

## Sick Dues Affidavit

Sick Dues Affidavits are for members to request Local 728 pay their quarterly dues in order to remain a "member in good standing" if one is not able to work any days in a given quarter due to illness or disability. **The member must fill out the form and submit with a separate doctor letter.**

As stated on the Affidavit for Sick Dues form, a medical doctor's letter with the requested information verifying you have been under medical treatment & unable to work, and the dates beginning and ending treatment, must accompany your request. The doctor's letter must be on the doctor's business letterhead and obtain the doctor's legible signature (*a prescription form, note from the doctor's memo pad, or a disability medical report will not be accepted*).

Both the Sick Dues Affidavit and signed Medical Doctor's Letter of Verification must be received in the Local office no later than two days prior to the Executive Board Meeting (earlier if possible). If you & the doctor wish to fax your form & doctor's letter to the Local the fax number is (818) 954-0732. If you wish to mail both directly to the Local:

IATSE Local 728  
Attention: Sick Dues  
1001 W. Magnolia Blvd.  
Burbank, CA 91506

- You must be a member in good standing at the time of your request, which means your dues are paid through the previous quarter. If you are suspended (2 Quarters in arrears) you must pay in full and request the Local to reimburse you.
- You may request Local 728 to *pay your dues* for the current quarter, or
- Having previously paid yourself, you may request Local 728 to *reimburse* you for the dues you paid.
- You must request a separate form for each quarter that you wish the Local to pay/reimburse your dues. (*Please do not assume the Local knows and will automatically pay your dues because you are sick or disabled, you must request it each time*).
- This Sick Dues Program is only for the quarters you **cannot** and **have not** worked. If you do work (even only one day), you must reimburse Local 728 for that quarter, which has been paid for you. When you work it is your responsibility to pay your own dues.
- Local 728 **WILL NOT** pay for or reimburse reinstatement fees (\$25.00) or late fees (\$50.00).
- **You must request Sick Dues forms. The Local will not assume you are on disability or continue to pay your Sick Dues without a new form for each request.**
- If you have requested sick dues four consecutive quarters and you are still ill or disabled and unable to work, Local 728 advises you to take an Honorable Withdrawal. Per Constitution & By-Laws Article 7, Section d: "*Any member who request this Local to pay his dues because of illness or disability over four quarters shall be required by the Local to take an Honorable Withdrawal*". If you do not take a withdrawal you will be responsible for your dues.

**I.A.T.S.E. Local 728**  
**AFFIDAVIT FOR SICK DUES**

Local 728's Constitution & By-Laws, Article 6, Section 7 (D) States:

**“Any member who requests this Local to pay his dues because of Illness or Disability over four (4) quarters shall be required by the Local to take an Honorable Withdrawal.”**

Request for Local 728 to pay assessment/reimbursement for the \_\_\_\_\_ Quarter 2016. This affidavit **must** be presented with a separate letter on a medical Doctor's letterhead with the Doctor's signature that states the **NATURE** of your Disability, **WHEN** you became disabled and about **HOW LONG** you will be disabled. (*Prescription forms, memo pad notes and medical reports not accepted*).

**Please complete the following:**

NAME: \_\_\_\_\_ CARD # \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SS# LAST FOUR \_\_\_\_\_ LAST DAY WORKED \_\_\_\_\_ DATE OF ILLNESS \_\_\_\_\_

DESCRIBE NATURE OF ILLNESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DR.'S NAME & ADDRESS: \_\_\_\_\_

DR.'S PHONE NUMBER: \_\_\_\_\_

ARE YOU COVERED BY MOTION PICTURE HEALTH & WELFARE: \_\_\_\_\_

ARE YOU RECEIVING WORKMAN'S' COMPENSATION? \_\_\_\_\_

ARE YOU NOW RECEIVING DISABILITY INSURANCE? \_\_\_\_\_

ARE YOU COVERED BY ANY OTHER HEALTH POLICY BESIDES THOSE LISTED ABOVE? \_\_\_\_\_

DO YOU HAVE OTHER INCOME? \_\_\_\_\_

I DECLARE THE ABOVE STATEMENTS ARE TRUE.

\_\_\_\_\_  
MEMBER'S SIGNATURE

\_\_\_\_\_  
DATED

Bottom Portion is for Local 728, Thank You.

**Member's Current Status:** \_\_\_\_\_ **Current Sick Request #** \_\_\_\_\_

Remarks: \_\_\_\_\_  
\_\_\_\_\_

RECOMMENDATION OF SICK COMMITTEE: \_\_\_\_\_

Meeting Date: \_\_\_\_\_

**IF YOU RETURN TO WORK DURING THE QUARTER THE LOCAL PAYS YOUR DUES, YOU MUST REIMBURSE THE LOCAL FOR THAT QUARTER.**

**DR. LETTERHEAD**

January 1, 2016

**Re: John Doe, Member Local 728**

To Whom It May Concern:

Please be advised that John Doe is currently unable to work due to \_\_\_\_\_.

Mr./Mrs. Doe has been out of work since \_\_\_\_\_ and will not be able to return until \_\_\_\_\_.

Sincerely,

Dr. \_\_\_\_\_

*Please note this is a sample letter. Please provide a valid letter on doctor letterhead.*

# 2016 Executive Board & Membership Meeting Schedule

## Executive Board Meetings Saturdays

**January 9, 2016**

**February 6, 2016**

**March 5, 2016**

**April 2, 2016**

**May 7, 2016**

**June 4, 2016**

**July 16, 2016**

**August 6, 2016**

**September 10, 2016**

**October 1, 2016**

**November 5, 2016**

**December 3, 2016**

## Membership Meetings Saturdays

**January 16, 2016**

**March 12, 2016**

**May 14, 2016**

**July 23, 2016**

**September 17, 2016**

**November 12, 2016**

**Executive Board Meetings** begin at 8:00 a.m.

**Membership Meetings** begin at 9:00 a.m.

Meetings are held at the Local Office, located at  
1001 W. Magnolia Boulevard  
Burbank, CA 91506