TO: **BAY AREA ROOFERS HEALTH AND WELFARE TRUST FUND**
ADMINISTRATION DEPARTMENT, P. O. BOX 5057, SAN JOSE, CA 95150

SUBJECT: CLAIM FOR DISABILITY CREDIT - **CONFIDENTIAL**

Name of Claimant _____ Local No. _____

Claimant's Social Security No. _____

Claimant's Address _____

I. **CLAIMANT'S STATEMENT**

This is to notify the Fund that I was an eligible member under the plan, but that I am disabled and unable to work in any occupation because of disability. Because I am disabled this application is made for disability credit. Please review this form and my individual record in the Trust office to determine if I qualify.

I authorize any physician, hospital or association to disclose to a qualified representative of the Trust any information regarding my disability. I agree that a photostat of this authorization may be used in lieu of this original.

Date _____ Signature _____

II. **ATTENDING PHYSICIANS'S STATEMENT** **(PLEASE TYPE OR PRINT CLEARLY)**

On what date did the claimant first become disabled? _____

Describe fully, giving diagnosis and symptoms of injury, infirmity or disease causing present disability with brief description of physical finds.

_____

_____

_____

_____

_____

If claimant is disabled at the present time and unable to perform his or her regular roofing duties, give date on or about which you believe he may be expected to recover to the extent that he will be able to return to his normal duties as a roofer: _____.

Signature _____ M. D. Date Signed _____

Print name _____ Telephone _____

Address _____

Any fee for this information is not chargeable to the Trust.

☐ See attached Physician's note.

Submitted by: _____ Local No: _____ Date: _____
Local Representative

Administration Use only: Date received: _____ Overrides done: _____

_____, _____ _____, _____
Month Invoice #, Date Processed Month Invoice #, Date Processed

_____, _____ _____, _____
Month Invoice #, Date Processed Month Invoice #, Date Processed

_____, _____ _____, _____
Month Invoice #, Date Processed Month Invoice #, Date Processed