## 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 # \_\_\_\_\_ Email \_\_\_\_\_ 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 Part II – To Be Completed by Physician Nature of Illness or Injury \_\_\_\_\_ Date of First Treatment \_\_\_\_\_ Date of Most Recent Treatment \_\_\_\_\_ This patient has been continuously disabled (unable to work) starting: \_\_\_\_ (date) When should patient be able to return to work? \_\_\_\_\_ (Need estimated date) Physician's Name: \_\_\_\_\_ (please print) Physician's Address: \_\_\_\_\_ Physician's Phone # Fax # Physician's Signature Date

## 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.		
<u>-</u>	I elect to have \$ porary Disability payment ma	withheld for Federal Income ade to me.
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## Please return this completed form to:

I.E. Shaffer & Co. PO Box 1028 Trenton, NJ 08628 Tara Lawson, ext. 6165

**Phone** (800) 792-3666 ext. 6165 **FAX** (609) 530-1331 Attn: Tara Lawson **Online** document submission portal at: mail2.ieshaffer.com/securesend recipient "Temp Disability".