PLUMBERS & PIPEFITTERS LOCAL 9 WELFARE FUND
Application for Temporary Disability Benefits

PART I – To Be Completed by Employee

Name _____ Soc. Sec. # _____

Street Address _____

City, State, Zip _____

Telephone # _____

Date Last Employed _____ Last Employer _____

Were you immediately hospitalized for this condition? Yes _____ No _____

If Yes, dates of hospitalization. Admit Date _____ Release Date _____

If an Accident: Date _____ and Time _____ am pm

Description of How & Where _____

_____ _____
Signature of Employee Date

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Part III – To Be Completed By Employee

The Internal Revenue Service requires that Temporary Disability Income payments made to you be reported to them as they will be treated as a part of your taxable income. As a result, these payments are subject to F.I.C.A. Taxes, Federal Income Taxes and New Jersey State Income Taxes. The appropriate deduction will automatically be made from your payments for FICA and New Jersey State Income Taxes. If you would like to have Federal Income Tax withheld from your payments, you may request withholding by making this election below:

Please complete this election form by selecting either Option A or Option B below. **Disability income payments will not start until this section is completed.**

Option A _____ I do not want to have Federal Income Tax withheld from Temporary Disability Income payments made to me.

Option B _____ I elect to have $_____ withheld for Federal Income Taxes from each Temporary Disability payment made to me.

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