Telephone: (212) 541-9880

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

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

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: _____/_____/_____ **Participant Status:**_____
(MM/DD/YYYY) (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** _____