



TRANSIT EMPLOYEES' HEALTH AND WELFARE PLAN
2701 WHITNEY PLACE • SUITE 100 • FORESTVILLE, MARYLAND 20747
PHONE: (301) 568-2294 • FAX: (301) 568-7302
WEBSITE: WWW.TEHW.ORG • EMAIL: INFO@TEHW.ORG

Short-Term Disability Benefits

Dear Valued Member:

You requested a Short-Term Disability (STD) application booklet because you are off or expected to be off from work for more than 30 days and you have exhausted your sick leave. You may be eligible for payment of STD benefits if you were enrolled in the Health & Welfare Plan on your last day worked and are still enrolled. Once your application is reviewed, approved, and processed you may be eligible for benefits. Your first check will be retroactive to your initial date of eligibility. Subsequently, checks will be issued weekly for \$170 dollars per week for a normal disability or \$270 dollars per week for maternity leave. We will take deductions for Federal and State taxes and partial Health and Welfare premiums for coverage. STD checks are mailed weekly to the address provided on your application unless you choose the direct deposit option, which will begin on the second payment.

The Short-Term Disability application process can take up to 45 business days. You will receive email notifications from (disability@tehw.org) bi-weekly to give you an update on your claim status.

You are required to send an updated Physician Certificate once a month or when requested. Failure to do so within 5 days, will result in suspension of STD payments until the Certificate is received by Health and Welfare.

By signing and checking the boxes of the application, you agree that the Transit Employees' Health and Welfare Fund has the right to collect any overpayments made for any reason.

If you have any questions regarding your application for short-term disability benefits, please contact the Health & Welfare office, Monday through Friday from 9:00 A.M. to 1:30 P.M.

Your Application Includes:

- 1. Application for STD Benefits:** to be completed and signed by the applicant.
- 2. Physician Disability Certificate:** to be completed and signed by your attending physician.
- 3. Federal and State Tax withholding forms:** to be completed and signed by the applicant.
- 4. Direct Deposit form (attach VOIDcheck):** to be completed and signed by the applicant.
- 5. Short-Term Disability Checklist:** to be checked off and signed and dated by an H&W staff.

APPLICATION PROCESS



Step 1:
Where can I receive a Short -Term Disability application?

1) You can receive at Short-Term Disability application by calling Health and Welfare at (301) 563 -2294 and asking for an application or by emailing disability@tehw.org to receive an application.

Step 2:
How do I qualify for Short- Term Disability?

1) *You have already exhausted all paid sick leave.*
2) *You are out of work due to an illness or injury that isn't related to Workers Compensation.*



Step 3:
How do I apply for Short- Term disability?

1) *Once you complete the application, you can email it to disability@tehw.org, fax to (301)560-7302 or bring the application to the H&W office.*

Step 4:
What's Next ?

1) *You will have to complete a Short- Term Disability application.*
2) *Once your application is submitted Health and Welfare will work with WMATA to get perinate information.*



Step 5:
When will I start receiving payments ?

1) *Once your Short-Term Application is approved, members will start to receive payments.*

APPLICATION OF CONTENTS



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07	State Withholding form
08	Direct Deposit Form
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2701 WHITNEY PLACE • SUITE 100 • FORESTVILLE, MARYLAND 20747
PHONE: (301) 568-2294 • FAX: (240) 745-3956
WEBSITE: WWW.TEHW.ORG • EMAIL: INFO@TEHW.ORG

**Application for Short -Term Disability Benefits from
 Transit Employees' Health & Welfare Fund**

Employee Name _____

Last 4 of SSN _____ Payroll Number _____

Date of Birth _____ Last Day Worked _____

Days Off Work (*check two days*): Mon Tues Wed Thurs Fri Sat Sun

Supervisor Name _____ Supervisor Tel No _____

Supervisor Email _____ Dept./Division _____

Short-Term Disability Benefits are weekly payments for non-occupational injury or illness which begins after 30 days of disability or exhaustion of paid sick leave, whichever occurs later. If your injury or illness is job-related and you were denied Workers' Compensation, but you plan to appeal the decision, you must provide the Fund with additional documentation to complete this application.

Is this Injury or Illness job-related? Yes No (*if No checked, skip the next section*)

When did you apply for Workers' Compensation benefits? _____

When were you denied Workers' Compensation benefits? _____
 (*Provide a copy of the Denial letter*)

If payments were started and then stopped, *Start* _____
 provide the start and stop dates. *Stop* _____

Have you or do you plan to appeal the denial? Yes No (*If yes, provide a copy of the letter*)

Have you been Medically Disqualified from working by Occupational Health & Wellness? Yes
 No (*If yes, provide a copy of the letter*)

I certify that this illness or injury **is not** the result of:

1. Services in the armed forces of the United States or any other nation
2. Performance of duties for another employer while on authorized leave from WMATA
3. Use of intoxicants, narcotics or criminal misconduct. (EAP volunteers excluded)
4. Work-related injury or illness

By submission of this application, my initials and my signature, I authorize:

1. Health & Welfare premium payments to be deducted from weekly disability checks, if applicable. *Initial* _____
2. Repayment of any weekly disability overpayments and health & welfare premium contributions through payroll deductions when I return to duty. *Initial* _____

Signature _____

Address _____

Phone Number _____ Home Cell

Alternate Phone Number _____ Home Cell

Email _____ Date _____

Please return this form to: Transit Employees' Health & Welfare Office
2701 Whitney Place, Suite 100
Forestville, MD 20747-2347

If you have any questions regarding your benefits, please call Ashley Wade at 301-568-2294 Monday – Friday from 9:00 am – 4:30 pm.



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PHYSICIAN DISABILITY CERTIFICATION

THIS CERTIFICATE MUST BE COMPLETED AND SIGNED BY THE ATTENDING PHYSICIAN OF THE MEMBER APPLYING FOR WEEKLY BENEFITS

I hereby certify that _____ has been inclusively under my professional care from _____ 20____ to _____ 20____ . During this entire period he/she was unable to perform his/her regular duties.

Diagnosis Code:

ICD9 ICD10

Diagnosis:

If maternity, expected due date _____

He/She will be able to return to his/her regular duties as a _____ on _____

 Attending Physician's Original Signature (NO STAMP)

 Physician's Name (Print)

 License or Reg. Number

 Address

 City

 State

 Zip Code

 Date

 (Area Code)

 Telephone Number

PLEASE RETURN THE ORIGINAL DOCUMENT

Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

2024

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at www.irs.gov/W4App.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000	\$ _____	
	Multiply the number of other dependents by \$500	\$ _____	
	Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here		3 \$ _____
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income		4(a) \$ _____
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here		4(b) \$ _____
	(c) Extra withholding. Enter any additional tax you want withheld each pay period		4(c) \$ _____

Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.)

Date

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)

General Instructions

Section references are to the Internal Revenue Code.

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2024 if you meet both of the following conditions: you had no federal income tax liability in 2023 **and** you expect to have no federal income tax liability in 2024. You had no federal income tax liability in 2023 if (1) your total tax on line 24 on your 2023 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2024 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2025.

Your privacy. Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
3. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2024 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

D-4 DC Withholding Allowance Certificate

Enter Year

Social security number

First name M.I. Last name

Home address (number and street)

City State Zip code +4

1 Tax filing status Fill in only one: Single Married/domestic partners filing jointly Married filing separately
 Head of household Married/domestic partners filing separately on same return

2 Total number of withholding allowances from worksheet below.
 Enter total from Sec. A, Line i Enter total from Sec. B, Line n Total number of withholding allowances from Line o

3 Additional amount, if any, you want withheld from each paycheck \$

4 Before claiming exemption from withholding, read below. If qualified, write "EXEMPT" in this box.

5 My domicile is a state other than the District of Columbia Yes No If yes, give name of state of domicile _____

I am exempt because: last year I did not owe any DC income tax and had a right to a full refund of all DC income tax withheld from me; and this year I do not expect to owe any DC income tax and expect a full refund of all DC income tax withheld from me; and I qualify for exempt status on federal Form W-4.
 If claiming exemption from withholding, are you a full-time student? Yes No

Signature Under penalties of law, I declare that the information provided on this certificate is, to the best of my knowledge, correct.

Employee's signature Date

Employer Keep this certificate with your records. If 10 or more exemptions are claimed or if you suspect this certificate contains false information please send a copy to: Office of Tax and Revenue, 1101 4th St., SW, Washington, DC 20024 Attn: Compliance Administration
 Detach and give the top portion to your employer. Keep the bottom portion for your records.

D-4 DC Withholding Allowance Worksheet

Section A Number of withholding allowances	
a Enter 1 for yourself	a <input style="width: 20px;" type="text"/>
b Enter 1 if you are filing as a head of household	b <input style="width: 20px;" type="text"/>
c Enter 1 if you are 65 or over	c <input style="width: 20px;" type="text"/>
d Enter 1 if you are blind	d <input style="width: 20px;" type="text"/>
e Enter number of dependents	e <input style="width: 20px;" type="text"/>
f Enter 1 for your spouse/registered domestic partner if filing jointly	f <input style="width: 20px;" type="text"/>
g Enter 1 if married/registered domestic partners filing jointly and your spouse/registered domestic partner is 65 or over	g <input style="width: 20px;" type="text"/>
h Enter 1 if married/registered domestic partners filing jointly and your spouse/registered domestic partner is blind	h <input style="width: 20px;" type="text"/>
i Number of allowances. Add Lines a through h and enter on Line 2 above. If you want to claim additional withholding allowances, complete section B below.	i <input style="width: 20px;" type="text"/>
Section B Additional withholding allowances	
j Enter estimate of your itemized deductions	j <input style="width: 20px;" type="text"/>
k Enter \$2,000 if married/registered domestic partners filing separately; all others enter \$4,000	k <input style="width: 20px;" type="text"/>
l Subtract Line k from Line j	l <input style="width: 20px;" type="text"/>
m Multiply \$1,675 by the number of allowances on Line i	m <input style="width: 20px;" type="text"/>
n Divide Line l by Line m. Round to the nearest whole number.	n <input style="width: 20px;" type="text"/>
o Add Lines n and i and enter on Line 2 above.	o <input style="width: 20px;" type="text"/>

ADP Employee Direct Deposit Enrollment Form

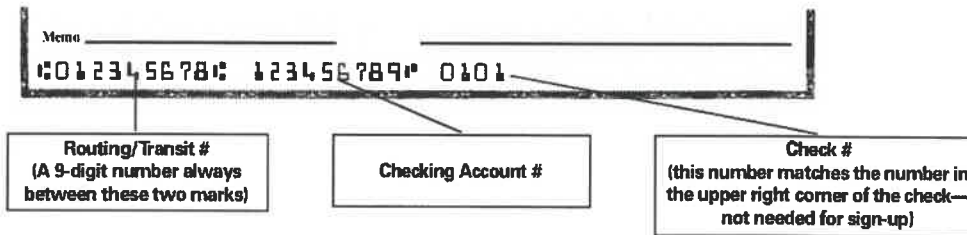
Payroll Manager—Please complete this section.

Company Code: _____ Company Name: _____ Date: _____

Payroll Mgr. Name: _____ Payroll Mgr. Signature: _____

To enroll in Full Service Direct Deposit, simply fill out this form and give it to your payroll manager. Attach a voided check for each checking account – **not a deposit slip**. If depositing to a savings account, ask your bank to give you the Routing/Transit Number for your account. It isn't always the same as the number on a savings deposit slip. This will help ensure that you are paid correctly.

Below is a sample check MICR line, detailing where the information necessary to complete this form can be found.



Important! Please read and sign before completing and submitting.

I hereby authorize my employer (hereinafter "Company") to deposit any amounts owed me by initiating credit entries to my accounts at the financial institutions (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by Company to my accounts. Unless prohibited by applicable law, in the event that Employer deposits funds erroneously into my account, I authorize Employer, either directly or through its payroll service provider, to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until Company and Bank have received written notice from me of its termination in such time and in such manner as to afford Company and Bank reasonable opportunity to act on it.

Employee Name: _____

Employee Signature: _____ Date: _____

Account Information

The last item must be for the remaining amount owed to you. To distribute to more accounts, please complete another form. **Make sure to indicate what kind of account, along with amount to be deposited, if less than your total net paycheck.**

1. Bank Name/City/State: _____

Routing/Transit #: _____ Account Number: _____

Checking Savings Other I wish to deposit: \$ _____ . ____ or Entire Net Amount

2. Bank Name/City/State: _____

Routing/Transit #: _____ Account Number: _____

Checking Savings Other I wish to deposit: \$ _____ . ____ or Entire Net Amount

3. Bank Name/City/State: _____

Routing/Transit #: _____ Account Number: _____

Checking Savings Other I wish to deposit: \$ _____ . ____ or Entire Net Amount

ATTENTION PAYROLL MANAGER:

Employers must keep each original employee enrollment form on file as long as the employee is using FSDD, and for two years thereafter.

Completed Application Checklist

- Call, download the application on the Tehw website, or email Health and Welfare to ensure you qualify for Short-Term Disability benefits.
- Short - Term Disability Application was received by email, website (www.tehw.org), or in-person.
- Complete Personal information pages 1 and 2.
- Complete Federal Withholding Form.
- Complete State Withholding Form.
- Complete Direct Deposit form. (Optional)
- Review application before submitting it to Health and Welfare.
- Submit your application to Health and Welfare either by office or by email at disability@tehw.org.

**A friendly reminder: The Short-Term Disability application process can take up to 45 business days!
Status updates will be sent out Bi-weekly through email.**

H&W Staff Name: _____

Date: _____