

## SHORT TERM DISABILITY BENEFITS

<b>Section 1:</b>		<b>To be completed by Employee</b>	
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.			
Date: _____		Signature of Employee _____	
<b>Section 2:</b>		<b>To be completed by Employer</b>	
First scheduled work date unable to work: _____			
Date returned to work: _____ Not returned: _____			
Signature of Employers Representative and title: _____			
<b>Section 3:</b>		<b>Attending Physician's Statement of Disability</b>	
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) from: _____ through: _____		Patient was partially disabled: from: _____ through: _____	
If still disabled, date patient should be able to return to work: _____		Patient was house confined from: _____ through: _____	

Physicians Phone: \_\_\_\_\_ Physicians Signature: \_\_\_\_\_

Physicians Name (print) \_\_\_\_\_ Tax ID: \_\_\_\_\_

Physicians Address: \_\_\_\_\_

Date: \_\_\_\_\_

Please send back to:  
I.B.E.W. Local 688  
33 Fitch Blvd

Austintown, Ohio 44515

1-800-435-2388 Phone

330-270-3582 Fax