



**CARPENTERS
SOUTHWEST
ADMINISTRATIVE
CORPORATION**

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Los Angeles, CA 90071-1706

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DISABILITY HEALTH & WELFARE HOURS CLAIM FORM

Part I. – Participant Statement (Please Print)

Please see other side of this form for benefits qualifications. **Note: You must submit this claim form within 120 days from the date of your illness/injury as indicated by your physician. Completed claim forms may be submitted via email at disability@carpenterssw.org.**

1. Name _____ SS# or UBC number _____ Date of Birth _____
2. Phone: _____ Local Union# _____
3. Address _____ City _____ State _____ Zip _____
4. Cause of your disability (describe illness or injury) _____
I hereby certify that the foregoing answers are true and correct to the best of my knowledge. Please note if disability lasts more than one quarter, you will be sent another form to certify continuation.

Signature of Participant _____ Date _____

Part II. – Physician Statement (Please Print)

1. Name of patient _____
2. Diagnosis/ ICD 10 code _____
3. Enter Dates for the Following:

a. Enter date participant was unable to work because of this illness/injury	Month:	Day:	Year:
b. Enter date participant will be able to perform usual work	Month:	Day:	Year:

(Even if considerable questions exist, estimate date. Avoid use of terms such as unknown or undetermined).

Physician's Name (Please Print) _____ License/Specialty _____

Phone # _____ Fax # _____

Address _____ City _____ State _____ Zip _____

Physician's Signature: _____ Date: _____

SOUTHWEST CARPENTERS ADMINISTRATIVE OFFICE USE ONLY

Last Eligible Month _____ Reserve Hours _____

Mo/Yr	Hours	Notes:	Mo/Yr	Hours

Total Work	Date	Total Work	Date
Total Bank	Processor	Total Bank	Processor
Total Applied		Total Applied	

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 January 1, 2019:

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 credited disability hours credit at the rate of 8 hours for each day you are disabled (excluding weekends and holidays), for a maximum of 6 consecutive months.

The maximum number of disability hours that can be credited to you during a work month is 120, less the number of hours you actually worked during that month.

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 6 Eligibility Months 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 120 days following the date you became disabled,
- 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 the 6 Eligibility Months that immediately precede the Eligibility Month in which the active Carpenter became disabled,
- E.) Must not be receiving a Pension Benefit from the Southwest Carpenters Pension Trust.

Revised 04/2024