



INDIANA LABORERS WELFARE FUND

P.O. BOX 1587 TERRE HAUTE, INDIANA 47808-1587

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LOSS OF TIME BENEFIT APPLICATION

*Loss of Time Benefits are paid weekly.

*Failure to provide accurate and complete information may delay your Loss of Time Benefit.

*Failure to notify the Claims Department of hours worked could result in an overpayment.

*If you have been released to return to work, please have your doctor notify the Fund Office, in writing, of your release date.

*If your doctor disables you beyond the current standard set by the Work Loss Data Institute, medical records will be required to be reviewed for possible continuation of benefits.

(To be completed by Member)

Name

SSN or Member ID#

Mailing Address (street, city, state, zip)

Phone Number

Please tell us, in detail: how, when and where the injury occurred:

How: _____

When: _____

Where: _____

- | | | |
|--|------------|-----------|
| • Did this specific incident occur while you were working? | Yes | No |
| • Other than this benefit, are any other insurances responsible for this medical expense? (Homeowner, Worker's Compensation, Auto, Motorcycle or ATV) | Yes | No |
| • Check the box next to the type of work performed (see back of this page for descriptions) | | |
| <input type="checkbox"/> Sedentary <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Heavy <input type="checkbox"/> Very Heavy | | |

Member's Signature _____

Date _____

*****By signing this form, I represent the above information is true. I also authorize the provider listed below to release any medical documentation to process my Loss of Time Benefit Application.**

(To be completed by Provider: Please provide as much detailed information as possible, including ICD10 or Surgery Codes in order to avoid delay and allow accurate payment of benefits to this patient).

ICD10 Code(s) with description: _____

Surgical Code(s): _____

Dates of Total Disability: From _____

Through _____

If the patient is still disabled, when should he/she be able to return to work? _____

If you return to work without a release from the Physician that date would be considered the release date.

List Restrictions: _____

Printed name of Doctor

Phone number

Fax number

Doctor's signature

Date

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In accordance with Article IV, Section 4.03 of the Plan Document, “The expected recovery time will initially be determined in accordance with the current standard set by the Work Loss Data Institute.” Below are the Classes described by the Work Loss Data Institute.

SEDENTARY

Exerting up to 10 pounds of force occasionally (Occasionally: activity or condition exists up to 1/3 of the time) and/or negligible amount of force frequently (Frequently: activity or condition exists from 1/3 to 2/3 of the time) to lift, carry, push, pull, or otherwise move objects, including the human body. Sedentary work involves sitting most of the time, but may involve walking or standing for brief periods of time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met.

LIGHT

Exerting up to 20 pounds of force occasionally, and/or up to 10 pounds of force frequently, and/or a negligible amount of force constantly. (Constantly: activity or condition exists 2/3 or more of the time) to move objects. Physical demand requirements are in excess of those for Sedentary Work. Even though the weight lifted may be only a negligible amount, a job rated Light Work: (1) when it requires walking or standing to a significant degree; or (2) when it requires sitting most of the time but entails pushing and/or pulling of arm or leg controls; and/or (3) when the job requires working at a production rate pace entailing the constant pushing and/or pulling of materials even though the weight of those materials is negligible.

NOTE: The constant stress and strain of maintaining a production rate pace, especially in an industrial setting, can be and is physically demanding of a worker even through the amount of force exerted is negligible.

MEDIUM

Exerting 20 to 50 pounds of force occasionally, and/or 10 to 25 pounds of force frequently, and/or greater than negligible up to 10 pounds of force constantly to move objects. Physical Demand requirements are in excess of those for Light Work.

HEAVY

Exerting 50 to 100 pounds of force occasionally, and/or 25 to 50 pounds of force frequently, and/or 10 to 20 pounds of force constantly to move objects. Physical Demand requirements are in excess of those for Medium Work.

VERY HEAVY

Exerting in excess of 100 pounds of force occasionally and/or in excess of 50 pounds of force frequently, and/or in excess of 20 pounds of force constantly to move objects. Physical Demand requirements are in excess of those for Heavy Work.