

**SUPPLEMENTARY DISABILITY/WORKER'S
COMPENSATION BENEFIT CLAIM FORM**

OPEIU HEALTHCARE Pennsylvania
425 North 21st Street, Suite 402
Camp Hill, PA 17011

LENGTH OF DISABILITY MUST BE AT LEAST NINETY (90) CONSECUTIVE DAYS

To be eligible for this Local 112 benefit, you must:

1. Have been a member in good standing for one year.
2. Be current with the payment of dues while on Disability or Workers' Compensation.
3. Attach a copy of Workers' Compensation Form or Disability Form.
4. The member shall be eligible for the \$250.00 supplementary disability benefit after ninety (90) days of such disability or workers' compensation period.

This form must include all of the following:

- a) Physician Form
- b) Specific dates (the **calendar date** you were first unable to work, and the **calendar date** you are able to return to work) and reason for disability.

Note: You have one year from the date you first became disabled to claim this benefit. Mail payment of dues by check payable to *OPEIU Healthcare PA* during period of disability.

IMPORTANT NOTE: Payment of dues while on Disability or Worker's Compensation keeps in force the \$1000.00 death benefit, provided by Local 112 to members in good standing for twelve (12) months or more.

MEMBER INFORMATION

1. Name _____ 2. Social Security # _____
3. Address _____
No/Street Apt.# City State Zip Code
4. Employer _____ Position _____
5. Telephone #: Home () _____ Work () _____

Date Disability Began _____ Date of Return to Work _____

Members Signature _____ Date _____

PLEASE ALLOW A MINIMUM OF 12 WEEKS FOR PROCESSING

(FOR OFFICE USE ONLY) MEMBERSHIP RECORD: DATE _____