

# Upstate New York Engineers Benefit Funds

International Union of Operating Engineers

Local Unions 17, 158

101 Intrepid Lane, P.O. Box 100 - Colvin Station  
Syracuse, New York 13205-0100

Phone: 315.492.1796

Deborah M. Spaulding - Administrator

Fax: 315.492.6618

## APPLICATION FOR DISABILITY HOURS

Please Print All Answers

1. Participants Name \_\_\_\_\_ SS# \_\_\_\_\_
2. Address \_\_\_\_\_ Phone No. \_\_\_\_\_  
City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
3. Last Employed by \_\_\_\_\_  
Address \_\_\_\_\_ Phone No. \_\_\_\_\_  
City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
4. Last Day Worked \_\_\_\_\_
5. Is your disability an injury that is work related      YES / NO / UNKNOWN (circle one)
6. Date of Birth \_\_\_\_\_
7. Local Union No. \_\_\_\_\_
8. Date \_\_\_\_\_ Signature \_\_\_\_\_

(OVER)

**CERTIFICATE OF ATTENDING PHYSICIAN**

I certify that I attended \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

I certify that patient is or was under my care for the disability the patient is applying for benefits and patient is/was disabled and unable to return to work for the period \_\_\_\_\_, 20\_\_ to \_\_\_\_\_, 20\_\_

The patient will be able to return to work \_\_\_\_\_, 20\_\_

Is the patient's disability due to an injury or illness resulting from patients' employment? YES / NO / UNKNOWN (circle one)

Diagnosis (legible please)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attending Physicians Name (Please Print) \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Workers' Compensation Board Authorization Number \_\_\_\_\_

Date \_\_\_\_\_ Attending Physicians' Signature \_\_\_\_\_

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Dear Participant:

Enclosed is an application for disability hours. You may be awarded up to a maximum of 300 health fund hours during your disability period. Disability hours are awarded at 20 hours per week beginning the first week from the date your physician determined that your disability prevented you from working in covered employment. Depending on the disability period determined by your physician, disability hours awarded do not guarantee that your eligibility will be extended further than the eligibility you have attained at the time of your disability.

Please complete the Application for Disability Hours form, have your attending physician complete the Certificate of Attending Physician located on the back of the application and return to the Upstate New York Engineers Health Fund.

If you have any questions about disability hours or about this application please contact the Fund Office.

Upstate New York Engineers Health Fund