



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](mailto: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 over payments 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](mailto: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](mailto: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

---



02	Application of Contents
03	Application for Short-Term Disability Part 1
04	Application for Short-Term Disability Part 2
05	Physician Disability Certificate
06	Federal Withholding Form
07	State Withholding form
08	Direct Deposit Form
09	Completed Application Checklist



**TRANSIT EMPLOYEES' HEALTH AND WELFARE PLAN**  
**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.



**TRANSIT EMPLOYEES' HEALTH AND WELFARE PLAN**  
**2701 WHITNEY PLACE • SUITE 100 • FORESTVILLE, MARYLAND 20747**  
**PHONE: (301) 568-2294 • FAX: (240) 745-3956**  
**WEBSITE: WWW.TEHW.ORG • EMAIL: INFO@TEHW.ORG**

**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**

<b>Step 1:</b> <b>Enter Personal Information</b>	<b>(a)</b> First name and middle initial	Last name	<b>(b)</b> Social security number
	Address		<b>Does your name match the name on your social security card?</b> If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code		
	<b>(c)</b> <input type="checkbox"/> Single or <b>Married filing separately</b> <input type="checkbox"/> <b>Married filing jointly</b> or <b>Qualifying surviving spouse</b> <input type="checkbox"/> <b>Head of household</b> (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](http://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](http://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.)

<b>Step 3:</b> <b>Claim Dependent and Other Credits</b>	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 . . . . .	<b>3</b>	\$
<b>Step 4 (optional): Other Adjustments</b>	<b>(a) Other income (not from jobs).</b> 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 . . . . .	<b>4(a)</b>	\$
	<b>(b) Deductions.</b> 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 . . . . .	<b>4(b)</b>	\$
	<b>(c) Extra withholding.</b> Enter any additional tax you want withheld each <b>pay period</b> . . . . .	<b>4(c)</b>	\$

<b>Step 5:</b> <b>Sign Here</b>	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	_____ <b>Employee's signature</b> (This form is not valid unless you sign it.)	_____ <b>Date</b>	

<b>Employers Only</b>	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](http://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](http://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](http://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.

# FORM VA-4

## COMMONWEALTH OF VIRGINIA DEPARTMENT OF TAXATION PERSONAL EXEMPTION WORKSHEET

(See back for instructions)

1. If you wish to claim yourself, write "1" .....
2. If you are married and your spouse is not claimed on his or her own certificate, write "1" .....
3. Write the number of dependents you will be allowed to claim on your income tax return (do not include your spouse).....
4. Subtotal Personal Exemptions (add lines 1 through 3).....
5. Exemptions for age
  - (a) If you will be 65 or older on January 1, write "1" .....
  - (b) If you claimed an exemption on line 2 and your spouse will be 65 or older on January 1, write "1" .....
6. Exemptions for blindness
  - (a) If you are legally blind, write "1" .....
  - (b) If you claimed an exemption on line 2 and your spouse is legally blind, write "1" .....
7. Subtotal exemptions for age and blindness (add lines 5 through 6).....
8. Total of Exemptions - add line 4 and line 7 .....

-----  
Detach here and give the certificate to your employer. Keep the top portion for your records  
-----

### FORM VA-4 EMPLOYEE'S VIRGINIA INCOME TAX WITHHOLDING EXEMPTION CERTIFICATE

Your Social Security Number	Name		
Street Address			
City	State	Zip Code	

#### COMPLETE THE APPLICABLE LINES BELOW

1. If subject to withholding, enter the number of exemptions claimed on:
  - (a) Subtotal of Personal Exemptions - line 4 of the Personal Exemption Worksheet.....
  - (b) Subtotal of Exemptions for Age and Blindness line 7 of the Personal Exemption Worksheet .....
  - (c) Total Exemptions - line 8 of the Personal Exemption Worksheet.....
2. Enter the amount of additional withholding requested (see instructions).....
3. I certify that I am not subject to Virginia withholding. I meet the conditions set forth in the instructions ..... (check here)
4. I certify that I am not subject to Virginia withholding. I meet the conditions set forth Under the Service member Civil Relief Act, as amended by the Military Spouses Residency Relief Act ..... (check here)

Signature

Date

EMPLOYER: Keep exemption certificates with your records. If you believe the employee has claimed too many exemptions, notify the Department of Taxation, P.O. Box 1115, Richmond, Virginia 23218-1115, telephone (804) 367-8037. Note: Employers may establish a system to electronically receive Forms VA-4 from employees, provided the system meets Internal Revenue Service requirements as specified in § 31.3402(f)(5)-1(c) of the Treasury Regulations (26 CFR).

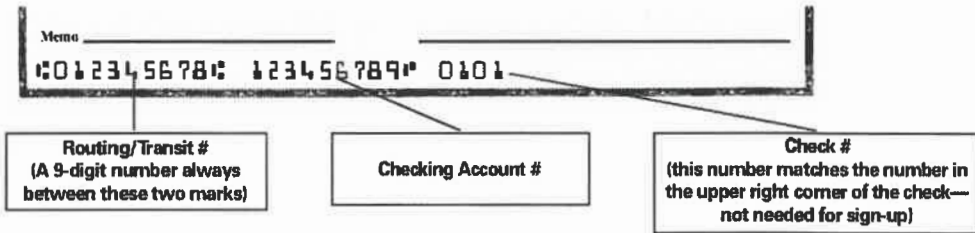
# ADP Employee Direct Deposit Enrollment Form

**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](http://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](mailto: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: \_\_\_\_\_