

WEEKLY INCOME CLAIM CONTINUATION FORM

**NATIONAL ELEVATOR INDUSTRY HEALTH BENEFIT PLAN
PO BOX 476
NEWTOWN SQUARE, PA 19073-0476
Phone 1-800 252-4611 / Fax 610 557-4556**

On a periodic basis, the National Elevator Industry Health Benefit Plan will request current information to support your claim for Weekly Income Benefits. Your attending physician must certify that you remain totally disabled and unable to work in order for your Weekly Income Benefits to continue. So that your Weekly Income Benefits continue uninterrupted, please have your attending physician complete and return this form (or provide their own disability certificate) to the above listed address or fax number as soon as possible.

If you anticipate returning to work earlier than expected, or if you have already returned to work, please provide us with this information by contacting our office at 1-800 252-4611.

Date: _____

Patient Name: _____

Member ID: _____

PHYSICIAN STATEMENT

(To be completed by the patient's attending physician only)

Patient Name: _____

Nature of illness or injury: _____

Date of first treatment: _____

Date of last treatment: _____

Nature of last treatment or surgical procedure: _____

Date patient may return to work (if unknown at this time, please project): _____

Patient has been disabled and unable to work from: _____ **through:** _____

Remarks: _____

Date: _____ **Physician Signature:** _____

Print Name: _____ **Degree:** _____

Address: _____

Phone Number: _____ **Fax Number:** _____