



MEMO

TO: FULL MEMBER
FROM: OPEIU HEALTHCARE Pennsylvania
RE: Disability Benefit

Dear FULL MEMBER:

As a "Full Share Member" with *OPEIU HEALTHCARE Pennsylvania*, you may be eligible for our short-term disability benefit. Please complete the enclosed "Compensation Benefit Claim Form", and return it to me with the required doctor's note *as soon as you return to work.*

In order to be eligible for the \$250 supplementary disability benefit, you must:

- Have been a member in good standing for at least one year
- Be current with your monthly payment of dues, including while on Disability or Workers' Compensation Leave
- Have been unable to work for at least 90 calendar days for medical reason(s)
- Claim this benefit within *one year* from the date you first became disabled
- Attach a physician's form/note which includes the following information:
 - The calendar date you were *first unable to work*
 - The calendar date you were *able to return to work*
 - An explanation/reason for the disability.

This benefit is provided at no cost to you for being a "Full Share Member" with *OPEIU HEALTHCARE Pennsylvania*.

If you have any questions or concerns, please feel free to contact me at 717-635-2570 or call toll free at 1-800-568-4762.

Sincerely,

Michele Noaker, Membership Specialist
OPEIU HEALTHCARE Pennsylvania