

Dear Participant:

Enclosed is the form that you and your physician must complete in order to collect the disability/compensation benefit from Roofers Local No.74/No.203 Health and Welfare Fund.

Upon receipt of the form, I will be able to process the benefit checks on your behalf. And you will receive the credit hours towards your Health and Pension accrual.

I process checks for payment every other week. If you are out of work due to an injury on the job, you are entitled to receive \$50.00 each week (Monday through Friday) from the first (1st) day you do not work. If you are out of work due to an injury or sickness off the job, you are entitled to receive \$100.00 each (Monday through Friday) from the eighth (8th) day you are out of work. You may collect for a maximum of twenty-six (26) weeks. FICA taxes are withheld from check.

You are also given (six) 6-credit hours for each day towards your medical coverage and pension benefit. (Example: 5 day week = 30 credit hours)

Should the return to work date need to be extended another form will have to be completed by your physician.

PLEASE NOTIFY ME WHEN YOU RETURN TO WORK.

Should you have any questions please do not hesitate to call.

Yours truly,

Bernadine Magney
Fund Administrator
Enclosure