

**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

UNION TRUSTEES

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

331-337 West 44th Street
New York, NY 10036

WILLIAM FARANDA
Executive Director

DEREK DAVIS
Administrator

Sick Fund Request Form

ALL CHECKS WILL BE MAILED

- SICK FUND REQUESTS RECEIVED PRIOR TO 11:30 AM WILL BE PROCESSED THE SAME DAY
- SICK FUND REQUESTS RECEIVED AFTER 11:30 AM WILL BE PROCESSED THE FOLLOWING DAY
- **FORMS MAY BE EMAILED TO SICKFUND@LOCAL94.COM OR FAXED TO 212-331-1816 OR MAILED TO 331-337 WEST 44TH STREET NEW YORK NY 10036**

PLEASE LOG IN TO THE MEMBER PORTAL TO VIEW YOUR SICK FUND BALANCE AND TRANSACTIONS. No information concerning balances of money will be given over the telephone. IF YOU DO NOT HAVE AN ACCOUNT, PLEASE CALL 212-331-1800 FOR ASSISTANCE.

Please print. ALL information MUST be completed.

Member's Name: _____ SS No. _____

Member's Address: _____ Zip: _____

Employee Signature: _____ **Date:** _____

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

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