

ILWU-PMA WELFARE PLAN

Supplemental CSDI Disability Claim Form

PART 1 – EMPLOYEE STATEMENT <i>Fill out and attach your CSDI Check Stub(s)</i>			
1. Name:	2. Local Number:	3. Registration Number:	4. Social Security Number:
5. Address (Street, City, State & Zip Code):			6. Telephone Number:
7. On what date did you last work before this disability?	8. Has your disability ended? Yes <input type="checkbox"/> No <input type="checkbox"/>	9. If Yes, give date you were available for work: Yes <input type="checkbox"/> No <input type="checkbox"/>	
10. Is disability due to an accident? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, provide date: _____	11. If yes, where and how?		
12. Is your disability due to an accident, injury or illness arising out of employment? Yes <input type="checkbox"/> No <input type="checkbox"/>	13. If answer to #11 is yes, have you filed or do you intend to file a claim for benefits under any Federal or State Workers' Compensation Law? Yes <input type="checkbox"/> No <input type="checkbox"/>		
14. Has your disability ended? Yes <input type="checkbox"/> No <input type="checkbox"/>	15. Has your disability ended? Yes <input type="checkbox"/> No <input type="checkbox"/>		
The above answers are true and complete to the best of my knowledge and belief. I authorize any physician, medical institution, druggist, insurance company, employer, labor union, or association to release information to ILWU-PMA COASTWISE CLAIMS OFFICE as is required to properly pay all benefits, if any due me for this claim:			
Employee Signature: _____		Date: _____	

Please Mail Completed Form to: **ILWU-PMA COASTWISE CLAIMS OFFICE**
P.O. Box 429101
San Francisco, CA 94142
Tel: 415-919-5828
Fax: 415-801-4092

PART 2 – FOR OFFICE USE ONLY	
Date of Birth:	Social Security Number:
Eligible Yes <input type="checkbox"/> No <input type="checkbox"/> End Date: _____	
Status: Active: <input type="checkbox"/> Retired: Disability <input type="checkbox"/> Normal <input type="checkbox"/> End Date: _____	
Transmitted by:	Date: