

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

_____ Conductor _____ Associate Conductor _____ Synth _____ Contractor _____ 2nd Sunday

_____ Other (please explain) _____

Names of all Broadway shows played since Labor Day	Theatre
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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 _____

For office use:
CK. # _____ Claim # _____
Rate _____ x _____ performance(s)
Total Gross _____ Net _____
Paid Date _____ Rec'd _____

OVER
For office use:
CK. # _____ Claim # _____
Rate _____ 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

If the Contractor is applying for sick days, the Acting Contractor must sign above for those performances.

**APPROVED - ADMINISTRATOR
SICK PAY FUND**_____

Update
April 24, 2019