

VOLUNTEER EMPLOYEE BENEFIT ASSOCIATION

Local 305 NPMHU, a Division of Laborers' International Union of North America

Sick Pay Plan Claim Form

(A newly completed VEBA claim form must accompany each submission of documentation)

Please Print or Type

DATE: _____

NAME: _____

Must Be A Regular Member In Good Standing For 5 Consecutive Years Prior to the Submission Of This Claim.

ADDRESS: _____

STREET/APT. CITY, STATE, ZIP

SOCIAL SECURITY NUMBER: _____ EIN: _____

PHONE: (HOME) _____ PHONE (WORK): _____

POSTAL FACILITY WHERE YOU WORK: _____

DATES ON WHICH YOU WERE UNABLE TO WORK DUE TO INJURIES OR SICKNESS: _____

Please submit copies of pay stubs and medical documentation for periods claimed

NATURE OF INJURIES OR SICKNESS THAT KEPT YOU FROM WORKING:

Submit documentary medical evidence of your injury or sickness

I understand that my sick pay benefits are subject to the conditions of Local 305's Sick Pay Plan. I acknowledge that a copy of this plan has been made available to me, and I agree to abide by this plan's terms and conditions.

I also understand that in order to receive VEBA benefits, I must not be receiving compensation from OWCP. Effective January 1, 2022, you must apply for OWCP for all COVID related illness.

- Are you receiving compensation from OWCP? Yes No
- Is this illness related to COVID? Yes No If, so have you applied for OWCP? Yes No
- Have you been denied OWCP for this illness you're claiming? Yes No

All claimants must be current in their dues to receive VEBA benefits.

I acknowledge my responsibility, as a condition of eligibility for the Sick Pay benefit, to pay all delinquent dues, which I owe to Local 305.

SUBMIT APPLICATIONS TO:

MEMBERS SIGNATURE

**V E.B.A.
P.O. Box 6685
Richmond, VA 23230-1584**

Revised/Effective January 2022

