

# 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: \_\_\_\_\_

E.I.N.: \_\_\_\_\_

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.

Are you receiving compensation from OWCP.  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:**

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

\_\_\_\_\_  
*Members Signature*

*Revised March 17, 2014*