WEEKLY DISABILITY CLAIM FORM

International Union Of Operating Engineers Welfare Fund
Of Eastern Pennsylvania and Delaware
1375 Virginia Drive, Suite 245, Fort Washington Pennsylvania 19034
gina.pastella@iuoe542funds.com Phone: 215-542-8211 Fax: 215-447-5003

This Section To Be Completed By Member

1. Name _____ SS# _____
2. Address _____
3. Daytime Phone Number _____
4. Employer _____
5. If your claim is due to illness, state the nature of the illness _____

   _____
6. If your claim is due to an accident state:
   a) When it happened _____
   b) Where it happened _____
   c) How it happened _____
   d) Were you at work at the time of the accident. If so, for whom _____
7. State the last day you worked _____
8. State the date on which you became disabled & unable to work as a result of questions 5 & 6

   _____
9. State the date the disability ended _____
10. State the date you returned to work _____
11. If still disabled, state the date you may be returning to work _____
12. Have you applied for unemployment compensation for any part of the period you claim you were disabled? (Answer yes or no; if the answer is yes, give dates) _____

Member's Signature _____ Date _____

This Section To Be Completed by Physician

Disabling Physician must be an M.D. or a D.O.

Patient's Name _____ Date of Birth _____

1. Diagnosis (ICD 10 Codes) _____
2. Is condition due to injury or sickness arising out of employment? Yes _____ No _____
3. Date patient first consulted you for this condition _____
4. Was patient hospitalized or was surgery required? Yes _____ No _____

   a) If yes, please state date of admission or date of surgery _____
5. Type of Surgery _____
6. Is patient still under your care for this condition? Yes _____ No _____
7. Patient was continuously totally disabled (Unable to work) From _____ To _____
8. If still disabled, date patient should be able to return to work _____

Physician's Name (Print): _____ Degree: _____

Street Address: _____

City: _____ State: _____

Phone Number: _____ Fax Number: _____

Physician's Signature: _____ Date: _____