INTERNATIONAL LONGSHORE AND WAREHOUSE UNION | LOCAL 13
630 South Centre Street | San Pedro, CA 90731 | (310) 830-6116
Health & Benefits Officer - Eddie Moncado
Staff – Maria & Racheal

NOVEMBER 2025 HEALTH & BENEFITS BULLETIN

OTHER INSURANCE VERIFICATION FORM – 2025
ILWU-PMA WELFARE PLAN

ILWU-PMA Welfare Plan has mailed the annual **Other Insurance Verification Form** for 2025.

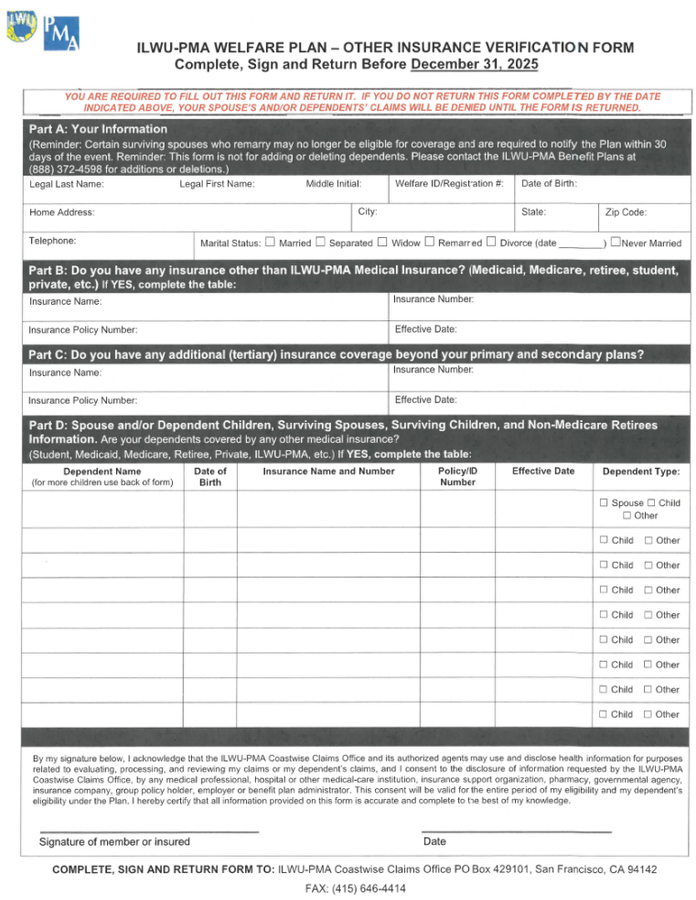
Please contact the Claims office at (800) 955-7376 if you have not received your pre-filled form.

You are required to complete and return this form. Your spouse's and/or dependent's claims will be denied until the form is completed.

Do not include your spouse and/or dependents on the bottom of this form **unless** they have secondary insurance. Make sure to sign and date the bottom of the form, and fax directly to ILWU-PMA Coastwise Claims office at **(415) 646-4414** or mail to:

P. O. Box 429101
San Francisco, CA 94142.

This form must be completed, signed and return before *December 31, 2025.*



ILWU-PMA WELFARE PLAN – OTHER INSURANCE VERIFICATION FORM
Complete, Sign and Return Before December 31, 2025

YOU ARE REQUIRED TO FILL OUT THIS FORM AND RETURN IT. IF YOU DO NOT RETURN THIS FORM COMPLETED BY THE DATE INDICATED ABOVE, YOUR SPOUSE'S AND/OR DEPENDENTS' CLAIMS WILL BE DENIED UNTIL THE FORM IS RETURNED.

Part A: Your Information
(Reminder: Certain surviving spouses who remarry may no longer be eligible for coverage and are required to notify the Plan within 30 days of the event. Reminder: This form is not for adding or deleting dependents. Please contact the ILWU-PMA Benefit Plans at (888) 372-4598 for additions or deletions.)

Legal Last Name:	Legal First Name:	Middle Initial:	Welfare ID/Registration #:	Date of Birth:
Home Address:		City:	State:	Zip Code:
Telephone:	Marital Status: ☐ Married ☐ Separated ☐ Widow ☐ Remarried ☐ Divorce (date _____) ☐Never Married			

Part B: Do you have any insurance other than ILWU-PMA Medical Insurance? (Medicaid, Medicare, retiree, student, private, etc.) If YES, complete the table:

Insurance Name:	Insurance Number:
Insurance Policy Number:	Effective Date:

Part C: Do you have any additional (tertiary) insurance coverage beyond your primary and secondary plans?

Insurance Name:	Insurance Number:
Insurance Policy Number:	Effective Date:

Part D: Spouse and/or Dependent Children, Surviving Spouses, Surviving Children, and Non-Medicare Retirees Information. Are your dependents covered by any other medical insurance?
(Student, Medicaid, Medicare, Retiree, Private, ILWU-PMA, etc.) If **YES, complete the table:**

Dependent Name (for more children use back of form)	Date of Birth	Insurance Name and Number	Policy/ID Number	Effective Date	Dependent Type:
					☐ Spouse ☐ Child ☐ Other
					☐ Child ☐ Other
					☐ Child ☐ Other
					☐ Child ☐ Other
					☐ Child ☐ Other
					☐ Child ☐ Other
					☐ Child ☐ Other
					☐ Child ☐ Other
					☐ Child ☐ Other

By my signature below, I acknowledge that the ILWU-PMA Coastwise Claims Office and its authorized agents may use and disclose health information for purposes related to evaluating, processing, and reviewing my claims or my dependent's claims, and I consent to the disclosure of information requested by the ILWU-PMA Coastwise Claims Office, by any medical professional, hospital or other medical-care institution, insurance support organization, pharmacy, governmental agency, insurance company, group policy holder, employer or benefit plan administrator. This consent will be valid for the entire period of my eligibility and my dependent's eligibility under the Plan. I hereby certify that all information provided on this form is accurate and complete to the best of my knowledge.

Signature of member or insured _____ Date _____

COMPLETE, SIGN AND RETURN FORM TO: ILWU-PMA Coastwise Claims Office PO Box 429101, San Francisco, CA 94142
FAX: (415) 646-4414

Message from Eddie Moncado HBO

Brothers and Sisters, violence should never happen, *especially at work.* There is **ZERO tolerance** for violence. If you are involved or witnessing an incident, **please report it**. But report to whom?

1. Your immediate supervisor or foreman
2. Your Business Agent or Union Officer
3. In an emergency or active shooter situation, **call 911 immediately**

The penalties for violence are not worth it. Please for your future, your family's future, please report any incident **before it goes too far**. Let your foreman, management and/or Union Officers help.

(Over)

HEALTH TIP

Getting support after a critical event. A critical event can happen at any time. It can be the loss of a co-worker, a tragedy in the community, a natural disaster, or an act of violence. These events often involve grief, loss, unsettling feelings, and sometimes fear or even anger. The experiences and emotions can be difficult to make sense of and process. When these events are close to our own lives and communities, they can be more difficult to handle.

What are some signs of stress after a critical event?
The signs of stress after a critical event can be physical, cognitive, emotional, or behavioral. People experience stress in different ways. When you're aware of your reactions and needs, you'll be better able to cope with stressful events. The list below isn't exhaustive.

Physical

- Fatigue
- Chills
- Unusual thirst
- Chest pain
- Headaches
- Dizziness

Cognitive

- Uncertainty
- Confusion
- Nightmares
- Poor attention
- Poor decision-making ability
- Poor concentration or memory
- Poor problem-solving ability

Emotional

- Grief
- Fear
- Guilt
- Intense anger
- Apprehension and depression
- Irritability
- Chronic anxiety

Behavioral

- Inability to rest
- Withdrawal
- Antisocial behavior
- Increased alcohol consumption
- Change in communication
- Loss of or increase in appetite

Learn more at kp.org/mentalhealthservices

KAISER PERMANENTE®

ADA JPLRC

(Americans with Disability Act Labor Relations Committee (ADA LRC))

Americans with Disabilities Act Labor Relations Committee (ADA LRC)

If you have been cited to appear or if you would like to revise your existing accommodation(s), please plan to attend meetings, which are scheduled for the **first and third Tuesdays of each month at Local 13** unless otherwise noted.

In Solidarity,

Eddie Moncado #131390
"The world needs less machinery and more humanity"
Local 13 Health &Benefits Officer

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630 South Centre Street | San Pedro, CA 90731 | (310) 830-6116
Oficial de Salud y Beneficios - Eddie Moncado
Personal – Maria & Racheal

Boletín de Salud y Beneficios #11 – 2025 - Spanish

NOVIEMBRE 2025 BOLETÍNDE SALUD Y BENEFICIOS

FORMULARIO DE VERIFICACIÓN DE OTRO SEGURO – 2025

PLAN DE BENEFICIOS ILWU-PMA

El Plan de Beneficios ILWU-PMA ha enviado por correo el **Formulario Anual de Verificación de Otro Seguro para el año 2025**.

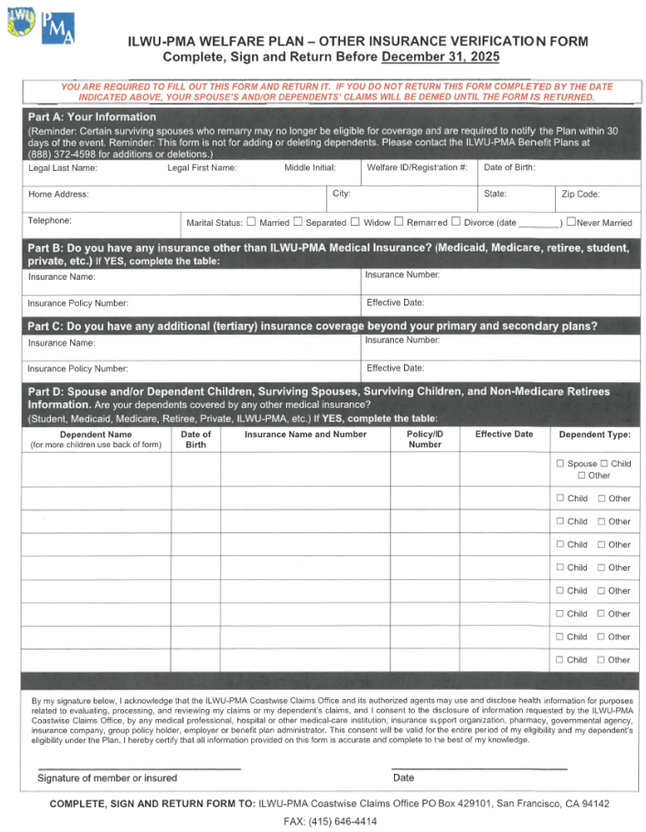
Por favor, comuníquese con la oficina de reclamaciones al **(800) 955-7376** si no ha recibido el formulario previamente completado.

Usted está **obligado** a completar y devolver este formulario. Las reclamaciones de su cónyuge y/o dependientes serán **denegadas** hasta que el formulario sea completado.

No incluya a su cónyuge y/o dependientes al final del formulario **a menos** que tengan seguro secundario. Asegúrese de firmar y fechar la parte inferior del formulario y enviarlo por fax directamente a la oficina de Reclamaciones de ILWU-PMA Coastwise al **(415) 646-4414**, o enviarlo por correo a:

P. O. Box 429101
San Francisco, CA 94142.

Este formulario debe ser completado, firmado y enviado **antes de Diciembre 31, 2025**.



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Part A: Your Information
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Legal Last Name:	Legal First Name:	Middle Initial:	Welfare ID/Registration #:	Date of Birth:	
Home Address:		City:		State:	Zip Code:
Telephone:	Marital Status: ☐ Married ☐ Separated ☐ Widow ☐ Remarred ☐ Divorce (date _____) ☐Never Married				

Part B: Do you have any insurance other than ILWU-PMA Medical Insurance? (Medicaid, Medicare, retiree, student, private, etc.) If YES, complete the table:

Insurance Name:	Insurance Number:
Insurance Policy Number:	Effective Date:

Part C: Do you have any additional (tertiary) insurance coverage beyond your primary and secondary plans?

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					☐ Child ☐ Other

By my signature below, I acknowledge that the ILWU-PMA Coastwise Claims Office and its authorized agents may use and disclose health information for purposes related to evaluating, processing, and reviewing my claims or my dependent's claims, and I consent to the disclosure of information requested by the ILWU-PMA Coastwise Claims Office, by any medical professional, hospital or other medical-care institution, insurance support organization, pharmacy, governmental agency, insurance company, group policy holder, employer or benefit plan administrator. This consent will be valid for the entire period of my eligibility and my dependent's eligibility under the Plan. I hereby certify that all information provided on this form is accurate and complete to the best of my knowledge.

Signature of member or insured _____ Date _____

COMPLETE, SIGN AND RETURN FORM TO: ILWU-PMA Coastwise Claims Office PO Box 429101, San Francisco, CA 94142
FAX: (415) 646-4414

Mensaje de Eddie Moncado HBO

Hermanos y Hermanas, la violencia nunca debe ocurrir, especialmente en el trabajo. Existe **TOLERANCIA CERO** para la violencia. Si usted está involucrado o es testigo de un incidente, por favor repórtelo. ¿Pero reportarlo a quién?

1. A su supervisor o capataz inmediato
2. A su Agente de Negocios o a un Oficial del Sindicato
3. En una emergencia o situación de tirador activo, llame inmediatamente al **911**

Las consecuencias por actos de violencia **no valen la pena**. Por su futuro y el de su familia, informe cualquier incidente **antes** de que vaya demasiado lejos. Permita que su capataz, la gerencia y/o los Oficiales del Sindicato ayuden.

(Over)

CONSEJO DE SALUD

Cómo recibir apoyo después de un evento crítico

Un evento crítico puede ocurrir en cualquier momento: la pérdida de un compañero de trabajo, una tragedia en la comunidad, un desastre natural o un acto de violencia. Estos eventos pueden traer sentimientos de dolor, pérdida, confusión, miedo o enojo. Procesarlos puede ser difícil, especialmente cuando nos afectan de manera cercana.

¿Cuáles son algunos signos de estrés después de un evento crítico?

Las señales pueden ser físicas, cognitivas, emocionales o conductuales. Cada persona experimenta el estrés de manera diferente. Conocer sus reacciones puede ayudarle a manejar mejor la situación.

Físico

- Fatiga
- Escalofríos
- Sed inusual
- Dolor en el pecho
- Dolores de cabeza
- Mareos

Cognitivo

- Incertidumbre
- Confusión
- Pesadillas
- Mala concentración
- Dificultad para tomar decisiones
- Mala memoria
- Problemas para resolver problemas

Emocional

- Duelo
- Miedo
- Culpa
- Enojo Intenso
- Ansiedad crónica
- Irritabilidad
- Ansiedad crónica

Conductual

- Incapacidad para descansar
- Aislamiento
- Comportamiento antisocial
- Aumento en el consumo de alcohol
- Cambios en la comunicación
- Cambios en el apetito

Más información en: **kp.org/mentalhealthservices**

KAISER PERMANENTE

ADA JPLRC

Comité de Relaciones Laborales de la Ley de Estadounidenses con Discapacidades (ADA PLRC)

Si usted ha sido citado a comparecer o si desea revisar una acomodación existente, las reuniones se llevan a cabo el **primer y tercer martes de cada mes** en el Local 13, a menos que se indique lo contrario.

En Solidaridad,

Eddie Moncado #131390
"*El mundo necesita menos maquinaria y más humanidad*"
Oficial de Salud y Beneficios – Local 13