

**Food Employers Labor Relations Association
and United Food and Commercial Workers
VEBA Fund**

911 Ridgebrook Road
Sparks, Maryland 21152-9451
Telephone: (410) 683-6500
(800) 638-2972
www.associated-admin.com

8400 Corporate Drive, Suite 430
Landover, Maryland 20785-2361
Telephone: (301) 459-3020
(800) 638-2972
www.associated-admin.com

Date: _____

NOTICE OF CONTINUATION OR TERMINATION OF DISABILITY FOR GROUP ACCIDENT AND SICKNESS BENEFITS

**This form MUST be returned to the Fund Office within 4 weeks or your file will be closed.
All questions must be answered or your form will be returned.**

EMPLOYEE ONLY COMPLETE THIS SECTION: CLAIM FOR BENEFITS

1. Employee's Name: _____ Employed By: _____
 2. Have you returned to work? Yes No If "Yes," give date: _____
 3. If still disabled, when do you expect to return to work? _____
 4. Have you applied for or are you receiving Workers' Compensation benefits? _____ Yes No
 5. Date: _____ Signature of Employee: _____
- Mailing Address: _____
- Social Security Number: _____

PHYSICIAN ONLY MUST SIGN AND COMPLETE: ATTENDING PHYSICIAN'S STATEMENT

1. Patient's Name: _____ Age: _____
2. Nature of sickness or injury (Describe complications, if any, since last report): _____

3. Nature of Surgical Procedure, if any (describe fully): _____

4. Give dates of treatment since last report:
Office: _____ Home or Telephone Consultation: _____
Hospital: _____ (Specify inpatient, outpatient or emergency room)
5. The patient has been continuously disabled (unable to work) from: _____ 20____ through _____ 20____
Date: _____ Signed: _____ M.D.
Phone: _____ Print Name: _____
Address: _____

EMPLOYER ONLY COMPLETE THIS SECTION

- Has employee returned to work since originally disabled? Yes No
- If yes, on what date? _____ If no, estimated date of return: _____
- Has vacation or personal holiday been paid during disability? Yes No If yes, please list dates paid: _____
- Is the accident or illness due to employment? Yes No
- Signature of Manager: _____ Date: _____
- Telephone Number: _____