

STATEMENT OF CLAIM FOR WEEKLY DISABILITY BENEFITS
Minneapolis Retail Meat Cutters & Food Handlers Health and Welfare Fund
3001 Metro Drive, Suite 500 • Bloomington, Minnesota 55425-1412 952-851-5797

When filing for Weekly Disability Benefits the attending physician is to complete Part A and your employer is to complete Part B

Part A: ATTENDING PHYSICIAN'S STATEMENT

Patient's Name	Social Security Number	Telephone Number	Date of Birth
Patient's Address	City	State	Zip
<u>Diagnosis and concurrent conditions:</u>			
<p>1) Is condition due to injury or illness arising out of patient's employment? () Yes () No</p> <p>2) a) Is condition due to pregnancy? () Yes () No b) If yes, approximate date of pregnancy commenced. Date _____</p> <p>3) Date symptom first appeared or accident happened. Date _____</p> <p>4) Date patient first consulted you for this condition. Date _____</p> <p>5) a) Has the patient ever had same or similar condition? () Yes () No b) If yes, state when and describe. _____</p> <p>6) Is patient still under care for this condition? () Yes () No</p> <p>7) a) Was patient continuously totally disabled (unable to work)? From _____ Thru _____ b) If still disabled, date patient should be able to return to work. _____</p> <p>8) a) Does patient have other health coverage? () Yes () No b) If yes, please identify. _____</p>			
Physician's Name (Print)	Degree	Tax ID or Soc. Sec. #	Telephone
Street Address	City or Town	State or Province	Zip Code
Physician's Signature _____ Date _____			

Part B: EMPLOYER'S STATEMENT FOR LOSS OF TIME

Name of Employee	Employee's Basic Weekly Wage	
Has employment terminated? ()Yes ()No	If <u>yes</u> , when? Date _____	
First Day employee unable to work. Date _____	Date returned to work. Date _____	
If employee is disabled, date expected to return to work. Date _____		
Is this disability possibly caused by employment? () Yes () No	If <u>yes</u> , explain. _____	
Name of Employer	Address of Employer	Employer Phone #
Signed _____ Date _____ (Authorized Signature) (Title)		