OPERATING ENGINEERS TRUST FUNDS

I.U.O.E. LOCAL 12 HEALTH & WELFARE / PENSION / VACATION / TRAINING

100 CORSON STREET, SUITE 100 · PASADENA, CALIFORNIA 91103 · (866) 400-5200
P.O. BOX 7063, PASADENA, CALIFORNIA 91109
TTY: (626) 356-3582 WEBSITE: www.oefi.org

Application For Disability Extension Of Eligibility

Participant's Information

Social Security Number/OE ID	Last Name	First Name	Middle Initial

Address Information

Street Address		
City	State	ZIP Code
Home Phone Number ( )	Mobile Phone Number ( )	Email Address

Certificate Of Disability - To be completed and signed by the participant

Date(s) you were unable to work: _____/_____/________ to _____/_____/________	Are you still disabled? ☐ Yes ☐ No	What date do you expect to return to work? _____/_____/________
Is this disability in any way related to your employment or occupation? ☐ Yes ☐ No	Please describe the medical condition:	

I hereby certify that the forgoing 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.

Signature (required)

X	Date: _____/_____/________

Certificate Of Disability - To be completed and signed by the doctor

Patient's Name			Patient's Date of Birth _____/_____/________
ICD-9 Code(s):		Date of patient's first treatment for this condition: _____/_____/________	
Physician Name		Physician Tax ID #	
I certify that this patient was unable to perform his/her regular and customary work for the period: _____/_____/________ to _____/_____/________		Phone Number ( )	
Mailing Address	City	State	ZIP Code

Attending Physician's Signature

X	Date _____/_____/________

Return to: Operating Engineers Health and Welfare Fund, PO Box 7067, Pasadena, CA 91109
Fax (626) 356-3566, or contact Member Services Dept. at (866) 400-5200