

TOLEDO ELECTRICAL WELFARE FUND

APPLICATION FOR PERMANENTLY DISABLED ELIGIBILITY

I understand that approval of this application for Permanently Disabled Eligibility will result in my being eligible for Early Retiree insurance benefits. I also understand that should I not be able to submit proof of Social Security Award of permanent disability and/or proof of approval of a permanent disability benefit from a qualified (Internal Revenue Code 501, et seq.) International Brotherhood of Electrical Workers related pension plan and/or a corporate retirement plan and/or gain approval of a permanent disability as determined by the Trustees, that the loss of all eligibility in the Fund will occur after I have exhausted my self-payment privileges.

(Please Print)

Name:		
Social Security Number (last 4) or UID#:		
Date of Birth:		
Address:		
City:	State:	Zip:
Telephone Number:		
Date Last Worked:		
Date Disability Was Incurred:		

Signature: _____

Date: _____

In order to be eligible for this benefit you must have had twenty-four (24) consecutive months of eligibility immediately prior to the date that the disability was incurred.

WHAT TO SUBMIT WITH COMPLETED APPLICATION:

-Medical proof of your disability such as medical records, clinical notes or some form of documentation from your physician. We will then submit to American Health Holdings (AHH) for approval. This may take several weeks.

OR

-Documentation related to proof of permanent disability as recognized by Social Security (i.e. Social Security Award letter).

***Failure to provide these documents with submitted application will cause a delay in the application process. ***