



# CEMENT MASONS & PLASTERERS LOCAL UNION #518 FRINGE BENEFIT FUND

Pension  
Health and Welfare  
Annuity

Administered by CompuSys of Utah, Inc.  
101 E. Walnut Street  
Independence, MO 64050

Toll Free (877) 518-0518  
Fax (816) 393-0312

## APPLICATION FOR DISABILITY HOURS

Participant's Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

Name of Employer \_\_\_\_\_

If disability is the result of an accident, please complete the following:

➤ Date accident occurred \_\_\_\_\_

➤ Were you at work when the accident occurred?  YES  NO

➤ Describe the accident (how, when and where occurred) \_\_\_\_\_

➤ Have you returned to work?  YES  NO If YES, when \_\_\_\_\_

➤ If NO, when do you expect to be able to return to work? \_\_\_\_\_

Participant's Signature \_\_\_\_\_ Date signed \_\_\_\_\_

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## ATTENDING PHYSICIAN OR SURGEON'S STATEMENT

Patient's Name \_\_\_\_\_

Nature of sickness or injury \_\_\_\_\_

Date of first treatment \_\_\_\_\_

Frequency of treatments \_\_\_\_\_

Patient has been continuously disabled (unable to work): From \_\_\_\_\_ To \_\_\_\_\_

If still disabled, when should the patient be able to return to work? \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date signed \_\_\_\_\_

Address \_\_\_\_\_

Degree \_\_\_\_\_ Phone Number \_\_\_\_\_