## ILWU-PMA WELFARE PLAN

### CLAIM FORM FOR ELIGIBILITY EFFECTIVE ________________

RE: Name ____________________________________ Local ______ Reg. No. _______________

1. Absence(s) due to disability:

   From _________________________ To _____________________
   From _________________________ To _____________________
   From _________________________ To _____________________

   Check applicable box below and attach required items:

   ☐ Absence due to disability for a portion of the review period - applicable if hours worked = 25% or more of hours required for eligibility. Doctor's certification verifying dates of disability must be attached. (Doctor must be an MD, DO, DPM, DC, RPT, Ph.D., Psy.D., LCSW, MFCC, LAc, MFT, CMHC, BCSW, DDS, RNP, CRNA, PA, OD, Nurse Midwife, occupational therapist, speech pathologist, audiologist, or registered nurse with a Masters Degree in psychiatric mental health nursing)

   ☐ Continuous absence due to a job-connected illness or injury for which industrial compensation is received. Evidence of industrial compensation and doctor's certification specifying dates of disability must be attached.

   ☐ Continuous absence due to any other illness or injury which is not specified above. Doctor's certification verifying dates of disability must be attached.

2. Leave(s) of absence under 90 days: (For reason other than illness)

   From _________________________ To _____________________

3. Amputee due to on-the-job injury:
   Effective Date ________________________. Check whether or not claimant was available for work as condition permitted. YES ☐ NO ☐

4. Social Security Retirement: Effective Date _______________________.

5. Military Duty: From ________________________ To ____________________

JLRC Signature:

_____________________________________________ _____________________________________________
Union Signature Date Employer Signature Date

**Mail to:** **ILWU-PMA Benefit Plans**
**1188 Franklin Street – Suite 101**
**San Francisco, CA 94109**

NOTE: Industrial Compensation documents submitted with this claim will be automatically reviewed by the Benefit Plans office for Pension credit.

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