

UFCW Northern California Drug & Employers Health and Welfare Trust Fund

SICK LEAVE CLAIM FORM

INSTRUCTIONS

- 1) **Part A and C** – These sections must be completed by the Employee. (For privacy reasons, the Employee may choose to complete Part C **after** the Employer completes Part B.) **Part A** must be completed prior to the Employer completing their section.
- 2) **Part B** – This section must be completed by your Employer. Your Employer may require that only certain authorized signatures be accepted. Please be sure to obtain the proper Authorized Signature. The Employer should indicate the schedule you would have worked had you not been absent due to your disability.
- 3) **Part D** – This section must be completed by your doctor to be paid for the first day of disability or to be paid beyond the first week of disability.

In order to be paid for the first day you must:

- Be seen by your doctor within the seven-day period following commencement of the disability
- Your doctor certifies that you were unable to work because of the disability on such day of absence
- Have at least 180 hours in your sick leave bank on the last day of the month preceding your disability.

Please be sure your doctor provides the date of office visit. Telephone advice does not satisfy this requirement. A disability day is defined as any day in which you do not work more than 50% of your scheduled shift. If you work more than 50% of your scheduled shift, this day will not be considered as a disability day and therefore will not be considered as your deductible day when not seen by a physician.

- 4) **Disabled More than Seven Days (Three Days If Disability Caused by Work)** - If you are disabled for more than 7 calendar days (3 days if disability is caused by work) you must file for State Disability Benefits (SDI) or Worker's Compensation Benefits. Attach a copy of your SDI statement of benefits or Worker Compensation Benefit notice to your Sick Leave Claim form. If The Trust Fund receives your claim form without your SDI statement, the Trust Fund will expedite payment for your first week of disability based on estimated SDI benefits. When you receive your SDI or WC benefit notice, mail a copy of the notice to the Trust Fund. If the amount of SDI or WC that you actually received was less than what the Trust Fund estimated, the Trust Fund will reconsider your claim and pay any additional benefits that are due. You will be requested to return any overpayments.

If you fail to file for State Disability Benefits, your Sick Leave benefits will be reduced by the maximum State Disability benefit.

- 5) **Timely Filing Limit** – If you do not file your application by the deadline, you will be disqualified for the Sick Leave Benefit.
 - **Sick Leave: One year** from the first day of your disability for Sick Leave Claims.

**PLEASE MAIL COMPLETED
FORMS TO:**

UFCW Northern California Drug & Employers Health and Welfare Trust Fund
P.O. Box 8086
Walnut Creek, CA 94596-8086

Please call Member Service if you have any questions (800) 552-2400.

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