



CHRISTIAN SCHOOL PENSION PLAN AND TRUST FUND

3350 East Paris Avenue SE
Grand Rapids MI 49512-3054

APPLICATION FOR TEMPORARY DISABILITY BENEFITS

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 _____ Soc.Sec.No. _____

Address _____ Employer _____

Home Telephone _____

Date of Birth _____ Male _____ Female 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.

Name & Specialty _____ Telephone No. _____ Treated From _____ To _____

Address _____

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.

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 _____ W-2 salary or wages at date of disability _____

Workers' Compensation benefits payable? ___No ___Yes Date of Hire _____

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)