

## 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:

Mahoning and Trumbull County Building Trades Insurance Fund

33 Fitch Blvd

Austintown, Ohio 44515

1-800-435-2388 Phone

330-270-0912 Fax