

NECA-IBEW MEMPHIS RETIREMENT PLAN
6525 Centurion Drive • Lansing, Michigan 48917-9275
Phone: 1-877-474-BENE (2363) or 1-517-321-7502 • Fax: 1-517-321-7508
www.ibew474benefits.org



**APPLICATION FOR TOTAL AND
 PERMANENT DISABILITY BENEFITS**



(TO BE COMPLETED BY APPLICANT)

I hereby apply for Total and Permanent Disability Benefits from the NECA-IBEW Memphis Retirement Plan.

I hereby authorize the Board of Trustees or the Administrative Manager of the Fund to obtain from my physician whatever information may be deemed necessary to investigate or substantiate my claim for disability hereunder, and I hereby authorize my physician (whose name and address appear below) to release such information to the Board of Trustees or the Administrative manager of the Fund upon written request when accompanied by a photocopy of this application form.

My Physician is:

Name (FIRST, MIDDLE, LAST)	Degree
Complete Physical Street Address	
City, State, Zip	Phone Number (NNN) NNN-NNNN

I hereby submit with this application a Physician's Medical Report, completed by my physician, attesting to my disabled condition, and evidence of my date of birth.

I UNDERSTAND THAT, IF I HAVE FILED FOR AND RECEIVED A DISABILITY AWARD FROM THE SOCIAL SECURITY ADMINISTRATION, I MUST ATTACH A COPY OF IT TO THIS APPLICATION SINCE IT WILL BE ACCEPTABLE PROOF OF MY DISABILITY.

I FURTHER UNDERSTAND THAT IF I HAVE NOT RECEIVED A DISABILITY AWARD FROM THE SOCIAL SECURITY ADMINISTRATION OR HAVE BEEN DENIED SAID AWARD, IT MAY BE NECESSARY THAT I BE EXAMINED BY A SECOND PHYSICIAN, BEFORE MY APPLICATION CAN BE SUBMITTED TO THE BOARD OF TRUSTEES FOR APPROVAL.

Personal Information – (Please Type or Print)

Applicant Name (FIRST, MIDDLE, LAST)	Social Security Number (NNN-NN-NNNN)
Address	
City, State, Zip	Birth Date (MM/DD/YYYY)
Present Local Union No.	Telephone Number (NNN) NNN-NNNN

(PLEASE COMPLETE OTHER SIDE OF THIS APPLICATION)

PHYSICIAN'S MEDICAL REPORT

(To Be Completed by Applicant's Physician)

TO: THE BOARD OF TRUSTEES OF THE NECA-IBEW MEMPHIS RETIREMENT PLAN
REGARDING:

Name	Social Security Number
Street Address	City/State/Zip Code
Diagnosis	
Concurrent Conditions	
Date when symptoms first appeared or accident/injury happened	<input type="checkbox"/> Disability is due to accident/injury or sickness arising from patient's employment <input type="checkbox"/> Disability is not due to accident/injury or sickness arising from patient's employment
Date of first consultation with you for this condition	You have known this patient since:
Last examination you performed on this patient for this condition	Based on your examination of and conversation with the patient: 1) Was the disability contracted, suffered or incurred while he was engaged in or the result of this having engaged in a criminal enterprise? <input type="checkbox"/> Yes <input type="checkbox"/> No 2) Was the disability intentionally self-inflicted? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how:
Is this patient totally unable to engage in any regular occupation or employment for remuneration or profit as the result of this disability <input type="checkbox"/> Yes <input type="checkbox"/> No	As of what date did this occur
Do you consider this disability to be permanent <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what is the probable future duration	

(PLEASE COMPLETE THE OTHER SIDE OF THIS APPLICATION)

Is this patient totally unable to engage in his regular occupation or employment at the Electrical Trade as the result of this disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	What employment can this patient engage in
What employment is this patient restricted from	
Physician's Signature	Date

Please type or print the following:

Physician's Name – First, Middle Initial, Last	Degree
Address	
City, State, Zip	Phone Number

MAIL FORM TO:

<p align="center"> NECA-IBEW Memphis Retirement Plan 6525 Centurion Drive Lansing, MI 48917-9275 </p>
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FOR QUESTIONS CONTACT:

<p align="center"> FUND OFFICE: (877) 474-BENE (2363) (517) 321-7502 </p>
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