



Plumbers & Steamfitters Local Union 52

PO Box 211105

Montgomery, AL 36121-1105

(334) 272-9500

SICK FUND CARD

Member's Name _____ Social Security No. _____

Street Address _____ City _____ State _____ Zip _____

If rules of the Sick Fund are broken, or member has made a false report, he shall be ineligible for benefits for one year. I hereby acknowledge that all information stated below is true and correct.

Member's Signature _____ Date _____

DOCTOR'S REPORT (Please print or type)

Date of Service: _____

Nature of Illness or Injury: _____

Patient was continuously totally disabled (unable to work)

From: ____/____/20____ Thru: ____/____/20____.

If still disabled, DATE patient should be able to return to work: ____/____/20____.

Physician's Name (printed) _____ Federal Id. No. _____

Street Address _____ City _____ State _____ Zip _____

Physician's Signature _____ Telephone No. _____

LOCAL USE ONLY

DATE RECEIVED: _____

ALL DUES AND ASSESSMENTS PAID TO DATE: YES NO

WEEK OF	DATE PAID
1.	
2.	
3.	
4.	

