



Operating Engineers Local Union No. 3

Certificate of Illness

Date Received Stamp

Instructions:

1. Print both pages for the member. All fields are required including current phone number.
2. Member to fill out and sign Section I and take to their doctor who will fill out Section II of the form, sign it and return to member. **Note:** Member must obtain medical code (ICD-9) and signature from doctor's office and return to your District Office for processing.
3. Date Stamp the form and have the District Representative sign the form and send to the Member Services Department for processing.

APPLICATION FOR BENEFITS due to illness for a period of at least thirty days. I have been UNABLE TO WORK and am making application for the benefits and privileges provided in Article XXI of the ByLaws "GOOD STANDING PROCEDURES" commencing with the LATEST of the following two dates:

- 1.) Three months prior to the date that this Application is received in a Local 3 Office; OR,
- 2.) Date of disability as certified below by my physician.

SECTION I: MEMBER WILL PRINT THE FOLLOWING INFORMATION

Social Security Number (last four digits) XXX-XX- _____ Local: ____ Reg. #: _____

Member Name: _____ (First) _____ (Last)

Phone: (____) _____ E-mail: _____

Address: _____ City: _____ State: _____ Zip: _____



Member's Signature _____

SECTION II: MEDICAL PRACTITIONER WILL PRINT THE FOLLOWING INFORMATION

This is to certify that the above named Union member has been disabled since _____ - _____ - _____ (enter ICD-9 Code of condition) _____ and is expected to return to work _____ - _____ - _____. (NOTE: Indefinite is not sufficient wording to effect approval of this application. Prognosis for return to work must be stated as approximate date.)

Physician's Name: _____ Phone: (____) _____ - _____

Physician's Signature: _____ Professional Lic. No.: _____ Date: _____

SECTION III: DISTRICT REPRESENTATIVE WILL PRINT THE FOLLOWING INFORMATION

District: _____ District Representative Name: _____

District Representative Signature: _____ Date: _____

Paid Thru Date: _____ Credit Amount: _____

New Claim Continued Claim Last Hours Reported (Month/Yr) _____

Verified Member is Not on the OOWL Yes No

DISTRICT PERSONNEL MUST DATE STAMP THIS APPLICATION UPON RECEIPT

**ARTICLE XXI:
GOOD STANDING PROCEDURES**

Section 1

The General Fund shall provide a means to financially assist those Members who are in good standing and are stricken with extended illness, or disabled by sickness, accident, or injury for protracted periods, thereby securing their Membership and protecting their benefits in this Local Union and the International Union. Those Members' benefits in this Local Union and the International Union shall be secured and protected by having their dues obligation for such period paid from the General Fund. The dues obligation will not be paid for Members who are on an Employer's payroll or receiving sick pay or leave or are receiving a pension.

Section 2

On approval of his or her individual claim for any period of illness or disability of more than thirty (30) days' duration, a Member's dues may be paid from the General Fund. Members lose good standing status benefit upon registration on the out-of-work list. Any Member seeking such benefits shall make application, accompanied by a certificate signed and dated by a doctor or a Christian Science Practitioner, and the Union Representative in the Member's area and presented to the Recording- Corresponding Secretary. The Recording-Corresponding Secretary shall present this application to the Local Union Executive Board at its next meeting. Any Members seeking to use such benefits for more than ninety (90) days, must reapply in the manner described above. Such reapplications for benefits with accompanying doctor's or Christian Science Practitioner's certificate must be submitted at least every three (3) months. There shall be a limit of benefits under these procedures of no more than six (6) quarters or eighteen (18) months within ten (10) years; and there shall be a lifetime cumulative cap of twelve (12) quarters or thirty-six (36) months.

Section 3

Any Member approved to receive eighteen (18) months' benefits under these Procedures, and who is then unable to return to work, shall be notified in writing prior to the eighteenth (18th) payment, that he or she has the option of: (1) applying for a withdrawal card from the Local Union; or (2) applying to the Local Union Executive Board, one (1) time in a ten (10) year period, for incapacitated dues, per Article VI, Section 2(n), by furnishing the Recording-Corresponding Secretary with a certificate signed and dated by a doctor or a Christian Science Practitioner and the Union Representative in the Member's area. No Member who is working at any gainful occupation shall be permitted to pay dues at the incapacitated dues rate. (*IUOE directive 6/19/08*) If the Member does not indicate in writing the option selected, he or she will be required to pay full dues after the eighteenth (18th) month has been paid.

Section 4

The Recording-Corresponding Secretary shall render reports of the number of Members and the respective membership dues amounts waived under these procedures at all regular Semiannual Meetings of the Local Union Executive Board and all regular Quarterly District Meetings. The same information shall be furnished to the General President whenever requested.

Section 5

Any Member making misrepresentation in his or her claim, or who shall be party to procuring fraudulent payments or who claims and secures illegal and improper benefits, or who willfully violates the spirit and intent of these rules and regulations, shall have no right to receive any future benefits under this Article.

Section 6

Application for benefits under this Article shall be in the form and accompanied by such medical or other certificates as the Local Union Executive Board shall from time to time determine.