

MID CENTRAL OPERATING ENGINEERS HEALTH & WELFARE FUND
P.O. BOX 9605 TERRE HAUTE, INDIANA 47808
TOLL FREE: 1-877-299-3699
1-812-232-4384

INJURY AND ILLNESS WEEKLY BENEFIT APPLICATION
(LOSS OF TIME BENEFIT)
MEMBER ONLY

STATEMENT OF ATTENDING PHYSICIAN

PATIENT'S NAME: _____

DIAGNOSIS: _____

DATES EXAMINED: _____

DATE DISABILITY BEGAN _____ DATE ABLE TO RETURN TO WORK _____

DATED _____ FEDERAL TAX NO. _____ PHONE (____) _____

Partially disabled since: _____

Physician Signature

Completely disabled since: _____

Address

City/State/Zip

STATEMENT OF INSURED MEMBER

NAME _____ SS No. _____ Diagnosis _____

FIRST DAY UNABLE TO WORK: _____

Date ABLE TO ACCEPT EMPLOYMENT: _____

I AM NOT RETIRED OR HAVE APPLIED FOR RETIREMENT THROUGH SOCIAL SECURITY OR CENTRAL PENSION FUND AND HAVE NOT APPLIED FOR UNEMPLOYMENT BENEFITS FOR THIS TIME PERIOD AND THIS INJURY OR ILLNESS IS NOT COVERED BY WORKMAN'S COMPENSATION. If you have applied, please explain: _____

I certify that the above statements are true and complete to the best of my knowledge.

Dated: _____

Insured member's Signature

This form must be completed and returned to: Mid Central Operating Engineers Health & Welfare Fund, P.O. Box 9605, Terre Haute, IN 47808, in order to begin your Loss of Time benefits. (812)232-4384.