

SOUTHERN CALIFORNIA PIPE TRADES TRUST FUND
501 Shatto Place, 5th Floor, Los Angeles, California 90020 • 213-385-6161

Date _____

CLAIMANT _____ SOC. SEC. NO. _____
(Last Name First)

You have been paid disability benefits through _____. If your disability has continued beyond this date have your doctor complete the reverse side of this form and return it to this office.

NOTE: If you returned to work before the end of the period noted above, please return the enclosed draft together with this form at once and a corrected draft will be sent to you promptly.

Date returned to work _____.

WE WOULD LIKE TO HANDLE YOUR CLAIM PROMPTLY. PLEASE SEND THIS INFORMATION AS SOON AS POSSIBLE.

D.C. 1



PHYSICIAN'S SUPPLEMENTARY CERTIFICATE

(To be completed by your present physician)

1. NAME OF PATIENT _____
 2. Are you still treating patient? _____ Date of last treatment _____, 20 _____
 3. Date patient recovered, or will recover sufficiently (even if under treatment) to be able to perform his regular and customary work _____.
 4. What complications, if any, would tend to make the patient disabled longer than normally expected for this type of illness or injury? _____
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5. I hereby certify that the above statements in my opinion truly describe the claimant's condition and the estimated duration thereof.

Date

Doctor's Signature

**Mail to: Southern California Pipe Trades Trust Fund
501 Shatto Place, 5th Floor, Los Angeles, Calif. 90020**

Doctor's Address