

INTERNATIONAL
LONGSHORE &
WAREHOUSE UNION



MARINE CLERKS ASSOCIATION
LOCAL 63 LOS ANGELES and LONG BEACH HARBORS

350 WEST 5TH STREET, SUITE 200

SAN PEDRO, CALIFORNIA 90731

BULLETIN – SEPTEMBER/OCTOBER 2013

MICHAEL A. PODUE
PRESIDENT

MEETINGS: October 3, 2013 – Thursday – 6:00 p.m. – 2nd Shift Stop Work Meeting (Hall)

October 9, 2013 – Wednesday – 6:30 p.m. – So. Cal. District Council (Ste. 204)

October 17, 2013 – Thursday – 5:30 p.m. – Executive Board Meeting (Ste. 200)

October 29, 2013 – Tuesday – 12:00 p.m. – Promotions Committee (Ste. 204)

**No Grievance Committee Meeting for month of October, 2013*

NOMINATIONS OPEN – OCTOBER 15 – NOVEMBER 15 – for the following offices:

President/BA; Vice President/BA; Night Business Agent; Dispatcher (4); Sergeant-at-Arms (1);

Board of Trustees (3); Executive Board (11); Labor Relations Committeeman (1);

Grievance Committee (20); Promotions Committee (3); Caucus/Convention Delegate (11);

Memorial Association (1) six-month term.

NOMINATION PROCEDURES – a member filing for office must have dues paid up to the current month and must show 18 months of continuous membership in the Local. Any member desiring to be a candidate for any office in the Local shall secure from the Business Office a printed form which shall be properly filled out designating the office to which he/she aspires and containing the signatures of 10 members in good standing. To be eligible to run for any office or committee, the candidate must have attended six (6) Membership Meetings within the year preceding the regular election period for the December ballot. The Business Office will fill out the top portion of the form to designate the office the member seeks to run for at the time the form is issued. A nomination form circulated and signed before the office is designated is not valid. Members who obtain signatures on blank nomination forms or who change the office sought for after the signatures have been obtained will be disqualified from running. The Business Office will issue each potential candidate a separate nomination form for each office the member is considering running for. A member who is unsure of which office he/she plans to run for should complete a separate form for each potential office. **However, under Article IV, Section (F) of the Local 63 Constitution, members may only file for and run for one (1) office excluding the office of Caucus/Convention Delegate. Further, a member filing for the office of President or Vice President may also file for Executive Board.**

MESSAGE FROM THE MEMORIAL ASSOCIATION – Please be aware that the outside of the building is slated to be painted during the weekend of September 28, 29 and 30. As parking may be limited during these days, please make the necessary arrangements to leave yourself additional time during dispatch time on these days.

PROBLEMATIC CLAIM EXPLANATION FORMS – Enclosed with this bulletin, are two (2) forms to be used by those members who are experiencing issues with the new PPO. These forms are to accompany any and all problematic bills, EOB's, and claims. The first form should encapsulate what the main issue of the accompanying paperwork entails, while the second form must be filled out to serve as a legal release acknowledging that you are giving permission to use your claim(s) for the sole purpose of providing evidence to the Coast Arbitrator as proof that Zenith/Coastwise is not performing at the level to which they committed. Once complete, please drop off the packet to the Business Office by October 10th so they can all then be sent to San Francisco for the November arbitration.

SOUTHERN CALIFORNIA AREA WELFARE DIRECTOR – Sam Alvarado will continue to be present on the 2nd and 4th Thursday from 10:30 a.m. to 5:00 p.m. for any Local 63 members who are in need of his services. He will set up office in the small conference room located in the Local 63 Business Office. Members may call ahead to make an appointment or just stop by on these same days monthly. These are dedicated days for Local 63 members only. Members who are unable to meet with him on those days may still call and/or make appointments for his office on Western Avenue in San Pedro at (310) 833-5144. **Special Local 63 scheduled dates for October are the 10th and 31st.**

ONGOING PROBLEMATIC WELFARE CLAIMS – Due to the overwhelming issues with unpaid welfare claims and other coverage problems, Zenith/Coastwise Claims representatives will continue to be present until further notice: **Monday through Friday from 8:00 a.m. to 4:30 p.m.** As of **September 19th**, they have moved their temporary location to the **ILWU Memorial Association Hall located at 231 West “C” Street in Wilmington.** Members who have unresolved issues with the welfare plan may bring copies of their EOB’s, claims, and/or medical bills for review. Any inappropriate behavior such as discriminatory remarks, harassing conduct, cursing, shouting or threats will not be tolerated.

REMINDERS FROM THE WORK CARD COMMITTEE – **GW-30:** a member is responsible for his own replacement; the Employer cannot call his replacement. **GW-32:** yard and gate CTD are considered different categories and all comeback rules apply (cannot take comeback from gate to yard or yard to gate). **GW-33:** any Clerk on a mandatory comeback, who doesn’t wish to comeback on a Key ship job such as Supercargo, Floor Runner, Car Runner, must call his own replacement through the Hall and take the following day off. **GW-34:** any Clerk working against the ship as a Supercargo, Floor Runner, Car Runner or any Clerk in a supervisory capacity must accept a comeback whenever gangs are ordered back, Chief Supervisor exempted.

ILWU FEDERATED LADIES AUXILIARY 8 – will be celebrating their 75 years of service to the union on Friday, October 18th from 6 p.m. to midnight at the ILWU Memorial Hall in Wilmington with a dinner/dance. Tickets are available for sale @ \$35 per person or \$280 for a table of eight (8) by contacting an auxiliary member at auxiliary8@aol.com or via telephone (310) 650-9286.

TWIC RENEWAL UPDATE – Members should check their TWIC cards to confirm when they will expire. Do not get caught unable to work because your card has expired! The current locations for replacement or renewal of TWIC cards are as follows:

- 1) TWIC Enrollment Center – Avalon Plaza, 460 Carson Plaza Drive, Suite 114, Carson, CA. 90746; Hours of operation: Monday – Friday, 7:00 a.m. – 4:00 p.m.
- 2) TWIC Enrollment Center – 2501 E. 28th Street, Suite 105, Signal Hill, CA. 90755
Hours of operation: Monday – Friday, 8:30 a.m. – 4:30 p.m.

Transportation Worker Identifications Credentials (TWIC) help desk phone no. - 1-866-347-8942

MOTION PASSED AT 9/19/13 EXECUTIVE BOARD MEETING – to eliminate Working Rule ND-09 and that all night shift jobs will be dispatched by low-man out and that marine clerks will carry all hours paid.

ILWU DISAFFILIATION WITH AFL-CIO – Per direction from the 2012 ILWU Convention and International President McEllrath’s decision, the ILWU is no longer affiliated with the American Federation of Labor-Congress of Industrial Organization. The ILWU will continue to participate in working with other unions to strengthen the labor movement and further advance workers’ rights and progressive issues worldwide. To view President McEllrath’s full message as well as to AFL-CIO President Trumka, please view Local 63’s website or *The Dispatcher*.

QUOTE OF THE MONTH: “Let the workers organize. Let the toilers assemble. Let their crystallized voice proclaim their injustices and demand their privileges. Let all thoughtful citizens sustain them, for the future of labor is the future of America” - *John L. Lewis*

PROBLEMATIC CLAIM FORM

Date: _____

Participant: _____

Registration#: _____

Local #: _____

Name of Patient: _____

EOB's or Bills included? Yes _____ No _____ Claims #(s): _____ D.O.S.: _____

Name of Provider: _____ Phone #: _____

Supplement Claim (s)

Collection Notice (s)

OIC

Accident/Third Party Liability

Other: _____

Have they done any of the following to resolve this claim:

Contacted the (800) 955-7376 Yes _____ No _____ If so, how many times? _____

Date (s): _____

Zenith Rep(s) that have assisted you: _____

Taken to Satellite Office? Yes _____ No _____ If so, how many times? _____

Date (s): _____

Sent claims to the San Francisco Claims Office? Yes _____ No _____ If so, how many times? _____

Fax? Yes _____ No _____ If so, how many times? _____ Date(s) _____

Mailed? Yes _____ No _____ If so, how many times? _____ Date(s) _____

E-mail? Yes _____ No _____ If so, how many times? _____ Date(s) _____

Additional Information:

ILWU-PMA WELFARE PLAN • 1188 FRANKLIN STREET, SUITE 300 • SAN FRANCISCO, CA 94109
Telephone (415) 673-8500 * FAX (415) 749-1400

AUTHORIZATION for USE and/or DISCLOSURE OF PROTECTED HEALTH INFORMATION (PHI)

Name: _____ Date: _____
Local/Reg. Number: _____
Telephone Number: _____

I hereby authorize the use and/or disclosure of my individually identifiable health information as described below. I understand that this authorization is voluntary. I also understand that if the person or organization authorized to receive the information is not a health plan or health care provider, the released information may be redisclosed and may no longer be protected by the federal privacy regulations.

1. Person(s) or organization authorized to disclose the health information:
ILWU UNION TRUSTEES
2. Person(s) or organization authorized to receive the health information:
ILWU UNION TRUSTEES
3. Description of health information that may be used/disclosed:
INFORMATION ON CLAIMS TO THE COASTWISE CLAIMS OFFICE
4. Purpose for which the health information will be used/disclosed:
TRUSTEE ARBITRATION

5. I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to enroll in a health plan, obtain health care treatment or payment or my eligibility for benefits.
6. I understand that I may revoke this authorization at any time by providing written notice to ILWU-PMA Welfare Plan, HIPAA Privacy Officer, 1188 Franklin Street, Suite 300, San Francisco, CA 94109. I understand that my revocation will not affect any actions already taken in reliance on this authorization.
7. I understand I may inspect or copy any information to be used or disclosed under this authorization.
8. Unless otherwise revoked in writing, this authorization will expire _____
Specify number of days
days from the date signed below OR upon the occurrence of _____
Specify event

Signature of Individual (or Legal Representative) Date

(Print) Individual's Name

(Print) Name of Legal Representative (if applicable) Relationship to Individual