

OPERATING ENGINEERS TRUST FUNDS

I.U.O.E. LOCAL 12 HEALTH & WELFARE / PENSION / VACATION / DCP

100 CORSON STREET, SUITE 100 · PASADENA, CALIFORNIA 91103 · (866) 400-5200
 P.O. BOX 7063, PASADENA, CALIFORNIA 91109
 TTY: (626) 356-3582 WEBSITE: www.oefi.org



Application For One Year Disability Extension Of Eligibility

Participant's Information			
Social Security Number/OE ID	Last Name	First Name	Middle Initial
Address Information			
Street Address			
City		State	ZIP Code
Home Phone Number ()	Mobile Phone Number ()	Email Address	
Certificate Of Disability - To be completed and signed by the participant			
Date(s) you were unable to work: ____/____/____ to ____/____/____		Are you still disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	What date do you expect to return to work? ____/____/____
Is this disability in any way related to your employment or occupation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please describe the medical condition:		
I hereby certify that the forgoing statements, including any accompanying statements, are true, correct and complete to the best of my knowledge and hereby further authorize my attending physician, practitioner or hospital in which confinement took place to furnish and disclose all facts concerning my physical condition that are within their knowledge.			
Signature (required)			
X		Date: ____/____/____	
Certificate Of Disability - To be completed and signed by the doctor			
Patient's Name		Patient's Date of Birth ____/____/____	
ICD-10 Code(s):		Date of patient's first treatment for this condition: ____/____/____	
Physician Name		Physician Tax ID #	
I certify that this patient was unable to perform his/her regular and customary work for the period: ____/____/____ to ____/____/____		Phone Number ()	
Mailing Address		City	State ZIP Code
Attending Physician's Signature			
X		Date ____/____/____	

Return to: Operating Engineers Health and Welfare Fund, PO Box 7067, Pasadena, CA 91109
 FAX (626) 356-3566 or email: HWdisability@oefi.org