# SHORT TERM DISABILITY BENEFITS

| **Section 1:** | **To be completed by Employee** | | |
|---|---|---|---|
| Name of Employee: | Social Security No. | | |
| Address: | | | |
| Is Claim for an Injury ____Yes ____No | If yes, date of injury | How and where did injury happen: | |
| Has been unable to work: ____Yes ____No | Date first unable to work: | Date returned to work: | Is illness or injury due to Employment? _____Yes ____No |
| Has or will a claim be filed with Workers Compensation or F.E.I.A. _____Yes _____No | | | |
| I hereby authorize my attending physician to furnish the Fund Office with full information regarding treatment, diagnosis and prognosis.<br><br>Date:_____ Signature of Employee_____ | | | |
| **Section 2:** | **To be completed by Employer** | | |
| First scheduled work date unable to work:_____<br>Date returned to work:_____Not returned:_____<br>Signature of Employers Representative and title:_____ | | | |
| **Section 3:** | **Attending Physician's Statement of Disability** | | |
| Patients Name: | Date of birth: | | |
| Nature of sickness or injury including ICDA Code: | | | |
| Is condition due to injury or sickness arising out of patient's employment? _____Yes _____No | | | |
| Pregnancy? If yes, approximate date of pregnancy commenced: Date_____ Yes_____ No_____ | | | |
| Date symptoms first appeared or accident happened: | Date patient first consulted you for this condition: | | |
| Patient ever had same or similar condition? If yes, when? | Patient still under your care for this condition: _____Yes _____No | | |
| Patient has been continuously disabled ( unable to work)<br>from: through: | Patient was partially disabled:<br><br>from: through: | | |
| If still disabled, date patient should be able to return to work: | Patient was house confined<br>from: through: | | |

Physicians Phone:_____ Physicians Signature:_____

Physicians Name (print)_____Tax ID:_____

Physicians Address:_____

Date:_____

Please send back to:
Youngstown Area Electrical Welfare Fund Local #64
33 Fitch Blvd
Austintown, Ohio 44515 1-800-435-2388 Phone 330-270-0912 Fax