



Sandia National Laboratories

A Department of Energy National Laboratory

Sickness Absence Plan
and
Nonoccupational Illness
and Injury While
on Travel Status Plan

**Summary Plan
Description**

Effective: January 1, 2007

Sickness Absence Plan and Nonoccupational Illness and Injury While on Travel Status Plan

The Sickness Absence Plan and the Nonoccupational Illness and Injury While on Travel Status Plan are designed to protect the covered participant and the covered participant's family from financial hardship because of illness or injury.

This booklet is the Summary Plan Description (SPD) of these Plans and is provided in accordance with the requirements of the Employee Retirement Income Security Act (ERISA) of 1974 and the Internal Revenue Code. This SPD summarizes operations, benefits, claim filing procedures, and other provisions of interest. The SPD is the official Plan document that governs the operation of each of these Plans.

The Sickness Absence Plan and the Nonoccupational Illness and Injury While on Travel Status Plan are maintained at the discretion of Sandia. They are not intended to create a contract of employment and do not change the at-will employment relationship between you and Sandia. The Sandia Board of Directors (or designated representative) reserves the right to suspend, change, or amend any or all provisions of the Sickness Absence Plan and the Nonoccupational Illness and Injury While on Travel Status Plan at any time without prior notice, subject to applicable collective bargaining agreements. If the Sickness Absence Plan and the Nonoccupational Illness and Injury While on Travel Status Plan should be terminated or changed, it will not affect your right to any benefits to which you have already become entitled.

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Sickness

Absence

Plan

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SAP Highlights

This section contains a brief description of changes that have been implemented since the previous Sickness and Accident Plans (SAP) Summary Plan Description (SPD) of October 1999.

Summary of Plan Changes

- Employees residing in California will fall under the California “State Plan” for short-term disability insurance (SDI). As a result of a State Plan, the following changes are summarized below:
 - Employees residing in California are eligible for this Plan as well as for the CA SDI benefits. If disabled, the covered participant is paid under this Plan less eligible SDI benefits.
 - Employees residing in California are paid according to the benefits payment schedule less the CA SDI benefit. Sandia will estimate the weekly benefit amount until the employee provides Sandia with the approved award.
 - For Sandia employees’ residing in California, the SAP is the primary benefit during the 7 calendar day mandatory waiting period required by the State of California.
 - If the Sandia employee residing in California is not eligible for CA SDI, then the SAP plan is the primary benefit as outlined in the benefits payment schedule.
 - Sandia employees residing in California who are eligible for CA SDI but are denied, either initially or after initial approval, but otherwise meet the requirements of the SAP, will be paid under the SAP plan less the eligible CA SDI benefit amount.
 - Employees residing in California who fail to comply with CA SDI can be denied sickness absence benefits.
- Employees residing in California will fall under the same seven (7) calendar day requirements as Sandia Corporation. All reference to “eight or more calendar days in SNL/CA” has been removed.

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Basic Provisions

Introduction

The Sickness Absence Plan (SAP) provides you with income replacement during absences from work caused by an illness or injury. Eligibility for sickness absence benefits begins immediately upon date of hire (see Eligibility, page 7).

This SPD applies to all employees classified as regular, post-doctoral, limited-term, and full-time year-round faculty sabbatical appointees, except as and to the extent that its provisions differ from applicable collective bargaining agreements and California State Disability Insurance (CA SDI) benefits.

- Provisions in this SPD that differ from those of collective bargaining agreements do not apply to employees subject to such agreements. (Refer to the applicable collective bargaining agreement for more information.)
- Provisions in this SPD that differ from those of CA SDI benefits do not apply to SNL/CA employees.

Administration

The Sandia Benefits and Health Services Center, 3300 (Health Services Center, CA, 8527), administers this Plan and determines eligibility for benefits and when benefits will begin.

ERISA Information

The Employee Retirement Income Security Act (ERISA) of 1974 provides certain rights to participants in the Sickness Absence Plan. This information, as well as certain general information concerning the Plan, is included in the *Sandia Employee Benefits Binder* as a separate booklet called “ERISA Information.”

Plan Identification Information

The Sickness Absence Plan (SAP) is a self-insured Plan for eligible participants (as defined in this booklet) of Sandia National Laboratories, P. O. Box 5800, Albuquerque, NM 87185 (Employer Identification Number 85-0097942).

The SAP (Plan Number 503) is administered by the Sandia Benefits and Health Services Center and is considered exempt from Department of Labor filings.

Eligibility

You are eligible to participate in the SAP if

- you are a regular full-time or part-time employee (as classified by Sandia for payroll purposes).
- you are a full-time or part-time employee (as classified by Sandia for payroll purposes) in the limited-term, post-doctoral appointee, or the full-time, year-round faculty sabbatical appointee classifications.

IMPORTANT Payment of benefits to employees classified as full-time or part-time limited-term, post-doctoral appointee, or full-time year-round faculty sabbatical appointee is limited to the term of their employment with Sandia.

- Employees residing in California are eligible for this Plan as well as for the CA SDI benefits. If disabled, the covered participant is paid under this plan less eligible SDI benefits.

For purposes of coverage under this Plan, an individual is a covered “employee” only if

- the individual satisfies all other tests for coverage under this Plan,
- Sandia Corporation actually withholds required federal, state, or FICA taxes from his/her paycheck,
- Sandia Corporation issues him/her a W-2 for the year for which benefits under this Plan are claimed, and
- Sandia Corporation issues the W-2 no later than the year following the year for which benefits were claimed.

IMPORTANT Work-related illness or injury time charges run concurrently with the SAP (shall not exceed 2,080 hours) as they are covered by the Sandia Workers’ Compensation Program. (See CPR300.5.8, “Workers’ Compensation,” for additional information.)

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SAP Benefits

Qualification for Benefits

To qualify for SAP benefits, you are responsible for the following:

- Requesting permission from your immediate manager before leaving work because of illness,

NOTES: 1. You are encouraged to visit the Sandia Health Services Center before leaving work.

2. You are required to report to the Sandia Health Services Center before leaving work for an absence caused by a relapse (see Relapse Following a Long-term Absence, page 23).

- Promptly reporting to the Sandia Health Services Center when instructed to do so by your immediate manager or the Sandia Health Services Center,
- Notifying your immediate manager before the start of the workday or as soon as possible when you are unable to report for work because of illness,

NOTE: Your manager determines the acceptable form of notification.

- Complying with Physician Certificate of Disability (PCD) requirements (see page 10),
- Maintaining contact with your immediate manager during the absence,

NOTE: Your manager determines the required frequency of contact.

- Obtaining the Sandia Health Services Center's approval before leaving the local area (see definition "local area" in the Definitions section that begins on page A-1) during any absence covered by the SAP,
- Complying with medical recommendations for improvement, and
- Reporting to the Sandia Health Services Center before returning to work following a sickness absence in accordance with the requirements in Chapter 16 of the Environmental Safety and Health (ES& H) Manual.

Sandia's Benefits and Health Services Center shall determine whether you are entitled to sickness absence benefits. If you are not eligible for paid sickness absence benefits, you may use vacation, flextime, or unpaid sickness absence as provided in CPR300.6.15, "Employee Time Charging."

Physician Certificate of Disability (PCD) Requirements

If you have been absent or expect to be absent for five consecutive workdays or seven or more consecutive calendar days, including 9/80 Fridays, weekends, holidays and the winter shutdown, you are responsible for doing the following:

- Visiting a personal health care provider or an Urgent Care facility (not a Sandia Health Services Center physician) within the first five consecutive workdays or seven consecutive calendar days of absence,

NOTE: A phone consultation is not sufficient.

- Giving the Physician Certificate of Disability (PCD) (Form SF 4560-G) to your health care provider to complete and submit to Sandia's Health Services Center,

NOTE: Sandia/California employees who have been absent eight or more days, may substitute the required PCD with the State of California's medical certificate form (DE-2501), which is part of the State claim requirement.

- Ensuring that the PCD is submitted to the Sandia Health Services Center within 14 days of the first date of absence,
- Discussing the return-to-work date with your physician, immediate manager, and the Health Services Center (see Returning to Work, page 22), and
- Returning to work by the date specified on the original PCD (approved by the Sandia Health Services Center) or by submitting a modified PCD (or other acceptable medical documentation) before the approved return-to-work date.

Your manager, with approval from the SNL Health Services Center, may require a PCD for absences of shorter duration than five consecutive workdays or seven consecutive calendar days when in their opinion circumstances warrant.

When Benefits Are Paid

Based on the information provided by the non-Sandia physician on the PCD, the Sandia Health Services Center determines whether you are unable to perform the duties of your job and when SAP benefits should begin.

Approval of Benefits

The Health Services Center determines whether SAP benefits are approved or denied. If approved, the benefits are paid according to the defined rate and schedule described in the SAP benefits payment schedule table below.

SAP Benefits Payment Schedule

SAP payments are made for the time that you are absent during your standard daily work schedule. Part-time employees receive SAP benefits on a prorated basis in accordance with the approved part-time schedule.

Payments are made at your base rate (defined on page A-2), according to the following schedule:

Benefits Payment Schedule	
If credited service is	then you are eligible for UP to the following SAP benefits:
Less than 15 years,	1,040 hours at full pay followed by 1,040 hours at half pay.
15 years or more,	2,080 hours at full pay.

NOTE: Specific to Sandia employees residing in California:

- Sandia employees residing in California are paid according to the above schedule less the CA SDI benefit. Sandia will estimate the weekly benefit amount until a copy of the approved benefit is provided by the employee.
- For Sandia employees' residing in California, the SAP is the primary benefit during the 7 calendar day mandatory waiting period required by the State of California.
- If the Sandia/California employee is not eligible for CA SDI, then the SAP plan is the primary benefit as outlined in the above schedule.
- Sandia employees residing in California who are eligible for CA SDI but are denied, either initially or after initial approval, but

otherwise meet the requirements of the SAP, will be paid under the SAP plan less the eligible CA SDI benefit amount.

- Sandia/California employees who are eligible for CA SDI but who fail to apply for benefits may be denied SAP benefits.

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Restoring SAP

Benefits

SAP benefits are automatically restored in full when you have returned to work at your regular full-time or part-time work schedule for 90 consecutive calendar days without any sickness absence utilization including

- sickness absence,
- unpaid sickness absence,
- vacation in lieu of sickness,
- purchased vacation in lieu of sickness,
- convertible vacation in lieu of sickness,
- paid time off (PTO) in lieu of sickness,
- flextime in lieu of sickness,
- job-incurred illness/injury time, or
- any absence attributable to sickness without regard to how you charged the time.

If you have an additional period of sickness absence before full restoration of SAP benefits, eligibility for SAP benefits is based on total credited service less any benefits already received. The following excused absences do not impact the 90-day period:

- Vacation (not used for sickness),
- Purchased vacation (not used for sickness),
- Convertible vacation (not used for sickness),
- PTO (not used for sickness),
- Flextime (not used for sickness),
- Jury duty or enforced court attendance, or
- Armed forces training or local emergency service.

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Denial of Benefits

The Sandia Health Services Center determines whether you shall receive sickness absence benefits. Sickness absence benefits are not paid when you do any of the following:

- Engage in any outside employment during the absence;
- Engage in any outside activity that hinders recovery, requires physical exertion similar to that required by your job, or that a Sandia Health Services Center physician otherwise determines to be inappropriate given your medical condition;
- Fail to submit to an examination when required by the Sandia Health Services Center;
- Fail to provide the Sandia Health Services Center with sufficient medical documentation or a PCD regarding the condition causing your absence;

NOTE: If the Health Services Center does not receive an acceptable PCD within 30 days of the first date of sickness absence, the Plan benefits will be denied. If any benefits were paid during those 30 days, you will be required to repay the amount already received in full.

- Fail to see a physician during the first five consecutive workdays of absence or seven consecutive calendar days. (Refer to Physician Certificate of Disability (PCD) Requirements, page 10);
- Fail to comply with CA SDI claim process;
- Fail to obtain prior approval from the Sandia Health Services Center before leaving the local area while utilizing SAP benefits;
- Fail to return to work as directed by the Health Services Center or within the medical restrictions recommended by the SNL physician.

If your absence does not qualify for paid sickness absence benefits, you may be eligible for an unpaid leave of absence in accordance with CPR300.6.18, “Leaves of Absence.”

NOTE: Depending on the Leave of Absence, you may be required to provide certification of medical necessity on Form SF 4580-D.

If benefits are denied, the Health Services Center will provide you with written notification of the denial in accordance with the guidelines provided in Appeal of Denial on page 18.

IMPORTANT If paid sickness absence benefits are denied, you will be responsible for reimbursing Sandia National Laboratories for those sickness absence benefits.

NOTE: The maximum continuous absence for unpaid sickness absence is 30 consecutive calendar days. (See CPR300.6.15, “Employee Time Charging” for more information.)

Appeal of Denial

Policy

You or another authorized person may appeal the denial of benefits or other action under the SAP if

- a claim for benefits is denied, or
- you or your dependents feel that you have been treated unfairly with respect to any of the Plans.

Written Notice of Claim Denial

If a claim for some or all of the benefits is denied, the Sandia Health Services Center will provide you with the following:

- A written notice of the specific reasons,
- Reference to the pertinent Plan provisions,
- A description of any other material or information required from you or your health provider, and
- An explanation of why such material or information is being requested.

How to Appeal a Denial: Time Limits

You or another duly authorized person may appeal denial of benefits or other action. The appeal must be submitted in writing within 180 calendar days after receipt of notification of the Sandia Health Services Center decision of denial. For any denied claim or other disputed matter, you must send a written request, including any additional information that was requested or that would support your appeal, directly to the Employee Benefits Committee (EBC) for review. The EBC has the exclusive right to interpret and apply the provisions of the Plans, and that decision is conclusive and binding. The SAP appeals process will follow the Employee Retirement Income Security Act (ERISA) appeal guidelines. See “ERISA Information” in your *Sandia Employee Benefits Binder* for more information.

IMPORTANT

The SAP provisions require that you pursue all claim and appeal rights described on page 18 before you seek any other legal recourse.

Appeal Process for Denial of Claim		
Step	Who	Action
1	Covered person or authorized representative	Submit to the Claim Administrator within 180 calendar days after receipt of the denial <ul style="list-style-type: none">• a request for reconsideration (appeal), and• documents or records in support of appeal.
2	Claim Administrator	Notify the covered person of the decision on the appeal within 45 calendar days.
When a Time Extension is Needed		
If a decision on the appeal cannot be made within 45 calendar days and special circumstances require an extension of time to make a decision on the appeal,		then , the Claim Administrator notifies the covered employee in writing <ul style="list-style-type: none">▪ that an additional 45 calendar days are required for the review, and▪ of the decision on the appeal within 90 calendar days.

Whom to Contact

Employee Benefits Committee
Sandia National Laboratories
Organization 3332, Mail Stop 1022
P. O. Box 5800
Albuquerque, NM 87185-1022

Vacation, Holidays, and Other Paid Time off

Vacation and Flextime

You may only use vacation, convertible vacation, purchased vacation, or flextime in lieu of sickness in conjunction with SAP without reducing benefit eligibility at the following times:

- Before SAP benefits begin,
- After full-pay benefits have been exhausted and before half-pay benefits begin, and
- After SAP benefits are exhausted.

Employees charging vacation, convertible vacation, purchased vacation, or flextime in lieu of sickness have the same responsibilities as employees charging SAP project/task numbers.

IMPORTANT You may not take regular vacation or flextime on any day that you charge sickness absence. You may not take regular vacation or flextime immediately following a period of sickness absence without officially returning to work as required in Chapter 16 of the ES&H Manual.

Holidays, Energy Conservation Day, and Other Days off

If holidays or Energy Conservation Day (ECD) occur during sickness absence, they are charged to holiday and do not reduce SAP benefits. Employees receiving half-pay SAP benefits receive full pay for the holiday or ECD. If a part-time employee is receiving SAP benefits, the charges for holiday pay and ECD are prorated according to his or her part-time schedule. (See CPR300.6.15, “Employee Time Charging,” for additional information.)

Returning to Work

Establishing the Return-to-Work Date

After receiving a PCD, the Sandia Health Services Center determines the appropriate return-to-work date. While input from your personal physician is considered in making the determination, the ultimate decision is made by the Sandia Health Services Center.

Returning to Work Through the Health Services Center

Before returning to regular duties, any SNL employee who meets any of the following criteria shall visit SNL Health Services Center for approval to return to work:

- Needs work restrictions.
- Has been absent due to heart or psychiatric conditions.
- Was absent due to work-related illness or injury.
- Has been requested by his or her manager to return to work through the Health Services Center.
- Is a participant in any of the following Medical Certification programs:
 - Human Reliability Program,
 - Commercial Drivers License Program,
 - Protective Force Program, or
 - Crane and Hoist Program.
- Wears a dosimeter and has undergone a nuclear medicine procedure, for example, thyroid scan or treatment; thallium treadmill; or bone, lung, spleen, liver, or biliary scan.
- Sandia employees residing in California who have been receiving CA SDI benefits for their own disabling health condition.

Telephonic Return to Work

Members of the workforce who meet any of the following criteria may be telephonically returned to work by HBE staff:

- Were absent due to illness for five consecutive workdays or seven consecutive calendar days.
- Were evaluated by an outside health facility for a potential exposure to a hazardous substance.
- Were hospitalized for any reason.
- Underwent a surgical procedure (including dental surgery).
- Were absent as a result of any injury or treatment that might affect job performance.
- Were absent more than 40 hours in a month.

In SNL/NM A Telephone Return to Work is done only through case management for the following:

- Living and working out of town
- Returning after pregnancy

A nurse or case manager will contact the employee for evaluation using criteria specified in this operating procedure.

SNL/CA employees can call (925) 294-2700 to be evaluated for a telephonic return to work.

IMPORTANT Return to work shall be in accordance with the requirements in Chapter 16 of the ES&H Manual.

Relapse Following a Long-term Absence

If you return to work at your regular work schedule for seven calendar days or less and are absent again, the second absence is considered a relapse absence (see page A-3 for definition) and may not require the submission of a new PCD or medical documentation. However, the Sandia Health Services Center may require re-evaluation of the absence.

Not Returning to Work after SAP

Exhausted

If you continue to be disabled after exhausting your SAP benefits as determined by the Health Services Center, and you have depleted vacation, flextime, or other approved leaves, your employment with Sandia ends. You are then terminated or retired. After

termination or retirement, there is no guarantee of reemployment with Sandia. You may be eligible for the Sandia Long-Term Disability (LTD) Plan.

IMPORTANT You are responsible for applying for benefits under the LTD Plan. You are encouraged to submit a claim for LTD benefits as soon as you receive the claim packet from the LTD insurance carrier. Claims for consideration of LTD benefits may have a receipt deadline; refer to the Sandia Long-Term Disability Plans SPD for more detailed information.

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Special Situations

Travel Out of Town

If you are leaving work to travel out of town for voluntary hospitalization or medical treatment, you must charge travel time to vacation, convertible vacation, purchased vacation, flex, or excused absence without pay. However, once sickness absence benefits begin (with the receipt of medical treatment), return travel time may be charged to SAP benefits. All provisions of this booklet apply to time spent for the actual medical treatment.

EXCEPTION

If you have already been approved for SAP benefits prior to travel required for medical treatment, you may charge SAP benefits for all of your travel time.

IMPORTANT You must obtain prior approval from the Sandia Health Services Center before leaving the local area (see definition of local area on page A-3) while absent because of illness or injury. Failure to notify and obtain approval from the Sandia Health Services Center will result in a denial of paid sickness absence benefits.

Christian Scientists and SAP

When a PCD is required but is not provided, managers must obtain approval from the Benefits and Health Services Director (SNL physician in SNL/CA) before charging any paid sickness absence time for a Christian Scientist.

Payment of sickness absence benefits will be granted based on the merits of the case, and the following requirements must be met:

- The covered participant must state that medical treatment was not received because of Christian Scientist beliefs,

- The covered participant must provide written assurance that he/she is under the care of a qualified Christian Science practitioner,
- The covered participant must agree to submit to a medical examination (not treatment) by an SNL physician, and
- An SNL physician must confirm that the length of the absence is reasonable given the covered participant’s particular condition.

Payment of sickness absence benefits will be discontinued if

- the covered participant refuses to receive any subsequent medical examination requested by an SNL physician, or
- the Benefits and Health Services Director (SNL physician in SNL/CA) determines that the covered participant’s refusal to seek or accept medical care has had or may have serious consequences.

Working Partial Days Under the SAP

The intent of the use of sickness absence benefits for partial workdays is to assist you in returning to your regular work schedule in a progressive manner following disability from illness or injury. Following a return to work through the Health Services Center, an SNL Health Services Center physician may place you on a temporary (up to 180 calendar days) part-time work restriction. Only under temporary (up to 180 calendar days) part-time medical restrictions, may employees use sickness absence benefits to supplement their hours worked up to their regular work schedule without being reclassified as part-time employees.

IMPORTANT Employees who require part-time medical restrictions beyond 180 calendar days will be issued an indefinite medical restriction and will be reclassified to part-time employment status, subject to existing law. (Part-time employees whose regular work schedule is greater than 20 hours may also be adjusted to a part-time schedule of 20 hours per week, subject to existing law.) The 180-calendar day count on temporary medical restrictions is reset only after an employee has worked without the temporary medical restriction for 90 consecutive calendar days or more. (For part-time information, refer to CPR 300.6.19, “Part-Time Employment.” For more information on “Medical Restrictions,” refer to CPR 300.5.7.)

Work at Home/Telecommuting

Nonrepresented employees may be authorized to work at home during the approved sickness absence period. The following requirements must be met:

- Documentation of approval from the employee’s treating physician that work from home will not hinder recovery in any way. Documentation must also include any restrictions or limitations on work to be performed.
- Documentation from employee’s immediate manager stating that the employee has viable and meaningful work to be performed from home and has been approved to do so.
- Prior approval from the Health Services Center.

NOTE: The work-at-home option is only a temporary option. Any duration of work at home greater than six weeks requires a formal telecommuting agreement. (See CPR300.6.30, “Telecommuting,” for more information.)

Working Alternative Work Schedules

Employees on alternative work schedules such as compressed workweeks, 9/80, or rotating shifts who use approved sickness absence benefits of more than five consecutive work days or seven consecutive calendar days will be placed on a standard work schedule of five workdays per week at eight hours per day (or the standard prorated schedule for part-time employees) for the purpose of counting the period of sickness absence benefits until such time as the covered participant returns to his or her regular full-time or part-time work schedule.

FMLA and SAP

Sandia calculates Family and Medical Leave Act (FMLA) eligibility based on a “rolling year,” with the 12-month period beginning on the first day of a FMLA qualified absence. Any FMLA qualified absence under Sandia’s SAP counts toward satisfaction of the leave requirements of the FMLA of 1993.

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NONOCCUPATIONAL ILLNESS AND INJURY WHILE ON TRAVEL STATUS (NII/WTS) PLAN

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Basic Provisions

Introduction

The Nonoccupational Illness and Injury While on Travel Status (NII/WTS) Plan provides you with reimbursement for allowable expenses incurred for nonoccupational illnesses and injuries that occur while you are on authorized business travel for Sandia.

Administration

The Sandia Benefits and Health Services Center administers this Plan and determines eligibility for benefits.

ERISA Information

The Employee Retirement Income Security Act (ERISA) of 1974 provides certain rights to participants in the NII/WTS Plan. This information, as well as certain general information concerning the Plan, is included in the *Sandia Employee Benefits Binder* as a separate booklet called “ERISA Information.”

Plan Identification Information

The Nonoccupational Illness and Injury While on Travel Status (NII/WTS) Plan is a self-insured Plan for eligible participants (as defined in this booklet) of Sandia National Laboratories, P. O. Box 5800, Albuquerque, NM 87185 (Employer Identification Number 85-0097942).

The NII/WTS Plan (PN 514) is administered on a calendar-year basis (January 1 through December 31) for the filing of reports to the Department of Labor. The Sandia Benefits and Health Services Center is the Administrator of this Plan.

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Eligibility

You are eligible to participate in the NII/WTS Plan if

- you are a regular full-time or part-time employee (as classified by Sandia for payroll purposes).
- you are a full-time or part-time employee (as classified by Sandia for payroll purposes) in the limited-term, post-doctoral appointee, or the full-time, year-round faculty sabbatical appointee classifications.

For purposes of coverage under this Plan, an individual is a covered “employee” only if

- the individual satisfies all other tests for coverage under this Plan,
- Sandia Corporation actually withholds required federal, state, or FICA taxes from his/her paycheck,
- Sandia Corporation issues him/her a W-2 for the year for which benefits under this Plan are claimed, and
- Sandia Corporation issues the W-2 no later than the year following the year for which benefits were claimed.

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NII/WTS Plan Benefit

You are responsible for expenses incurred for nonoccupational illnesses or injuries that occur while you are on authorized business travel. However, Sandia will reimburse you for medical expenses not covered by health insurance to the extent that they exceed the out-of-pocket maximum expenses that you would have incurred at your base location and are consistent with the provisions of Sandia's health care plans.

Tip

A voucher must be approved by the Director of the Benefits and Health Services Center 3300 (NM) or the Manager of the Benefits and Health Services Department 8527 (CA). Reimbursed expenses are charged to Sandia's Health Services Center.

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Appeal of Denial

Policy

You or another authorized person may appeal the denial of the benefit or other action under the NII/WTS Plan if

- a claim for the benefit is denied, or
- you or your dependents feel that you have been treated unfairly with respect to the Plan.

Written Notice of Claim Denial

If a claim for some or all of the benefits is denied, the Health Services Center shall provide you with

- a written notice of the specific reasons,
- reference to the pertinent Plan provisions,
- a description of any other material or information required from you or your health provider, and
- an explanation of why such material or information is being requested.

How to Appeal a Denial: Time Limits

You or another duly authorized person may appeal denial of benefits or other action. The appeal must be submitted in writing within 180 calendar days after receipt of notification of the Sandia Health Services Center's decision of denial. For any denied claim or other disputed matter, you must send a written request, including any additional information that was requested or that would support your appeal, directly to the Employee Benefits Committee (EBC) for review. The EBC has the exclusive right to interpret and apply the provisions of the Plans, and that decision is conclusive and binding. The NII/WTS appeals process will follow the Employee Retirement Income Security Act (ERISA) appeal guidelines. See "ERISA Information" in your *Sandia Employee Benefits Binder* for more information.

Appeal Process for Denial of Claim		
Step	Who	Action
1	Covered person or authorized representative	Submit to the Claim Administrator within 180 calendar days after receipt of the denial <ul style="list-style-type: none"> ▪ a request for reconsideration (appeal), and ▪ documents or records in support of appeal.
2	Claim Administrator	Notify the covered person of the decision on the appeal within 45 calendar days.
When a Time Extension is Needed		
	If a decision on the appeal cannot be made within 45 calendar days and special circumstances require an extension of time to make a decision on the appeal,	then , the Claim Administrator notifies the covered employee in writing <ul style="list-style-type: none"> ▪ that an additional 45 calendar days are required for the review, and ▪ of the decision on the appeal within 90 calendar days.

Whom to Contact

Employee Benefits Committee
Sandia National Laboratories
Organization 3332, Mail Stop 1022
P. O. Box 5800
Albuquerque, NM 87185-1022

Appendix A

Acronyms and Definitions

Acronyms

CA SDI	California State Disability Insurance
CPR	Corporate Process Requirement
EBC	Employee Benefits Committee (see definition, page A-2)
ERISA	Employee Retirement Income Security Act
ES&H	Environment, Safety, and Health (Manual)
FICA	Federal Insurance Contributions Act
FMLA	Family and Medical Leave Act
LTD	long-term disability
NII/WTS	Nonoccupational Illness and Injury While on Travel Status
PCD	Physician Certificate of Disability (see definition, page A-2)
PTO	paid time off
SAP	Sickness Absence Plan
SNL/CA	Sandia National Laboratories, California
SNL/NM	Sandia National Laboratories, New Mexico
SPD	Summary Plan Description

Definitions

base rate	Hourly, weekly, or annual rate of pay for your standard full-time or part-time work schedule. Base rate does not include payments such as performance awards, premiums, allowances, and overtime payments.
covered participant	Employees who meet all of the eligibility requirements for the Sickness Absence Plan and the Nonoccupational Illness and Injury While on Travel Status Plan.
credited service	The length of service including any prior employment that has been bridged to form one continuous term of employment.
Employee Benefits Committee	A management body comprised of Sandia directors who review and recommend actions regarding the following benefit plans: Disability Retirement, Sickness Absence, Leave(s) of Absence, Pension, and other related issues.
fitness for duty	The determination that the physical and mental health of an individual is consistent with the performance of assigned duties in a reliable and safe manner.
full-time, year-round faculty sabbatical appointee	Outstanding professors from colleges and universities throughout the country who will make significant and value-added contributions to Sandia's technical work for one academic year, to promote university relations, and to build a constituency at targeted universities, working a full-time or part-time schedule.
limited-term employee	Temporary employee hired for a specific period of time, initially a one-year term, which may be extended at management's discretion for no more than five additional one-year assignments, working a full-time or part-time schedule.

local area	The cities or towns in which the covered participant's work site or home are located.
medical restriction	Description of the mental and physical limitations of medically restricted employees. These descriptions serve as the basis for management's actions for reasonable accommodations.
nonoccupational injury/illness	An illness or injury that is not work-related or incurred during the normal course of employment.
Physician Certificate of Disability (PCD)	The certificate that must be completed by the personal health care provider and submitted to the Sandia Health Services Center within 14 days of the first date of absence.
post-doctoral appointee	Inexperienced Ph.D. employee (0-3 years of experience from completion of doctoral degree) hired for a specific period of time, initially a one-year term, which may be extended at management's discretion for no more than five additional one-year assignments, working a full-time or part-time schedule.
regular employee	An individual employed for an unspecified time period, working a full-time or part-time schedule.
relapse absence	A subsequent sickness absence within seven calendar days of the return-to-work date from a prior sickness absence.
sickness absence time charges	<ul style="list-style-type: none"> ■ Convertible vacation in lieu of sickness absence (Project/Task 10000-.248). Used when covered participants are charging their convertible vacation balance for approved sickness absence. May be charged at the beginning, between full pay and half pay, or after sickness absence benefits are exhausted. ■ Excused absence without pay (Project/Task 1000.500). Time charged for an excused absence, but not paid. ■ Flextime in lieu of sickness absence (Project/Task 10000.287). Used when

covered participants are charging their flex balance for approved sickness absence. May be charged at the beginning, between full pay and half pay, or after sickness absence benefits are exhausted.

- **Full-pay sickness absence (Project/Task 10000.251).** Full-pay sickness absence benefits depend on the number of years of credited service and work schedule.
- **Half-pay sickness absence (Project/Task 10000.252).** Once full-pay sickness absence benefits have been exhausted, half-pay benefits begin. Benefits depend on the number of years of credited service and work schedule.
- **Hospitalization for represented employees (Project/Task 10000.245).** Used for hospitalization. Refer to the applicable collective bargaining agreement.
- **Paid time off (PTO) in lieu of sickness absence for represented employees (Project/Task 10000.244).** Up to 40 hours per fiscal year. Refer to the applicable collective bargaining agreement.
- **Purchased vacation in lieu of sickness absence (Project/Task 10000-.311).** Used when covered participants are charging their purchased vacation balance for approved sickness absence. May be charged at the beginning, between full pay and half pay, or after sickness absence benefits are exhausted.
- **Sickness absence without pay (Project/Task 10000.502).** Time charged for sickness absence, but not paid. The maximum continuous absence is 30 consecutive calendar days.
- **Vacation in lieu of sickness absence (Project/Task 10000.242).** Used when covered participants are charging their vacation balance for approved sickness absence. May be charged at the beginning, between full pay and half pay, or after sickness absence benefits are exhausted.

telephonic return to work

Process by which a covered participant may request to return to work from a sickness absence over the telephone without being required to report in person to the Sandia's Benefits and Health Services Center.

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