal of the denial. I respectfully request written notification of the Board's decision after the appeal has been reviewed.

Thank you for your time and consideration.

[redacted]

Local 730
Employee: Giant Food

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