



# Plumbers & Steamfitters Local Union 52

PO Box 211105

Montgomery, AL 36121-1105

(334) 272-9500

## SICK FUND CARD

Member's Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If rules of the Sick Fund are broken, or member has made a false report, he shall be ineligible for benefits for one year. I hereby acknowledge that all information stated below is true and correct.

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

### DOCTOR'S REPORT (Please print or type)

Date of Service: \_\_\_\_\_

Nature of Illness or Injury: \_\_\_\_\_

Patient was continuously totally disabled (unable to work)

From: \_\_\_\_/\_\_\_\_/20\_\_\_\_ Thru: \_\_\_\_/\_\_\_\_/20\_\_\_\_.

If still disabled, DATE patient should be able to return to work: \_\_\_\_/\_\_\_\_/20\_\_\_\_.

Physician's Name (printed) \_\_\_\_\_ Federal Id. No. \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Telephone No. \_\_\_\_\_

### LOCAL USE ONLY

DATE RECEIVED: \_\_\_\_\_

ALL DUES AND ASSESSMENTS PAID TO DATE: YES NO

WEEK OF	DATE PAID
1.	
2.	
3.	
4.	

