

Operating Engineers National Charity Fund

REQUEST FOR ASSISTANCE
For Loss or Damage to Primary Residence

TO BE COMPLETED BY MEMBER:

Name of Member (print): _____

Local Union No.: _____ Register No.: _____

Telephone: _____ Social Security No.: _____

Address: _____

City: _____ State and Zip Code: _____ Own
Rent

Disaster Causing Loss: _____

Description of Loss to your primary residence: _____

Has your use of your primary residence been disrupted? If so, how? _____

Approximate loss (attach invoices/estimates/pictures/other proof): \$ _____

Was any portion of loss covered by insurance? () Yes () No

If yes, state covered loss and attach insurance documentation: _____

Name of Insurance Company: _____

Under penalty of law, I certify that I have incurred the loss described above and that the information provided herein is true.

Signature: _____ Date: _____

TO BE COMPLETED BY LOCAL UNION BUSINESS MANAGER:

I verify that this member is in good standing in this Local Union and has incurred a loss as described above within the Charity Fund's guidelines.

Name (print): _____ Signature: _____

Date: _____ Local Union No.: _____

Please submit Request for Assistance to:

Chief Financial Officer
International Union of Operating Engineers
1125 17th Street, N.W.
Washington, DC 20036