

BUILDING TRADES UNITED PENSION TRUST FUND – MILWAUKEE & VICINITY

PHYSICIAN'S REPORT

IMPORTANT: Your physician's office must submit the completed report directly to our office. We cannot accept the medical report if it is submitted by anyone other than your physician's office.

The patient should complete #1 through #5

1. Name: _____ 2. Date of Birth: _____
3. Last 4 digits of SS#: _____ 4. Trade Union: _____
5. I request and authorize my physician to release the information requested below directly to the Building Trades United Pension Trust Fund (BTUPTF). I understand that only my physician's office is allowed to submit this report to BTUPTF.
- Patient's Signature: _____ Date of Signature: _____

Physician should complete #6 through #20

6. Date of most recent exam: _____ *(note that the exam must have been performed on or after _____)*
7. Diagnosis: _____
8. Date Disability began: _____ 9. Expected Duration: _____
10. Course of Treatment being followed: _____
11. Please explain how the disability prevents the patient from performing either his/her occupational duties, or any work for reasonable pay: *(Reasonable pay refers to earnings for work performed in any one month which exceed 160 hours at the federal minimum wage.)*
12. Was surgery performed? Yes No 13. Date of surgery: _____
14. Has the patient been continuously unable to perform the work of his/her trade due to this disability since the date of surgery? Yes No

Physicians: please make sure to answer questions 15 through 20 on the following page.

(Return Instructions for the physician's office are on the bottom of the following page.)

Physician: please give your opinion on #15 through #20:

15. Was the disability incurred in the course of his/her employment? Yes No

16. Are workers compensation benefits being received? Yes No

17. Was the disability incurred:

a. As a result of addiction to narcotics? Yes No

b. During the course of a felonious act in which the applicant was engaged? Yes No

c. As a result of self-inflicted injury? Yes No

24-Month Disability Benefit

18. Will the disability prevent the patient from engaging in his/her regular occupation for at least 8 months? Yes No

(A Plan Participant may qualify for this Benefit by providing medical evidence, as accepted by the Trustees, of a physical or mental condition that prevents the Participant from working at his/her regular job in the trade. The condition must be expected to last at least 8 months. This Benefit is payable for a maximum of 24 months.)

Total and Permanent Disability Benefit

19. Will the disability prevent the patient from engaging in any regular occupation or employment for reasonable pay for the remainder of his/her life? Yes No

(A Plan Participant may qualify for this Benefit by providing medical evidence, as accepted by the Trustees, of a physical or mental condition that totally and permanently prevents the Participant from working at any regular job for reasonable pay. Reasonable pay refers to earnings for work performed in any one month which exceed 160 hours at the federal minimum wage. This Benefit may be payable as long as the Participant continues to be totally and permanently disabled.)

20. What kind of work, if any, can this patient perform?

Physician's Name (printed): _____ Degree: _____

Physician's Signature: _____

Address: _____

Phone #: _____ Date: _____

Return Instructions for Physician's Office:

Please mail, fax (with your cover sheet), or email directly to:

Building Trades United Pension Trust Fund • PO Box 530 • Elm Grove, WI 53122-0530
Phone: (262) 784-7880 • Fax: (262) 784-8598 • email: btuptfbenefits@wilson-mcshane.com