

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 One Year 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:		Are you still disabled?	What date do you expect to return to work?
____/____/____ to ____/____/____		<input type="checkbox"/> Yes <input type="checkbox"/> No	____/____/____
Is this disability in any way related to your employment or occupation?	Please describe the medical condition:		
<input type="checkbox"/> Yes <input type="checkbox"/> No			
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:	Phone Number		
____/____/____ to ____/____/____	()		
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