



**CARPENTERS  
SERVICES  
ADMINISTRATIVE  
CORPORATION**

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## **WESTERN STATES CARPENTERS HEALTH AND WELFARE PLAN DISABILITY HOURS CREDIT CLAIM FORM**

### **Part I. – Participant Statement (Please Print)**

Please see the other side of this form for benefit qualifications. **Note: You must submit this claim form within 120 days from the date of your illness/injury as indicated by your physician. Completed claim forms may be submitted via email at [disability@csacbenefits.org](mailto:disability@csacbenefits.org).**

|   |                        |  |          |
|---|------------------------|--|----------|
| Participant Last Name   | Participant First Name | Participant Social Security Number/UBC # |          |
| Home Address  | City                   | State                                    | Zip Code |
| Cause of your disability (describe illness or injury)   |                        |  |          |
| I hereby certify that the foregoing answers are true and correct to the best of my knowledge. Please note if disability lasts more than one month, you will be sent another form to certify continuation. |                        |  |          |
| Signature of Participant  |                        | Date                                     |          |

### **Part II. – Physician Statement (Please Print)**

|   |                        |                   |          |
|---|------------------------|-------------------|----------|
| Name of Patient   | Diagnosis/ ICD 10 Code |                   |          |
| Enter dates for the following:  |                        |                   |          |
| a. Enter date participant was unable to work because of this illness/injury    MM:_____ DD:_____ YYYY:_____       |                        |                   |          |
| b. Enter date participant will be able to perform usual work    MM:_____ DD:_____ YYYY:_____                      |                        |                   |          |
| <b>(Even if considerable questions exist, estimate date. Avoid use of terms such as unknown or undetermined).</b> |                        |                   |          |
| Physician's Name (Print Name)   |                        | License/Specialty |          |
| Address   | City                   | State             | Zip Code |
| Physician's Signature   |                        | Date              |          |

## **WESTERN STATES CARPENTERS HEALTH AND WELFARE TRUST**

### **Disability Hours Credit Provision for All Active Carpenters**

Subject to the requirements outlined below, if you fail to work the hours required for continued eligibility because of an illness or injury which prevents you from performing the regular and customary duties of your occupation, you may be given disability hours credit at the rate of 8 hours for each day you are disabled, excluding Saturdays, Sundays, or holidays.

The maximum number of disability hours that can be credited to you during a Work Month is 120, less the number of hours you actually worked during that month. Disability Hours Credit can be given for a maximum of 6 consecutive months.

If you have hours in your Reserve Account, you may use them to extend your eligibility beyond six months if you are still disabled or use them to reestablish active eligibility if you go back to work for a Contributing Employer within six consecutive months following the date your disability extension terminates.

#### **To qualify for disability hours credit, all of the following requirements must be met:**

- A. The disability must be certified by a licensed Physician (A covered physician would include a Doctor of Medicine (M.D.), a Doctor of Osteopathy (D.O.) or a Doctor of Podiatry Medicine (D.P.M.) But a chiropractor is not considered a covered physician),
- B. The written certification of disability must be submitted to the Administrative Office no later than **120 days** following the date you became disabled,
- C. The active Carpenter must have been credited with hours worked for reasons other than having been disabled or qualified family or medical leave within the **90-day** period ending on the date of disability,
- D. The active Carpenter must have been eligible on a non-self-pay basis and without the use of Disability Hours Credit during the 6 months that immediately precede the month became disabled,
- E. Must not be receiving a Pension Benefit from the Western States Carpenters Pension Plan.