Construction & Metal Trades Divisions

The
Steamfitters' Industry
Fund Office

27-08 40th Avenue, 2nd Floor
Long Island City, NY 11101-3725
(212) 465-8888
www.steamfitters.com
FundOffice@steamny.com

SECURITY BENEFIT FUND

APPLICATION FOR REPLACEMENT WAGES

WORKERS COMPENSATION, DISABILITY OR JURY DUTY ONLY

- All information on this application must be completed.
- You will be reimbursed according to the stipulated contract agreement.
- Checks will be mailed to the address the Fund Office has on file for you or will be direct deposited to the account you have provided.
- If you wish to change your address please call the Fund Office for the necessary *Change of Address* form or do it on-line.
- You must file (regardless of length of time) and substantiate all benefits with copies of the appropriate Disability, Workers' Compensation Insurance company or jury duty documents.

Book Number: ____________________

Name: ____________________

____________________ ____________________ ____________________
Home Telephone Cell Telephone Email

Single ☐ or Married ☐ or Married, but withhold at higher single rate ☐

Number of allowances you are claiming: _____

Type of Benefit Requested (Check One):

O WORKERS COMPENSATION

O DISABILITY

O JURY DUTY

I certify that I have not received any other forms of compensation during or for the period of lost wages covered by this application, except as indicated.

SIGNATURE ____________________ DATE ____________

IMPORTANT - PLEASE READ & COMPLETE CAREFULLY

The application (reverse side), and the affidavit (below), must be completed, notarized and returned before any payments can be made for workers compensation or disability benefits. Upon receipt of this form a benefit check will be processed.

No more than three weeks worth of benefit checks can be requested using the affidavit below. You must substantiate your inability to work from the initial date on the affidavit below with a copy of your insurance company documents.

For all periods of unemployment after the affidavit weeks are processed, you must present your insurance company documents in order to receive a benefit for replacement wages.

Do not use this affidavit for replacement wages for jury duty.

STEAMFITTERS' INDUSTRY SECURITY BENEFIT FUND
AFFIDAVIT FOR WORKERS COMPENSATION OR DISABILITY BENEFITS

State of: ____________________

County of: ____________________

I, [Please Print Name] ______________________________, being duly sworn and deposed, hereby affirm and represent to the Trustees of the Steamfitters' Industry Security Benefit Fund that I became unable to work on _________________________. I have filed for Workers Compensation or Disability for the period that I am claiming for replacement of wages. My last employer was

____.

This affidavit is being furnished to induce the Trustees to release to me a weekly replacement wage check for up to three weeks. The information is true and correct. If such information is found to be incorrect, any benefits received as a result of this Affidavit will be "reimbursed" by me, I will be subject to a suspension of benefits and my account will be charged the appropriate administrative fee in accordance with the Fund's fraudulent claim policy.

____
Signature of Member

Sworn to before me this _____ day
of ________________, 20____

____
Signature of Notary