

PAINTERS DISTRICT COUNCIL NO 4

HEALTH & WELFARE FUND

Disability/Workers Compensation Benefit Form

585 Aero Dr. Cheektowaga, NY 14225
Ph: 716-565-0234 Fx: 716-565-1494

Disability Sub Pay (\$100.00 based on Regular Sub)

PAP Disability Pay (\$250.00 out of WRA)

Name: _____

Last 4 of SS#: _____ - _____ - _____ - _____

Address: _____

Phone: _____

Week Ending Dates:

_____	_____
_____	_____
_____	_____

****Please attach proof of weeks collecting for****

Signature: _____

Date: _____