Pipe Fittersô Local 597
WELFARE & RETIREMENT FUNDS

Union Trustees
James Buchanan
Thomas J. Kotel
Michael P. Maloney
Kevin M. Morrissey

Peter A. Driscoll, Administrator
45 N. Ogden Avenue Chicago, IL 60607
Phone: 312-633-0597 DFax: 312-829-7787
www.pf597.org

Employer Trustees
Frederick S. Oyer
John D. Curran
Marc A. Pittas
Stephen L. Lamb

WEEKLY ACCIDENT AND SICKNESS SUPPLEMENTARY STATEMENT

Memberôs Name

First Middle Initial Last

Social Security Number Local 597 Union Card Number

Address

Street City State Zip Code

Phone Number

E-Mail Address

Employer

I hereby certify that I have been Continuously Totally Disabled (unable to work)

From / / To / /

Authorization to Release Information: I hereby authorize the undersigned Physician to release any information acquired in the course of my examination or treatment. All questions must be answered. Return completed claim form to the Fund Office.

Memberôs Signature / / Date

It is the memberôs responsibility to notify the Fund Office upon physicianôs release to return to work. If you fail to notify the Fund Office of your return date to employment, you will be responsible.to reimburse the Fund in full for any monies paid to you after your return date.

Memberôs Signature / / Date

ATTENDING PHYSICIAN'S SUPPLEMENTARY STATEMENT

Nature of Sickness (describe complications, if any)

Dates of First Treatment / /

Date of Most Recent Treatment / /

Frequency of Treatment / /

The Patient has been Continuously Disabled (unable to work) From / / Thru / /

If still disabled, when should patient be able to return to work? / /

Remarks:

Physicianôs Name Physicianôs Degree

Physicianôs Signature Phone Number

Address

Street City State Zip Code

Date / /