

Northwest Carpenters Retirement Plan

PO Box 1929 Seattle, WA 98111-1929 (206) 441-6514

Disability Leave of Absence

Instructions

- You (the carpenter) must complete Section 1 in its entirety, sign and date it and then forward it to your physician.
- Your physician (MD, DO, ARNP, PA only) must complete Section 2 in its entirety and then sign and date it. You or your physician must return the completed form to Northwest Carpenters Trusts as soon as possible.

Section 1: Carpenter's Statement of Disability

1. Name (please print) _____

2. Social Security number _____ Date of birth _____

3. When did you last work? Month _____ Day _____ Year _____

4. When did you become disabled? Month _____ Day _____ Year _____

5. Describe in detail your disability _____

6. Have you been working for wage or profit since you were disabled? Yes No. If yes, please provide the name and telephone number of your employer(s) and the type of work

Carpenter's Authorization To Release Confidential Information

I hereby certify that the foregoing statements (including any accompanying statements) are true, correct and complete to the best of my knowledge. I further request and authorize my attending physician to release to this plan all facts, records and other information pertaining to my diagnosis, care and treatment for this disability. I understand that these records may contain information regarding the diagnosis or treatment of HIV, other sexually transmitted diseases, drug or alcohol abuse, mental illness, or psychiatric treatment. No further disclosure of the requested information will be made in accordance with Federal Law 42 CFR, Part 2. A photostatic copy of this authorization shall be considered as effective and valid as the original.

Carpenter's Signature _____ Date _____

Section 2: Attending Physician's Statement of Disability

1. Patient's name (please print) _____
2. When did your patient become disabled? Month _____ Day _____ Year _____
3. When did your patient's disability end? Month _____ Day _____ Year _____
4. As of today, is your patient disabled meaning incapable of performing any and every duty pertinent to his or her occupation as a carpenter?
 Yes No. If no, what specific job duties is your patient capable of _____

5. When did or when will your patient be able to return to work? _____
6. Have you placed any physical restrictions on this patient? Yes No. If yes, please explain: _____

A disabling condition, for the purposes of a leave of absence under the Northwest Carpenters Retirement Plan, means the disability or bodily injury or disease which, on the basis of medical evidence, can be assumed to prevent gainful employment in any trade. I hereby certify that I have examined this patient and conclude that the patient is or was disabled during the period described above.

Is or Was Disabled

Is Not or Was Not Disabled

Please feel free to provide any additional information which will assist the Board of Trustees in making an informed decision about your patient's disability.

Physician Information

Physician's name (please print) _____

Address _____

Medical degree and specialty _____ Telephone () _____

Physician's signature _____ Date _____