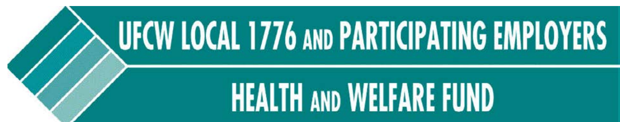


# HEALTH AND ACCIDENT REPORT *To Be Completed Only By Store Manager*

UFCW Local 1776 and Participating Employers Health and Welfare Fund
3031 B Walton Road
Plymouth Meeting, PA 19462
Phone: (610) 941-9400 Fax: (610) 941-9602

**REPORT OF:**
Absence Worker's Compensation
Return Non-Occupational Disability

**DUE TO:**
Accident Pregnancy
Illness

## EMPLOYEE INFORMATION

| Full Name | | | |
|---|---|---|---|
| Home Address | City | State | Zip |
| Social Security No. XXX-XX-__ __ __ __ | Local Union No.: | Date Of Hire:___/___/____ | |

## JOB DESCRIPTION

| Job Description | Clerk | Stock | Produce | Dairy | Cashier |
|---|---|---|---|---|---|
| Lifts Approx. | 0-5 lbs. | 5-10 lbs. | 10-15 lbs. | 15-20 lbs. | 20+ lbs. |
| How Many Hours Does the Member Stand per Day: | | | | | |
| Is a Written Job Description Available? Yes No Attached To This Report | | | | | |

## EARNINGS INFORMATION

| FULL TIME EARNINGS: | |
|---|---|
| Gross Weekly Wage: | $ |
| Hourly Rate: | $ |
| Premium Pay: | $ |
| Regular Day Off: | $ |

**WORK SCHEDULE**

| | MON | TUES | WED | THU | FRI | SAT | SUN |
|---|---|---|---|---|---|---|---|
| Hours Scheduled | | | | | | | |
| Hours Disabled | | | | | | | |

| PRIOR TO DISABILITY WAS EMPLOYEE: | |
|---|---|
| Laid Off | Retired |
| On Leave | Discharged |
| Has Vacation, Holiday Or Personal Pay Been Paid Or Requested? | |
| Yes No | |
| From: | To: |

Date Last Worked: ____________________

| PART-TIME EARNINGS: | | |
|---|---|---|
| Hourly Rate: | $ | |
| Hours Worked and Gross Wages for 8 Full Pay Weeks Prior to Disability | | |
| Week Ending Date | Hours Worked | Gross Wages |
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |
| 8. | | |
| Company | | |
| Store No. | | |
| Store Phone No. | | |

Date Prepared:___________________ Store Manager's Signature ________________________________________

TO BE COMPLETED WHEN EMPLOYEE RETURNS TO WORK • Date Returned to Work:____/____/________

# HEALTH AND ACCIDENT REPORT *(Continued)*

UFCW Local 1776 and Participating Employers Health and Welfare Fund
3031 B Walton Road
Plymouth Meeting, PA 19462
Phone: (610) 941-9400 Fax: (610) 941-9602

## INSTRUCTIONS

**IMPORTANT:**

1. Complete and fax to the Fund Office within **four days of absence due to disability**.

   **FAX:** (610) 941-9602

   **RETAIN ORIGINAL FORM FOR USE WHEN EMPLOYEE RETURNS TO WORK**

2. **IMMEDIATELY** complete "Date Returned to Work" on page 1 upon employees return to work and fax form to the Fund Office.

   **FAX:** (610) 941-9602

**SEND A COPY TO THE FUND OFFICE EVERY TIME A CHANGE IS MADE**

**PLEASE INITIAL ANY CHANGE MADE TO THIS FORM**