INDIANA LABORERS WELFARE FUND
P.O. BOX 1587 TERRE HAUTE, INDIANA 47808-1587
Telephone (812) 238-2551 Toll Free 1-800-962-3158
Fax (812) 238-2553
www.indianalaborers.org

Print

Loss of Time Application

Please be advised that Loss of Time benefits are paid every two weeks.

Failure to provide complete information could delay your Loss of Time benefit.

If you work any hours please notify the Fund. Failure to do so will result in an overpayment.

If you have been released by your doctor for return to work, please have your doctor send the Fund your release date.

To be completed by the Member

Member's Name _____ S.S.#_____

Address _____ _____ _____ _____
(Street) (City) (State) (Zip Code)

Phone #_____

Please tell us in detail how, when and where this happened:

How:_____

When:_____

Where:_____

- Did this specific incident occur while you were working? (Select One) **Yes** **No**
- Other than the Laborers benefits, is there other insurance (Homeowner, Workers Compensation, Auto, Motorcycle or ATV) that may be responsible for this medical expense? (Select One) **Yes** **No**
- Is there another party responsible for these claims? (Select One) **Yes** **No**
- If so, do you plan to pursue the responsible party? (Select One) **Yes** **No**
- Have you or will you hire an attorney? (Select One) **Yes** **No**

Member's Signature _____ Date_____

*****I authorize the provider listed below to release any medical documentation to process my Loss of Time Application**

To be completed by the Physician

Patient's Name_____

ICD9 or ICD10 Code with description _____

Surgical Code _____

_____

Date of First Treatment_____

Dates of Total Disability: From _____Through_____

Dates of Partial Disability: From _____Through_____

If still disabled, when should the patient be able to return to work? _____

List Restrictions:_____

_____

Doctor's Printed Name_____

Doctor's Signature _____ _____
(Date)

Doctor's Address _____ _____ _____ _____
(Street) (City) (State) (Zip Code)

Doctor's Phone #_____

Return completed form to: Indiana Laborers Welfare Fund, P O Box 1587, Terre Haute, IN 47808 Fax: 812-238-2553