

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 2012. 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 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.

Sick Dues Affidavit

Sick Affidavits are for the purpose of assisting you pay your dues in order to remain a “member in good standing” at a time when you have not been able to work any days in a given quarter due to illness or disability.

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.**
- Once you have exhausted four sick dues requests and you are still ill or disabled and unable to work, Local 728 requests 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*”.

Always, if you have questions, please call the Local. Thank You.

DR. LETTERHEAD

January 1, 2012

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. _____