LINECO
LINE CONSTRUCTION BENEFIT FUND

NECA
NATIONAL ELECTRICAL CONTRACTORS ASSOCIATION

Weekly Income Benefit Form – Initial Application For Benefits

Form must be completed in full before payment is considered.
Return to: Line Construction Benefit Fund, 821 Parkview Boulevard, Lombard, IL 60148-3230, **Or fax to:** 630-916-6847.

Section 1 – Participant's Information (please print)

Participant's Identification Number (LCB)	Participant's Full Name	Date of Birth
☐☐☐☐☐☐☐☐☐		

Participant's Complete Address

Name of Employer

Date of Accident	Date of Last Day Worked	Return to Work Date	Where did accident occur? ☐ Home ☐ Work ☐ Auto ☐ Other

How did accident occur? Please explain below:

Is your disability in any way work related? ☐ Yes ☐ No If yes, please explain below:

If you have been denied by Workers' Compensation, attach a copy of the denial and a notarized statement of whether or not you intend to appeal.
Authorization: I hereby authorize any doctor, hospital, or insurance company to furnish and disclose all known facts.

Signature of Participant	Participant's Phone Number	Date

Section 2 – Employer's Statement (please print) COMPLETE AFTER LAST DATE WORKED

What was the employee's last day worked?	What date did the employee return to work?	Is absence work related? ☐ Yes ☐ No

Is light duty restricted work available? ☐ Yes ☐ No	Has a claim been filed for Worker's Compensation related to this injury? ☐ Yes ☐ No

Was employee on Layoff? ☐ Yes ☐ No	Due to: ☐ No Work ☐ Disability	Date of Layoff

Authorized Employer Representative Name	Authorized Employer Signature

Employer's Name

Employer's Address

Employer's Phone Number	Employer's Fax Number	Date Form Completed

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Section 3 – Physician's Statement (please print)

Participant's Identification Number (LCB)	Participant's Full Name	Date of Birth
Participant's Complete Address		

Is condition due to: ☐ Illness ☐ Injury ☐ Work Related	Was patient hospitalized? ☐ Yes, indicate date: ___________________ ☐ No	Referred to a Specialist? ☐ Yes ☐ No
Date Disability Began	1st Treatment Date After Last Work Day	Date of next appointment?

Diagnosis

____

____

Goals/Treatment plan

____

____

Restrictions?

____

____

Additional Comments

____

____

Actual Return to Work Date	**Estimated Return to Work Date (this must be completed)**
Physician's Signature	Print Physician's Name + Degree

Physician's Phone Number	Physician's Fax Number	Date Form Completed

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PROCEDURES TO FILE FOR WEEKLY INCOME BENEFITS

HOW DO I FILE FOR WEEKLY INCOME BENEFITS?

Complete the enclosed Claim Forms to apply for Weekly Income Benefits. All sections of the Claim Forms must be completed in order for LINECO to determine if benefits are available. See pages 71 and 72 in the 2017 Summary Plan Description (SPD) or visit the LINECO website at www.lineco.org for specific qualifying rules for the Weekly Income Benefit.

There are also specific rules governing substance abuse disabilities. There is limited benefits available. See Pages 71 and 72 in the SPD.

COMPLETING CLAIM FORM:

Section 1: Must be completed by the employee
Section 2: Must be completed by your employer's HR Department after your last date worked
Section 3: Must be completed by your treating physician

It is your responsibility to ensure that ALL sections of the Weekly Income Forms are completed

SUBMITTING CLAIM FORM:

Once the Claim Forms are completed, you can either mail or fax claim to:

Mail: LINECO
821 Parkview Blvd
Lombard, IL 60148 – 3230
Fax: (630) 916-6847

PHYSICIAN UPDATES:

If approved for Weekly Income Benefit, you may be asked to submit a **Weekly Income Continuation Form** to LINECO with updates from your physician. Please return the form promptly to avoid delay in processing your payments.

What happens when I exhaust Weekly Income Benefits??

- You may qualify for continued eligibility in the LINECO plan of benefits from the eligibility due to disability provision or will be offered the opportunity to continue in the plan via COBRA.

Questions ??

Questions about the Weekly Income Benefit can be directed to the Weekly Income / Disability department at **LINECO at 1-800-323-7268.** Once approved for benefits, you may track your weekly income payments on our secure member portal at **www.lineco.org**.