

**Health and Benefit Trust Fund  
Of the  
International Union of Operating Engineers  
Local 94, 94A, 94B**

**EMPLOYER TRUSTEES**

Howard Rothschild  
Thomas Hill  
Ricardo E. Galeano  
John J. Whalen

**UNION TRUSTEES**

Kuba J. Brown  
John W. Kramer  
Thomas M. Hart Jr.  
Raymond J. Macco

331-337 West 44<sup>th</sup> Street  
New York, NY 10036

**WILLIAM FARANDA**  
Chief Financial Officer

**KATHRYN M. FISLER**  
Administrator

**Sick Fund Request Form**

Please CHECK one:     MAIL CHECK  
  
 HOLD CHECK (MEMBER WILL PICK UP)

**Please print. ALL information MUST be completed.**

Member's Name: \_\_\_\_\_ SS No. \_\_\_\_\_

Member's Address: \_\_\_\_\_ Zip: \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_

Hrly Rate: \_\_\_\_\_ **Day(s) Absent: From: (mm/dd/year)** \_\_\_\_\_ to: \_\_\_\_\_ **Total Days absent this Report:** \_\_\_\_\_

Employer Name \_\_\_\_\_ Job Location: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Attach pay slip showing loss of pay due to illness.

If unable to produce a pay slip showing loss of pay due to illness, Management Supervisor must verify loss of pay due to illness.

\_\_\_\_\_  
**Supervisor's Signature**

\_\_\_\_\_  
**Supervisor Name (Print)/ Company Name**

No information concerning balances of money will be given over the telephone.

Photo identification must be shown to receive check at the Fund Office.

**ONLY** original forms will be accepted. No photocopies or faxes will be accepted.

*Office Use Only:*    Check # \_\_\_\_\_    Over \$5,000 verified by \_\_\_\_\_