

**NORTHWEST LABORERS-EMPLOYERS
HEALTH & WELFARE TRUST**

ZENITH AMERICAN SOLUTIONS
P.O. Box 91002 • Seattle, WA 98111-9102
(206) 282-4100 • (Toll Free) 1-800-426-5980

**SUPPLEMENTAL
TIME LOSS REPORT**

(Accident and Sickness Weekly Disability Benefit)

INSTRUCTIONS

1. Complete part I below. 2. Have your doctor complete part II. 3. Mail the completed form to the above address.

ANSWER ALL QUESTIONS TO INSURE PROMPT PAYMENT. MAIL THE COMPLETED SIGNED FORM TO THE ADDRESS SHOWN ABOVE.

FUTURE BENEFIT PAYMENTS WILL BE PENDED UNTIL THIS IS RETURNED.

PART I - EMPLOYEE'S STATEMENT

1. Name (print) _____ Date of Birth _____ ☐ Male
(First) (Middle) (Last) ☐ Female
2. Address _____
(Number) (Street) (City) (State) (Zip)
3. Social Security # _____ Home Phone (_____) _____ Local Union No. _____
4. Describe any change in condition _____

5. Have you resumed any duties at work? ☐ Yes ☐ No Date returned to work _____
If you have not returned to work, on what date do you expect to return? _____

I HEREBY CERTIFY THAT THE FOREGOING STATEMENTS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND HEREBY FURTHER AUTHORIZE MY ATTENDING PHYSICIAN, HOSPITAL, OR DEPARTMENT OF LABOR & INDUSTRIES TO FURNISH AND DISCLOSE ALL INFORMATION REQUESTED BY ZENITH AMERICAN SOLUTIONS.

EMPLOYEE'S SIGNATURE _____ **Date** _____

PART II - PHYSICIAN'S STATEMENT

- Patient's Name _____
1. Primary Diagnosis (ICD-9 code) _____
2. Complicating factors _____

3. Treatment plan _____

4. Prognosis _____
5. Frequency of visits _____ Date of most recent visit _____
6. The patient's total disability period was initially from _____ through _____
7. The patient's disability period needs to be extended through to _____
8. Please explain why disability needs to be extended or explain what is preventing the patient from returning to work _____

9. Estimated date patient should be able to return to work _____

DOCTOR'S SIGNATURE _____ **Date** _____

Doctor's Name (print or type) _____ Phone No. _____

Address _____
(Number) (Street) (City) (State) (Zip)