

# SEIU 775 Individual Provider Collective Bargaining Agreement 2017 - 2017

## HIGHLIGHTS

### Wages

- All workers will receive at least four raises over the course of the contract, most will receive five, some will receive six.
- Weighted average wage will be \$14.37/hour by the end of the contract.
- Most workers will see raises of about \$2.50/hour over two years, some will receive larger wage increases.
- New top step, at 16000+ hours, that will pay \$15.40/hour by the end of the contract.
- Starting pay will increase to \$12/hour during the life of the contract.
- A new step for 701-2000 hours of experience (approx. six months) will reach \$13.40 by the end of the contract.

<b>Cumulative caregiver hours</b>	<b>July 1, 2014</b>	<b>July 1, 2015</b>	<b>Jan 1, 2016</b>	<b>July 1, 2016</b>	<b>Jan 1, 2017</b>
0-700	\$ 11.06	\$ 11.31	\$ 11.50	\$ 11.75	\$ 12.00
701-2000	\$ 11.06	\$ 11.56	\$ 12.00	\$ 13.00	\$13.40
2001-4000	\$ 11.21	\$ 11.71	\$ 12.20	\$ 13.20	\$ 13.60
4001-6000	\$ 11.39	\$ 11.89	\$ 12.40	\$ 13.40	\$ 13.80
6001-8000	\$ 11.53	\$ 12.03	\$ 12.60	\$ 13.60	\$ 14.00
8001-10000	\$ 11.70	\$ 12.20	\$ 12.80	\$ 13.80	\$ 14.20
10001-12000	\$ 11.86	\$ 12.36	\$ 13.00	\$ 14.00	\$ 14.40
12001-14000	\$ 12.03	\$ 12.53	\$ 13.20	\$ 14.20	\$ 14.60
14001-16000	\$ 14.53	\$ 14.78	\$ 15.00	\$ 15.00	\$ 15.25
16001 above	\$ 14.53	\$ 15.03	\$ 15.15	\$ 15.15	\$ 15.40

## **Retirement**

- First ever retirement benefit for IP home care workers in the country.
- \$0.23/hour contribution to retirement trust.
- Retirement trust board will determine eligibility, vesting and benefits levels.

## **Health Insurance**

- Sufficient funding to most likely avoid cost increase or benefit reductions through next three years.

## **Homecare Worker Training**

- Funding for core training program.
- Workers who are exempt from standards, because they are respite workers, will be able to voluntarily take training at no expense and will be paid while attending classes.
- Funding to expand navigator program, do in-person continuing education, to increase interpretation services, to expand the mentoring program and other enhancements.
- Training Partnership Trustees will determine how to best invest additional resources.

## **Advanced Homecare Worker Training**

- New pilot program to provide advanced training to approximately 1,200 caregivers working for higher-cost clients, with goal to decrease medical costs (i.e. fewer hospitalizations).
- Workers will be paid during advanced training and get .25/hours differential upon completion.

## **Homecare Worker Registry**

- Sufficient funding for Training Partnership to develop sophisticated online referral registry.
- Launch date in late 2016 or early 2017.

## **Paid Time Off**

- Paid time off increased from one hour off for every 35 worked to one hour off for every 30 hours worked; effective July 1, 2016. PTO cap will increase to 100 hours.

## **Overtime**

- Workers will be paid overtime for hours worked in excess of 40 per week.
- Contract language is contingent on passing statutory language giving state ability to manage overtime.

## **Key Non-economic Win**

- IPs will have the right to participate in client assessments. Caseworkers will have the right to interview the clients privately if they choose, but must also interview the client's caregiver before completing an assessment.



Join Together For A Stronger Voice For:

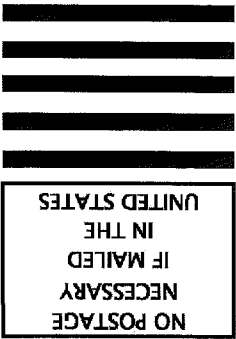
- ✓ Living Wages
- ✓ Good Benefits
- ✓ Quality Care

Fill out this form, fold in thirds so the return envelope is on the outside, tape it shut and mail it - no postage required!

For more information, call our Member Resource Center at 1-866-371-3200

SEIU 775  
215 COLUMBIA ST.  
SEATTLE WA 98104-9621

POSTAGE WILL BE PAID BY ADDRESSEE





# We're Stronger Together

Join together for a stronger voice for living wages, good benefits and quality care

1

**Yes, I want to join with other long-term care workers for a stronger voice for quality care, living wages and good benefits.**

State WA IP

FIRST NAME/LAST NAME

GENDER (M/F)

EMPLOYER

E-MAIL ADDRESS

CELL PHONE ☐ It's OK to send *text messages* (Std data/msg rates may apply)

PHONE (DAY)

PHONE (EVE)

BIRTHDATE

HOME ADDRESS

CITY

STATE/ZIP

SOCIAL SECURITY#

HIRE DATE

REGISTERED VOTER

LD

I want to join with other long-term care workers for a stronger voice for quality care, living wages and good benefits. I hereby request and accept membership in SEIU 775. I authorize 775 to act as my exclusive representative in collective bargaining over wages, hours and other terms and conditions of employment with my employer(s). I authorize my employer(s) to deduct from my wages all Union dues and other fees or assessments as shall be certified by 775 under its Constitution and Bylaws and to remit those amounts to 775. This authorization is irrevocable for a period of one year from the date of execution and from year to year thereafter unless not less than thirty (30) and not more than forty-five (45) days prior to the annual anniversary date of this authorization or the termination of the contract between my employer and the Union, whichever occurs first, I notify the Union and my employer in writing, with my valid signature, of my desire to revoke this authorization. 775 is authorized to use this authorization with my current employer(s) and with any other employer(s) in the event I change employers or obtain additional employment.

I believe all workers represented by the Union should pay their fair share to support the Union's activities. In addition, in order to build a more powerful Union, and in exchange for obtaining the rights and privileges of becoming a member of SEIU 775, I hereby knowingly release both SEIU 775 and the State of Washington from any future legal claims or liability related to the State's past collection of agency fees from me pursuant to CBA Sec. 4.1 and/or RCW 41.56.113.

Contributions or gifts to 775NW are not tax deductible as charitable contributions for Federal income tax purposes. However, they may be tax deductible under other provisions of the Internal Revenue Code.

The invalidity or unenforceability of any particular provision hereof shall not affect the other provisions, and this Agreement shall be construed in all respects as if such invalid or unenforceable provision were omitted. My signature shows that I agree with the terms above.

SIGNATURE

DATE

2

## Hold Politicians Accountable to Working Families

**Yes!** I want to hold politicians accountable to working families and I know we can only do that if we stand together. I hereby authorize my employer to withhold the indicated amount per month to forward to SEIU 775 as a contribution to SEIU Committee on Political Education (SEIU COPE). My signature shows that I agree with the terms below.

☐ \$20 ☐ \$15 ☐ \$10

SIGNATURE

DATE

State WA IP

PRINT FIRST NAME/LAST NAME

EMPLOYER

I understand that: 1) No employer or labor organization may discriminate against an officer or employee in the terms or conditions of employment for contributing or not contributing to a political committee, or supporting or opposing a candidate, ballot measure or political party; 2) Contributions are not required as a condition of employment or union membership and I may refuse to contribute without any reprisal; 3) The amount of \$20, \$15 or \$10 per month are merely suggested guidelines, and I am free to contribute more or less than these amounts by some other means; 4) SEIU COPE will use the money it receives to make political expenditures including addressing issues important to working families and contributing to and spending money in connection with federal, state, and local elections; 5) Only union members and staff who are U.S. citizens or lawful permanent residents are eligible to contribute to SEIU COPE. Contributions to SEIU COPE are not deductible as charitable contributions for federal income tax purposes. This authorization shall remain in effect until revoked by me in writing.

3

## Yes! I want to get active in my union!



**Yes!** I want to join the fight to lift caregivers out of poverty and volunteer my time to MY UNION!

LANGUAGE PREFERENCE:

☐ ENG ☐ SPA ☐ RUS ☐ VIE  
☐ KOR ☐ Other: \_\_\_\_\_

fulfillment

☐ BT ☐ PPT ☐ HV ☐ CE ☐ PCPU  
☐ NEO ☐ MCOI ☐ Name \_\_\_\_\_ 0003

SEIU 775, 215 Columbia Street, WA 98104

Toll Free: (866) 371-3200

www.SEIU775.org

Fax: (206) 623-3401 201601-PRR-360 MSD HQ 0070

# IP ENROLLMENT APPLICATION

Medical, Prescription Drugs, Vision & Dental Benefits



## PARTICIPATION RULES

To be eligible for this Plan, home care workers must work at least 86 hours per month for 3 consecutive months.

Your coverage will begin once your enrollment application is processed; it typically takes 2 months after your application is received and after you have met your initial requirements of 86 hours for 3 consecutive months before your coverage will start.

This insurance does not cover family members or dependents.

If you currently have other health insurance, you must cancel that insurance when your new coverage starts. If you sign up for a different health insurance plan while you are covered on this Plan, you must notify the Health Benefits Trust immediately at 1-866-771-7359.

Once your enrollment application is received we will mail you a letter confirming your application has been processed. If you do not receive a confirmation letter within 45 days of submitting this application, please contact the Health Benefits Trust at 1-866-771-7359.

## QUESTIONS?

If you have questions about this form or benefits, call the Member Resource Center toll free at:

(866) 371-3200

PERSONAL INFORMATION <i>Please print clearly and in English</i>					
First Name		Middle Initial		Last Name	
Street		Apt #	City	State	Zip
Social Security Number		Date of Birth (MM-DD-YY)		Day Phone: ( ) Cell Phone: ( )	Gender <input type="checkbox"/> M <input type="checkbox"/> F
IP Provider Number (found on your State invoice)		Email Address			Preferred Language

## DENTAL PLAN CHOICE (CHECK ONE)

MEDICAL: Based on your ZIP code, your medical, vision and prescription drug coverage will be provided by Group Health or Kaiser Permanente.

DENTAL: The dental plan coverage choice is up to you. Choose a dental plan here:

PLEASE CHECK ONE.

☐ Delta Dental (Washington Dental Service) -or- ☐ Willamette Dental

1-800-554-1907 [www.deltadentalwa.com](http://www.deltadentalwa.com)

1-855-433-6825 [www.willamettedental.com](http://www.willamettedental.com)

TO APPLY: *Please send completed, signed application to the Health Benefits Trust. Please keep a copy for your records.*

MAIL TO:  
SEIU Healthcare NW Health Benefits Trust  
PO Box 6, Mukilteo, WA 98275

FAX TO:  
(206) 859-2637

EMAIL TO:  
[seiu@bsitpa.com](mailto:seiu@bsitpa.com)

I hereby apply for enrollment as indicated on this application. I understand that the SEIU Healthcare NW Health Benefits Trust and the Insurers may collect, use and disclose protected health information about each individual enrolled under this application in order to carry out their routine business functions, including but not limited to, determining eligibility for benefits, paying claims, coordinating benefits with other insurance carriers or payer, underwriting and conducting case management care management and quality reviews. The SEIU Healthcare NW Health Benefits Trust and the Insurers may also disclose protected health information to state and federal agencies, or other third parties, as required by law. The undersigned understands that it is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties may include imprisonment, fines and denial of insurance benefits.

By signing below, I agree to the required monthly payroll deduction for my health insurance.

Signature

Date

Group Health Cooperative • 320 Westlake Ave. N., Ste. 100 • Seattle, WA 98109

Group Health Options • 320 Westlake Ave. N., Ste. 100 • Seattle, WA 98109

Kaiser Foundation Health Plan of NW • 500 NE Multnomah St., Ste. 100 • Portland, OR 97232

Washington Dental Service • PO Box 75688 NG Station • Seattle, WA 98175

Willamette Dental of Washington Inc. • 6950 NE Campus Way • Hillsboro, OR 97124