

**Sheet Metal Workers' Pension Plan
OF SOUTHERN CALIFORNIA, ARIZONA & NEVADA**

P.O. BOX 10067

MANHATTAN BEACH, CA 90266-8567

PHONE: (800) 947-4338

PHONE: (310) 798-6572

FAX: (310) 798-5092

APPLICATION FOR DISABILITY GRACE PERIOD

(Please return completed form to the above address)

I am requesting a Grace Period for the period from _____ to _____ because I was totally disabled and unable to work as a Sheet Metal Worker.

Name of Applicant: _____

Address of Applicant: _____

Social Security Number: _____ Local Union #: _____

Signature

Date

THIS SECTION TO BE COMPLETED BY APPLICANT'S PHYSICIAN

This is to certify that the above named individual was totally disabled and unable to work as a Sheet Metal Worker from _____, _____ to _____, _____.

Nature of individual's disability: _____

Signature of Attending Physician: _____

Please print Physician's Name: _____

Date signed by Attending Physician: _____

Physician's Employer Identification Number: _____

Address of Attending Physician: _____

Telephone Number of Attending Physician: (_____) _____