

SAN FRANCISCO ELECTRICAL WORKERS HEALTH AND WELFARE TRUST FUND
720 Market Street, Suite 700, San Francisco, CA 94102
Phone (415) 263-3670 ♦ Fax (415) 263-3672

**APPLICATION FOR
TEMPORARY DISABILITY HEALTH & WELFARE COVERAGE**

To qualify, your disability must have commenced while Active member coverage is in force (excluding coverage through COBRA payments) and you must provide certification by your Attending Physician that your disability which prevents you from being able to perform the duties of your regular occupation covered under an IBEW Local 6 collective bargaining agreement has continued for at least thirty (30) days. This application must be submitted no later than ninety (90) days from the date your Active Member Eligibility from hours worked or hourbank reserves runs out.

NAME: _____
Last First Middle

LAST FOUR DIGITS OF SOCIAL SECURITY NO. XXX-XX-_____

I AM RECEIVING: Workmen's Compensation Unemployment Disability Insurance

Date Disability Began: _____ (*Please attach Physician's Statement of Disability*)

I understand that continuation of coverage due to Temporary Disability does not begin until after the expiration of my reserve hours and will continue during my disability for a period not to exceed the lesser of:

1. 12-months; or
2. the number of months of Active member eligibility supported by hours worked, hourbank reserves, and COBRA payments during the 12-month period preceding the later of:
 - a) the date of the onset of disability; or
 - b) the date my Active member eligibility ran out.

I understand that eligibility for coverage under this provision will cease if initial payment, including any retroactive amounts that are due from the date my Active member eligibility ran out, is not received within 30-days after the date I am notified that I am eligible following submission of a completed application, or if a subsequent monthly payment is not received within 30-days from the date I am billed for this coverage. I further understand that I may make up to 18-months of direct payments through COBRA when my Temporary Disability coverage ends, provided the combination of temporary disability coverage and COBRA payments does not exceed a total of 24-months for any single disability.

Note: Limited 3-month Extension: Temporary Disability coverage may be extended for up to 3-months following the month of recovery to allow time to accumulate the necessary hours to re-qualify for eligibility under the Plan, but in no event beyond the maximum periods described above.

Signature

Date

Print Name