



**GREATER KANSAS CITY LABORERS
FRINGE BENEFIT FUNDS**

Managed for the Trustees by:
TIC INTERNATIONAL CORPORATION
6405 Metcalf, Suite 200 • Overland Park, Kansas 66202
(913) 236-5490 • Fax: (913) 236-5499

APPLICATION FOR DISABILITY HOURS

NAME _____ SOCIAL SECURITY # _____

ADDRESS _____

NAME OF EMPLOYER _____

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

- ❖ Date accident occurred _____
- ❖ Were you at work when the accident occurred? _____
- ❖ Describe accident (how, when and where occurred) _____

Have you returned to work? _____ If yes, when? _____

If not, when do you expect to be able to return _____

DATE _____ SIGNED _____

ATTENDING PHYSICIAN 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 patient be able to return to work? _____

DATE _____ SIGNED _____

ADDRESS _____

PHONE _____