



Health Benefit Fund

Formerly Santa Monica UNITE HERE! Health Benefit Fund

Administered By: Benefits Administrative Office
Telephone: (866) 345-5189
1122 W. Washington Blvd. Suite 300
Los Angeles, CA 90015

Employee Disability Credit Form

If you (Patient) will be unable to return to work immediately as a result of a current or recent disability, this form must be completed by the attending physician and returned.

ELIGIBILITY FOR BENEFITS WILL TERMINATE IF WE DO NOT RECEIVE THIS INFORMATION.

This form must be completed in full.

Name of Patient _____ Date _____

Social Security No. _____

Address _____

Phone Number _____

Current or Last Employer _____

Nature of Disability _____

Date Patient First Unable to Work _____ Date Patient May Return to Work _____

Physician's Signature and Medical Degree _____

Physician's Address _____

Phone Number _____

BELOW THIS LINE RESERVED FOR USE BY HEALTH BENEFIT FUND

Credit For _____