

**APPLICATION FOR SICK PAY BENEFITS FROM THE LOCAL 802
MUSICIANS HEALTH FUND**

Applicant must answer all questions. Claim must be filed within 30 days of illness.

Today's date _____ Card # _____ (Required)

Name _____

Address _____

Number of performances missed because of illness _____

Dates of performances missed _____

Total wages lost (incl. vacation pay & inst. maintenance) _____

_____ Doubles _____ 1st Trumpet _____ On Stage _____ Costume _____ Choreography _____ Body Paint
 _____ Assoc/Cond. _____ 2nd Sunday _____ Other (please explain) _____

Names of all shows you played since Labor Day (list show for which you are claiming sick pay first)	Theatre	Number of performances you played from Labor Day through application date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total number of performances you played from Labor Day through application date		_____

Nature of illness _____

Did you consult a physician? NO _____ YES _____ **(if yes, attach documentation e.g. Doctor's note, Explanation of Benefit from Insurance Carrier)**

If you consulted a physician, state physician's name _____

and address _____

OVER

For office use:

CK. # _____ Claim # _____
 Gross _____ x _____ performance(s)
 Total Gross _____ Net _____
 Paid Date _____ Rec'd _____

I certify that the above information is true to my best knowledge, and that I could not play the indicated performances because of illness or physical disability. I also certify that I was not paid for work of any kind during the time of these missed performances.

(signed) Applicant

CERTIFICATION OF CONTRACTOR:

I, _____, certify that I am the contractor at the _____
Theatre and that _____ was absent from work on _____
(dates)
and that the reported # of Doubles and Total Wages lost is accurate.

Check here if this person is a sub.

(signed) Contractor

APPROVED - ADMINISTRATOR
SICK PAY FUND_____