

Telephone: (212) 541-9880

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

**EMPLOYER TRUSTEES**

Howard Rothschild  
Thomas Hill  
Robert Schwartz  
Brooke Jenkins-Lewis  
William Dacunto

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

**UNION TRUSTEES**

Kuba J. Brown  
Thomas M. Hart Jr.  
Michael Gadaleta  
Raymond J. Macco

**WILLIAM FARANDA**  
Executive Director

**DEREK DAVIS**  
Administrator

**SICK FUND WITHDRAWAL REQUEST FORM**

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

_____ <b>Member Last Name, First Name (please print)</b>	_____ <b>Social Security #</b>
_____ <b>Employer Name</b>	_____ <b>Job Location (Name or Address)</b>
____ / ____ / ____ <b>Last Day of Work (MM/DD/YYYY)</b>	

<b>Date of Birth:</b> ____ / ____ / ____ (MM/DD/YYYY)	<b>Participant Status:</b> _____ (Retired or Permanently Leaving)
<b>Member Mailing Address:</b> _____  _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <span>City</span> <span>State</span> <span>Zip Code</span> </div>	
<b>Phone#:</b> (____) _____	
<b>Email Address:</b> _____	
By signing and submitting this form to the Fund, I am verifying that I am retiring or leaving the industry permanently.	
<b>Member Signature:</b> _____	<b>Date:</b> _____
<b>•No information concerning balances of money will be given over the telephone.</b>	
<b>Office Use Only: Check #</b> _____ <b>Over \$5,000 verified by</b> _____	