



Carpenters Southwest Administrative Corporation

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www.carpenterssw.org

DISABILITY INITIAL CLAIM FORM

Part I. – Participant Statement (Please Print) Please see other side of this form for benefits qualifications

- I hereby apply for benefits due me on account of an illness or injury which has caused me to be continuously unable to work since _____, 20 _____
- Name _____ SS# or UBC number _____ Date of Birth _____ Local Union# _____
- Address _____ City _____ State _____ Zip _____ Phone: _____
- Was the disability as a result of your occupation? Circle Yes or No
- When did illness/injury begin? _____
- Cause of disability (describe illness or injury) _____
- Name of Doctor currently treating the illness/ injury? _____ Date of first Visit _____
- Date of return (or expected return) to full-time work _____
I hereby certify that the foregoing answers are true and correct to the best of my knowledge.
- Signature of Participant _____ Date _____

Part II. – Physician Statement (Please Print)

- Name of patient _____
- Did the illness or injury arise out of the patient's employment? Circle Yes or No
- With regard to this injury or illness, is the patient able to return to FULL DUTY work? Circle Yes or No
- If NO, what is the expected return to work date? _____
- When did the patient first consult you for this condition? _____
- When did the injury or symptoms first occur? _____
- Dates of treatment or service _____ Diagnosis/ ICD 10 code _____
- Is the disability being reported to the patient's Workers' Compensation carrier or another health coverage? Circle Yes or No
- If yes, please identify _____
- If hospitalized, please give dates _____

Physician's Name (Please Print) _____ Degree _____
 Phone # _____ Fax # _____
 Address _____ City _____ State _____ Zip _____
 Physician's Signature: _____ Date: _____

SOUTHWEST CARPENTERS ADMINISTRATIVE OFFICE USE ONLY

Last Eligible Quarter _____ Reserve Hours _____

1st Quarter

Mo/Yr.	Hours
_____	_____
_____	_____
_____	_____

2nd Quarter

Mo/Yr.	Hours
_____	_____
_____	_____
_____	_____

Total	Date	Total	Date
Applied	Processor	Applied	Processor

SOUTHWEST CARPENTERS HEALTH & WELFARE TRUST

Disability Hours Credit Provision for All Active Carpenters

The following rules apply to active eligible carpenters who become disabled on or after July 1, 2017:

Subject to the requirements outlined below, if you fail to work the hours required for continued eligibility because of an illness or injury which prevents you from performing the regular and customary duties of your occupation, you may be given disability hours credit at the rate of 8 hours for each day you are disabled, excluding Saturdays, Sundays, or holidays.

The maximum number of disability hours that can be credited to you during a Work Quarter is 360, less the number of hours you actually worked during that quarter. Disability hours credit can be given for a maximum of two consecutive Work Quarters.

If you have hours in your Reserve Account, you may use them to extend your eligibility beyond six months if you are still disabled or use them to reestablish active eligibility if you go back to work for a Contributing Employer within two consecutive Eligibility Quarters following the date your disability extension terminates.

To qualify for disability hours' credit, all of the following requirements must be met:

- A.) The disability must be certified by a licensed Physician (A covered physician would include a Doctor of Medicine (M.D.), a Doctor of Osteopathy (D.O.) or a Doctor of Podiatry Medicine (D.P.M.) But a chiropractor is not considered a covered physician),
- B.) The written certification of disability must be submitted to the Administrative Office no later than 90 days following the date you became disabled or 60 days from the date your eligibility terminated, whichever occurs first,
- C.) The active Carpenter must have been credited with hours worked for reasons other than having been disabled or qualified family or medical leave within the 90-day period ending on the date he became disabled,
- D.) The active Carpenter must have been eligible on a non-self-pay basis and without the use of disability hours credit during both of the two consecutive Eligibility Quarters that immediately precede the Eligibility Quarter in which he became disabled,
- E.) Must not be receiving a Pension Benefit from the Southwest Carpenters Pension Trust.

Revised 07/2017