



# Local No. 9 IBEW and Outside Contractors Health and Welfare Fund

Telephone  
Claims mailing address

866-661-1021  
IBEW9OC  
PO Box 50  
Pewaukee, WI 53072-0050

## Short Term Disability Claim Form

**INSTRUCTIONS:** Complete the applicable items in Part 1. Give the form to your Employer to complete Part 2. Give the form to your doctor to complete Part 3. **Return the completed form to the address above.**

Part 1 - Participant's Statement of Claim for Short Term Disability Benefits			
Participant Name	BCBS ID Number	Date of Birth	Marital Status (circle one) Married Single Divorced Widowed
Participant Address	City	State	Zip
Date total disability commenced	Date last worked	Date total disability ceased	Participant's phone number
Is disability due to an accident? Yes      No	Date of accident	If "Yes", where did accident occur?	
Describe accident			
Is this accident the result of a work-related illness or injury? Yes      No		If "Yes", on what date did you file your worker's compensation claim?	
Have you applied for or are you receiving benefits under any of the following sources? [ ] Salary Continuation Plan      [ ] Social Security Disability      [ ] Unemployment Insurance      [ ] Other (please specify)			
I certify that the above is true and correct. I hereby authorize all doctors, hospitals, or other institutions rendering care and treatment to furnish Carday and Assoc. with full information regarding treatment rendered (Including copies of their records.)			
Signature		Date	
Part 2 - Employer's Statement			
Employee's Name	Social Security Number	Date employed	
Employee's Occupation	Brief job description		
Weekly wages	Date employee last worked	Date disability commenced	
Date disability ceased	Has employee returned to work? Yes      No	If "Yes", on what date?	
Do you have claim information regarding workers compensation or other disability income benefits that would affect this claim? If "Yes", please explain. Yes      No			
Is this a recurrence within 2 weeks of a previous disability?      Yes      No			
Employer's name		Employer's address	
Signature of Employer's representative		Title	Date

### Part 3 - Attending Physician's Statement

Diagnosis and concurrent conditions

Dates of hospital confinement, if any

Does condition arise out of employment?

Does condition arise out of pregnancy?

If "Yes", estimate the date of delivery

Yes

No

Indicate nature of surgery performed, if any, including obstetrical procedure

Reason unable to work, in detail

Expected date of return to work

Objective evidence of disability (lab/x-ray/sonogram, findings, etc.)

Indicate clinical manifestations of condition

List all medications of condition

Does patient require complete bed rest?

Yes

No

If "Yes", for what period of time?

Date symptoms first appeared

Date patient first consulted you for this condition

Dates of current services

Date

Physician's Name

Signature

Degree

Telephone

Street address

City

State

Zip

# IBEW9+MSECA Active Employees Health and Welfare Plan

## Mandatory Short-term Disability Benefit Direct Deposit

First Name					Last Name				
Email address for paystubs (required):									
Name of Financial Institution:									
<b>ROUTING NUMBER</b> (must be 9 digits)									
<b>ACCOUNT NUMBER</b>									
Type of Account (circle one)      Checking      Savings									

YOUR NAME  
1234 Main Street  
Anywhere, OH 00000

DATE \_\_\_\_\_

PAY TO THE ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ DOLLARS

**ROUTING NUMBER**      **ACCOUNT NUMBER**      **CHECK NUMBER**

I hereby authorize Local Union No. 9 IBEW and Outside Contractors Active Employees Health and Welfare Plan ("Plan") to initiate automatic deposits to my account at the financial institution named below. I also authorize the Plan to make withdrawals from this account in the event that a deposit entry is made in error.

Further, I agree not to hold the Plan responsible for any delay or loss of Plans due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing Plans to my account.

This agreement will remain in effect until my Short Term Disability Benefit ends, or the Plan receives a written notice of cancellation from my financial institution, or until I submit a new direct deposit form to the Plan.

Authorized  
Signature \_\_\_\_\_ Date: \_\_\_\_\_

# Form W-4 (2019)

**Future developments.** For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** You may claim exemption from withholding for 2019 if **both** of the following apply.

- For 2018 you had a right to a refund of all federal income tax withheld because you had **no** tax liability, and
- For 2019 you expect a refund of all federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

## General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

**Filers with multiple jobs or working spouses.** If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

**Nonwage income.** If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to find out if you should adjust your withholding on Form W-4 or W-4P.

**Nonresident alien.** If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

## Specific Instructions

### Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

#### Line C. Head of household please note:

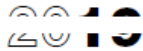
Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

**Line E. Child tax credit.** When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

#### Line F. Credit for other dependents.

When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records.

Form <b>W-4</b>		Employee's Withholding Allowance Certificate		OMB No. 1545-0074	
Internal Revenue Service		subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.			
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note:</b> If married filing separately, check "Married, but withhold at higher Single rate."			
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>			
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)		5			
6 Additional amount, if any, you want withheld from each paycheck		6 \$			
7 I claim exemption from withholding for 2019, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had <b>no</b> tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have <b>no</b> tax liability. If you meet both conditions, write "Exempt" here		7			
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ▶					
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)		9 First date of employment		10 Employer identification number (EIN)	



income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

**Line G. Other credits.** You may be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as tax credits for education (see Pub. 970). If you do so, your paycheck will be larger, but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-6 in Pub. 505 if you want to reduce your withholding to take these credits into account. Enter “-0-” on lines E and F if you use Worksheet 1-6.

### Deductions, Adjustments, and Additional Income Worksheet

Complete this worksheet to determine if you're able to reduce the tax withheld from your paycheck to account for your itemized deductions and other adjustments to income, such as IRA contributions. If you do so, your refund at the end of the year will be smaller, but your paycheck will be larger. You're not required to complete this worksheet or reduce your withholding if you don't wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income not subject to withholding, such as interest or dividends.

Another option is to take these items into account and make your withholding more accurate by using the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App). If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

### Two-Earners/Multiple Jobs Worksheet

than one job at a time or are married filing jointly and have a working spouse. If you

don't complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and might be subject to a penalty.

Figure the total number of allowances you're entitled to claim and any additional amount of tax to withhold on all jobs using worksheets from only one Form W-4. Claim all allowances on the W-4 that you or your spouse file for the highest paying job in your family and claim zero allowances on Forms W-4 filed for all other jobs. For example, if you earn \$60,000 per year and your spouse earns \$20,000, you should complete the worksheets to determine what to enter on lines 5 and 6 of your Form W-4, and your spouse should enter zero (“-0-”) on lines 5 and 6 of his or her Form W-4. See Pub. 505 for details.

Another option is to use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make your withholding more accurate.

**Tip:** If you have a working spouse and your incomes are similar, you can check the “Married, but withhold at higher Single rate” box instead of using this worksheet. If you choose this option, then each spouse should fill out the Personal Allowances Worksheet and check the “Married, but withhold at higher Single rate” box on Form W-4, but only one spouse should claim any allowances for credits or fill out the Deductions, Adjustments, and Additional Income Worksheet.

### Instructions for Employer

**Employees, do not complete box 8, 9, or 10. Your employer will complete these boxes if necessary.**

**New hire reporting.** Employers are required by law to report new employees to a designated State Directory of New Hires.

and 10 to comply with the new hire reporting requirement for a newly hired employee. A newly hired employee is an employee who hasn't previously been employed by the employer, or who was previously employed by the employer but has been separated from such prior employment for at least 60 consecutive days. Employers should contact the appropriate State Directory of New Hires to find out how to submit a copy of the completed Form W-4. For information and links to each designated State Directory of New Hires (including for U.S. territories), go to [www.acf.hhs.gov/css/employers](http://www.acf.hhs.gov/css/employers).

If an employer is sending a copy of Form W-4 to a designated State Directory of New Hires to comply with the new hire reporting requirement for a newly hired employee, complete boxes 8, 9, and 10 as follows.

**Box 8.** Enter the employer's name and address. If the employer is sending a copy of this form to a State Directory of New Hires, enter the address where child support agencies should send income withholding orders.

**Box 9.** If the employer is sending a copy of this form to a State Directory of New Hires, enter the employee's first date of employment, which is the date services for payment were first performed by the employee. If the employer rehired the employee after the employee had been separated from the employer's service for at least 60 days, enter the rehire date.

**Box 10.** Enter the employer's employer identification number (EIN).