OPERATING ENGINEERS TRUST FUNDS
NEVADA WEEKLY DISABILITY BENEFITS

RETURN TO: OPERATING ENGINEERS
HEALTH & WELFARE FUND
P.O. BOX 7067
PASADENA, CA 91109
(626) 356- 1000

PART A - TO BE COMPLETED BY THE EMPLOYEE

Employee's name (please print):	Employed by:
Home address	Telephone number:
Are you still disabled?	If not, when did you recover?
Date and time you stopped working	Have you worked for wages or salary since your disability began?
Is this disability related in any way to your employment or occupation? _____Yes _____No	What date do you expect to return to work
Are you receiving or have you filed as claim for benefits under the federal Social Security Disability Act? If yes, give date of approval & amount of benefit. _____Yes _____No Date_____ Amount per month: $_____	
I HEREBY CERTIFY THAT THE FOREGOING STATEMENTS, INCLUDING ANY ACCOMPANYING STATEMENTS, ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND HEREBY FURTHER AUTHORIZE MY ATTENDING PHYSICIAN, PRACTITIONER OR HOSPITAL IN WHICH CONFINEMENT TOOK PLACE TO FURNISH AND DISCLOSE ALL FACTS CONCERNING MY PHYSICAL CONDITION THAT ARE WITHIN THEIR KNOWLEDGE. _____ DATE _____ SIGNATURE OF THE EMPLOYEE _____ SOC. SEC. NO.	

Part B – ATTENDING PHYSICIAN'S STATEMENT

Patient's name:	Patient's age:
Nature of sickness or injury. (Describe complications if any.)	
Is this condition work-related? _____Yes _____No	Date of most recent treatment:
This patient has been continuously disabled (unable to work) from: _____ through _____	
If still disabled, what date is patient expected to return to work?	Additional remarks:
I hereby approve release of information pertaining to hospital confinement of this patient to Operating Engineers Health & Welfare Fund on authorization of patient. _____ Date _____ Print Physician's Name _____ Physician's Signature _____ SS# or Tax ID # _____ Street Address City State Zip Telephone Number	

****Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.****