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 a 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

(PER TRUSTEES: ELIGIBILITY TO BEGIN WHEN DISABILITY STARTS)