

**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
Robert Schwartz

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

KATHRYN M. FISLER
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 212-331-1803 OR MAILED**

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** _____