



LOCAL 36 BENEFIT FUNDS—DISABILITY PENSION APPLICATION MEDICAL ASSESSMENT

2319 CHOUTEAU AVE., SUITE 300 · ST. LOUIS, MO 63103 · www.smw36benefits.org

Tel: (314) 652-8175 Toll-Free: (800) 741-9411

Fax or email completed form. Fax: (314) 652-0338, Email: bcurlee@sheetmetal36.org

Date: _____

Member Name: _____

Date of Birth: _____

Dear Treating Physician,

The member listed above recently applied for a disability pension through our Pension Plan. I have attached a questionnaire for you to fill out to help us determine if they are eligible. Sheet Metal Workers' Local 36 is a member of the St. Louis Building and Trades Council, which does not provide for light duty work. To be considered "totally and permanently disabled," the Trustees must determine on the basis of medical or similar evidence that a member is unable to engage in any employment or occupation in the Sheet Metal Trade for remuneration or profit, and that the disability will be permanent and continuous for the remainder of the member's life.

Thank you for your assistance. If you need any additional information, please contact our office.

Sincerely,

Beth Curlee
Pension Administrator
SMART Local 36 Benefit Funds
314-652-8175 ext. 308
bcurlee@sheetmetal36.org



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MEMBER'S NAME

SOCIAL SECURITY NO.

DATE OF BIRTH

Work in the Sheet Metal Trade may require an individual to be able to lift 70lbs and occasionally up to 200lbs; climb ladders of 6 to 24ft; crawl for 1 or more hrs a day while wearing a 20lb tool belt; work on a roof at angles of 30° or steeper; and stand or walk for 8 hrs a day.

Based on your overall assessment, if the member can not perform all of these duties which may be required on the job, is the member disabled from work in the Sheet Metal Trade? Yes No

Please complete this assessment indicating the specific tasks the member is disabled from performing.

1. Is the member able to lift 70-200lbs? Yes No

Please list the weight member would be able to lift without assistance: _____ lbs

2. Is the member able to climb 6-24ft ladders throughout the day? Yes No

3. Is the member able to crawl on the floor while wearing a 20lb tool belt for one hr or more per day? Yes No

4. Is the member able to be on a roof at angles of 30° or steeper for an extended period of time? Yes No

5. Is the member able to stand for 8 hrs a day on a concrete floor? Yes No

6. Please give a brief description of the member's symptoms and the treatment plan: _____

7. Does the member have a medical condition that would put him/her or any other employee at risk for injury?

Example: seizure disorder, narcolepsy, prescribed medications that would interfere with performance.

Please explain: _____

8. Does the member have a medical condition that limits his/her ability to drive? Yes No

PHYSICIAN'S SIGNATURE

DATE

PHYSICIAN'S ADDRESS

PHYSICIAN'S PHONE