



# Health and Welfare Fund

Teamsters Local Union No. 856

## APPLICATION FOR EXTENSION OF BENEFITS UNDER DISABILITY WAIVER

Under the Teamsters Local Union No. 856 Health and Welfare Fund, a disability extension with a Waiver of Premium may be available for up to three months. In order to apply for the Waiver of Premium, please have your attending physician complete the following information and return it to our office at the address noted below.

Member Name: \_\_\_\_\_ Member ID: \_\_\_\_\_

1. Nature of patient's disability: \_\_\_\_\_  
\_\_\_\_\_
2. First day unable to work: \_\_\_\_\_
3. Date first seen by doctor for this disability: \_\_\_\_\_
4. List the dates of visits during the last six weeks: \_\_\_\_\_
5. Is this disability due to sickness or injury arising from employment?  Yes  No
6. Does this disability now prevent your patient from performing his/her regular or customary work?  
 Yes  No
7. If no, when was he/she released for work? \_\_\_\_\_
8. This disability should end sufficiently to permit the patient to resume his/her regular work on:  
\_\_\_\_\_  
(Please estimate date of return to work. This day may be altered later if the prognosis warrants it.)

Physician Name (Please Print): \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*Please fill out the above information and mail:*

**Northwest Administrators, Inc.**  
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Seattle, WA 98102-3305