



SOUTHERN CALIFORNIA IBEW-NECA TRUST FUNDS

Street Address: 6023 Garfield Avenue, City of Commerce, CA 90040

Mailing Address: P. O. Box 910918, Los Angeles, CA 90091

Phone: (323) 221-5861 or (800) 824-6935; Fax: (323) 726-3520



Re: Worker's Compensation Questionnaire

Dear Participant:

The Health Fund Administrative Office has been advised of your request to apply for the Worker's Compensation Health Hour Credit Benefit. To qualify for a portion or all of the 1,040 health hour credit, you must meet all of the following requirements:

1. You must have been eligible for Plan benefits in the month in which the occupational injury occurred, and had contributions paid to this Plan on your behalf by an Employer.
2. You must give written notice of your disability to the Administrative Office; within 30 days from the date you cease to be eligible under the Plan.
3. You must provide proof, satisfactory to the Board of Trustees, certifying your disability, and the time period of disability.
4. You must provide proof that you are receiving Workers Compensation benefits, or will be entitled to Workers Compensation benefits.

If your health coverage lapses prior to receiving a determination of eligibility for the health hour credit, you may be eligible to continue the active health coverage by participating in COBRA. Upon approval of the health hour credit, any COBRA payments received may be refunded.

The maximum allowable credited amount a participant is eligible for is 1,040 per injury. A separate letter will be mailed to you regarding approval or denial of your application.

Please complete and return the section below to the Health Fund Administrative Office for consideration of benefits.

Name:
Social Security Number:
Telephone number:

Date of Accident:	Date unable to work:
Where did the accident occur:	
Diagnosis:	

Name, address and phone number of employer:
Name, address and phone number of your doctor:
Worker's Compensation Insurance Carrier:

*Photocopies of your worker's compensation checks must be returned with this application or you may experience a delay in receiving benefits.

If you have any questions or need further information, please feel free to contact the Membership Services Department at (323) 221-5861 or use the nationwide toll-free number (800) 824-6935. Office hours are 9AM to 5PM, Monday through Friday. Voicemail messages may be left at any time with return calls placed the next business day. Website access is available 24 hours at www.scibew-neca.org.

Sincerely,

Membership Service Department
SOUTHERN CALIFORNIA IBEW-NECA TRUST FUND
MSD/