BUILDING TRADES UNITED PENSION TRUST FUND – MILWAUKEE & VICINITY

PHYSICIAN'S REPORT

IMPORTANT: Your physician's office must submit the completed report directly to our office. We cannot accept the medical report if it is submitted by anyone other than your physician's office.

The patient should complete #1 through #5

1. Name: _____ 2. Date of Birth: _____

3. Last 4 digits of SS#: _____ 4. Trade Union: _____

5. I request and authorize my physician to release the information requested below directly to the Building Trades United Pension Trust Fund (BTUPTF). I understand that only my physician's office is allowed to submit this report to BTUPTF.

   Patient's Signature:_____ Date of Signature:_____

Physician should complete #6 through #20

6. Date of most recent exam: _____ *(note that the exam must have been performed on or after _____)*

7. Diagnosis: _____

_____

8. Date Disability began: _____ 9. Expected Duration: _____

10. Course of Treatment being followed: _____

_____

11. Please explain how the disability prevents the patient from performing either his/her occupational duties, or any work for reasonable pay: *(Reasonable pay refers to earnings for work performed in any one month which exceed 160 hours at the federal minimum wage.)*

_____

12. Was surgery performed? Yes ❑ No ❑ 13. Date of surgery: _____

14. Has the patient been continuously unable to perform the work of his/her trade due to this disability since the date of surgery? Yes ❑ No ❑

Physicians: please make sure to answer questions 15 through 20 on the following page.

(Return Instructions for the physician's office are on the bottom of the following page.)

Physician: please give *your opinion* on #15 through #20:

15. Was the disability incurred in the course of his/her employment? Yes ❑ No ❑

16. Are workers compensation benefits being received? Yes ❑ No ❑

17. Was the disability incurred:
    a. As a result of addiction to narcotics? Yes ❑ No ❑
    b. During the course of a felonious act in which the applicant was engaged? Yes ❑ No ❑
    c. As a result of self-inflicted injury? Yes ❑ No ❑

24-Month Disability Benefit

18. Will the disability prevent the patient from engaging in his/her regular occupation for at least 8 months? Yes ❑ No ❑
    (A Plan Participant may qualify for this Benefit by providing medical evidence, as accepted by the Trustees, of a physical or mental condition that prevents the Participant from working at his/her regular job in the trade. The condition must be expected to last at least 8 months. This Benefit is payable for a maximum of 24 months.)

Total and Permanent Disability Benefit

19. Will the disability prevent the patient from engaging in any regular occupation or employment for reasonable pay for the remainder of his/her life? Yes ❑ No ❑
    (A Plan Participant may qualify for this Benefit by providing medical evidence, as accepted by the Trustees, of a physical or mental condition that totally and permanently prevents the Participant from working at any regular job for reasonable pay. Reasonable pay refers to earnings for work performed in any one month which exceed 160 hours at the federal minimum wage. This Benefit may be payable as long as the Participant continues to be totally and permanently disabled.)

20. What kind of work, if any, can this patient perform? _____

_____

Physician's Name (printed): _____ Degree: _____

Physician's Signature: _____

Address: _____

_____

Phone #: _____ Date: _____

Return Instructions for Physician's Office:

Please mail, fax (with your cover sheet), or email directly to:

Building Trades United Pension Trust Fund • PO Box 530 • Elm Grove, WI 53122-0530

Phone: (262) 784-7880 • Fax: (262) 784-8598 • email: benefits@thepensionfund.com