



SOUTHERN CALIFORNIA IBEW – NECA TRUST FUNDS

6023 Garfield Avenue, City of Commerce, CA 90040

(323) 221-5861 or (800) 824-6935

Fax (323) 726-3520

Mailing Address:

P.O. Box 910918

Los Angeles, CA 90091



Re: Worker’s Compensation Questionnaire

Dear Participant:

The Administrative Health Fund Office has been advised of your request to apply for the Worker’s Compensation Health Hour Credit Benefit. To qualify for a portion or all of the 1,040 health hour credit, you must meet all of the following requirements:

1. You must have been eligible for Plan benefits in the month in which the occupational injury occurred, and had contributions paid to this Plan on your behalf by an Employer.
2. Provide written notice to the Administrative Office within 30 days from the date your eligibility ends.
3. Provide proof of disability and the time period of disability (i.e. Workers’ Compensation award letter, Workers’ Compensation benefit paystubs for the time period of disability).

If your health coverage lapses prior to receiving a determination of eligibility for the health hour credit, you may be eligible to continue the active health coverage by participating in COBRA. Upon approval of the health hour credit, any COBRA payments received may be refunded.

The maximum allowable credited amount a participant is eligible for is 1,040 per injury. A separate letter will be mailed to you regarding approval or denial of your application.

Please complete and return the enclosed form to the Southern California IBEW-NECA Health Trust Funds Office for consideration of benefits.

Last Name		First Name		M.I.	Social Security Number														
Street Address – Do Not Use P.O. Box Apt. No.		City			State			Zip Code											
Phone Number ()				Date of Birth															
Date of Accident				Date unable to Work															
Where did the accident occur:																			
Name, address, and phone number of employer:																			

Name, address, and phone number of your physician:

Name, address, phone number of Worker's Compensation Insurance Carrier:

*Photocopies of your worker's compensation check must be returned with this application or you may experience a delay in receiving benefits.

You may contact the Membership Services Department at the nationwide, toll-free number (800) 824-6935 or at (323) 221-5861 if you require further information. Normal business hours are Monday through Friday, 8:30AM to 5:30PM. Voicemail Messages may be left at anytime, with calls returned by the end of the next business day. Fax communications may be directed to (323) 726-3520. You may access the website at www.scibew-neca.org at anytime.