Christian Schools International

PENSION PLAN AND TRUST FUND
APPLICATION FOR TEMPORARY DISABILITY BENEFITS

3350 East Paris Avenue SE | Grand Rapids, MI 49512-3054
aslachter@csionline.org

PART I – TO BE COMPLETED BY EMPLOYEE

Having been disabled since ____ / ____ / ____, I hereby apply for Temporary Disability Benefits under the provisions of Section 6.6 of the Plan.

Name _____ SSN _____ - _____ - _____

Date of birth ____ / ____ / ____ Sex: ❑ M ❑ F Home phone _____

Email address _____

Address _____ City _____ State _____ Zip _____

Employer _____ Occupation _____

Describe your job duties _____

Have you returned to work? ❑ No ❑ Yes Part time on ____ / ____ / ____ Full time on ____ / ____ / ____

If no, when do you expect to return? Part time on ____ / ____ / ____ Full time on ____ / ____ / ____

Please provide the name, specialty, address, and telephone number of your doctor. Include dates of treatment as indicated.

Doctor's name and specialty _____

Doctor's phone _____ Treated from ____ / ____ / ____ to ____ / ____ / ____

Doctor's Address _____ City _____ State _____ Zip _____

Is this the only doctor you are seeing for treatment and care? ❑ No ❑ Yes

If no, attach a list of all other doctors' names, addresses, telephone numbers, and specialties.

I hereby certify that the answers I have provided on this form are full, complete, and true.

Employee's signature _____ Date ____ / ____ / ____

PART II - TO BE COMPLETED BY EMPLOYER

Last day worked ____ / ____ / ____ Expected length of disability _____ If recovered, date returned to work ____ / ____ / ____

Nature of disability _____ Annual Plan Year salary or wages at date of disability _____

Address _____ City _____ State _____ Zip _____

Workers' Compensation benefits payable? ❑ No ❑ Yes Disability benefits payable by another employer plan? ❑ No ❑ Yes

Job title _____ ❑ Regular ❑ Part time Hours worked/week _____

Physical requirements of the job: Please circle the number of HOURS spent in each activity daily.

												Continuously	With rest
Stand	0.25	0.5	1	1.5	2	3	4	5	6	7	8	❑	❑
Walk	0.25	0.5	1	1.5	2	3	4	5	6	7	8	❑	❑
Sit	0.25	0.5	1	1.5	2	3	4	5	6	7	8	❑	❑
Drive	0.25	0.5	1	1.5	2	3	4	5	6	7	8	❑	❑
Lift/carry	0.25	0.5	1	1.5	2	3	4	5	6	7	8	❑	❑

❑ Up to 10 lbs. ❑ 11-20 lbs. ❑ 21-50 lbs. ❑ 51-100 lbs.

Signature _____ Title _____ Date ____ / ____ / ____

(Note: Must be completed by the president or treasurer of the board or authorized designate)

Revised 6/2017

Print Form Save Form Clear Form