LOCAL 773 WELFARE FUND
LOSS OF TIME BENEFITS

PLEASE ANSWER ALL QUESTIONS

SECTION A - TO BE COMPLETED BY MEMBER				
Member's Name (Print)	☐ Male ☐ Female	☐ Married ☐ Single	Date of Birth	Social Security No.
Home Address	City	State	Zip Code	Telephone Number
Current or Most Recent Employer's Name and Address				Your Occupation

First Date Unable to Work: _____ 20__	Date Returned to Work, **If you have not returned to work, what date do you expect to?** _____ 20__
COMPLETE IF CLAIM IS FOR INJURY	Describe how and where accident occurred.
Date of injury / Time: ☐____AM ☐____PM	
Was the claimant at work when injured? ☐Yes ☐No	For Whom / Which benefits have you filed and qualified for. ☐ NYS Disability ☐ Workers Compensation benefits

SECTION B – PHYSICIAN'S STATEMENT	
Patient's Name	Age
Nature of Sickness or injury (Describe Complications if any)	
Give Dates of Treatment	Home
	Hospital
	Office

Is Patient still under your care for this condition? ☐Yes ☐No If discharged, give date: Date _____ 20____

If Patient is hospitalized, give name and address of hospital: _____ _____ _____
Hospital City State

Date admitted _____ 20___ Date Discharged _____ 20___

How long was or will patient be continuously totally disabled (unable to work) From _____ 20__ Through _____ 20__

Is condition due to injury or sickness arising out of patient's employment? ☐Yes ☐No
If "Yes", explain

I hereby authorize _____ hospital(s) to furnish the Welfare Fund, Plumbers & Steamfitters Local 773 or their representatives any information pertaining to this patient's disability or any other condition. (A photostat may be used in lieu of this original).

Date _____ 20____ Signed: _____
(Attending Physician)

Phone:_____ _____
(Street Address) (City or Town) (State or Province) (Zip Code)

Signed: _____ **Date:**_____
(Participant Name)

State of _____

County of _____ ss.:

On the _____ day of _____, 20_____, before me came to me known and known to be the person described in and who executed the foregoing statement and (s)he duly acknowledged to me that (s)he executed the same.

_____
Notary Public