

International Union Operating Engineers Local 904

Confirmation of Medical Leave (Extended Sick Leave / Long Term Disability / WCC etc.)

**Most members on Extended Medical Leave are only required to pay the basic monthly union dues for a one year period after they become disabled.
It is the union member's responsibility to keep Local 904 informed of any changes in their status.**

Name (please print): _____ Union Registration #: _____

1. When did you first become disabled or sick? (month/day/year): _____
2. Are you still disabled or sick?
 - a. If Yes If known, when do you expect to receive your medical clearance to return to work? _____
 - b. If No When did you receive your medical clearance to return to work?: _____
1. Are you currently **working**? Yes No
 - a. If Yes, when did you start work and where are you working? _____
2. Have you **RETIRED**? Yes No If Yes, When did you retire? _____
3. Are you currently collecting Sick Benefits from **Benefit Plan Administrators**? Yes No
4. Are you currently collecting **Workers' Compensation Benefits**? Yes No
5. If you have been on an Extended Medical Leave and did not receive BPA or WCC benefits, are you **collecting benefits from another source?** (ie. CPP, EI Sick Benefits, Pension Plan, Health Insurance Plan, Social Assistance...)
Name of the Benefit Source: _____
6. When did you first start receiving any benefit payments?: _____
7. When did or will your status change to Long Term Disability (usually occurs after 1 year)?: _____
(Under WCC Long Term Disability is referred to as Extended Earnings Loss)

PLEASE COMPLETE THIS FORM, SIGN AND DATE AND RETURN TO:

**Operating Engineers, Local 904
62 Commonwealth Avenue
Mount Pearl, NL A1N 1W8
Tel: (709)747-9040 Fax: (709)747-6760**

I hereby certify that the above information is correct. Members who knowingly provide false information may be charged and subsequently Suspended from the union.

Signature: _____ Date: _____

**PLEASE NOTE: This form is used only to determine union dues payments and to update union records.
To inquire about possible benefits with Benefit Plan Administrators contact 1-888-201-2559 or 709-753-9392.**