

Telephone: (212) 541-9880

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

EMPLOYER TRUSTEES

Howard Rothschild
Robert Schwartz
Brooke Jenkins-Lewis
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331-337 West 44th Street
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WILLIAM FARANDA
Executive Director

DEREK DAVIS
Administrator

UNION TRUSTEES

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

SICK FUND WITHDRAWAL REQUEST FORM

Please print. ALL information MUST be completed

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

Date of Birth: / / (MM/DD/YYYY)	Participant Status: _____ (Retired or Permanently Leaving)	
Member Mailing Address: _____		
City	State	Zip Code
Phone#: () _____		
Email Address: _____		
By signing and submitting this form to the Fund, I am verifying that I am retiring or leaving the industry permanently.		
Member Signature: _____		Date: _____
•No information concerning balances of money will be given over the telephone.		
Office Use Only: Check # _____ Over \$5,000 verified by _____		