Carpenters Southwest Administrative Corporation

533 SO. FREMONT AVENUE • LOS ANGELES, CA 90071-1706 • TEL. (213) 386-8590 • TOLL FREE (800) 293-1370

AFFIDAVIT FOR PENSION CREDIT DURING PERIODS OF DISABILITY

Please complete this form if any of the following is applicable to you:

- You received Workers' Compensation temporary disability benefits from the State of California.
- You received California State Disability Insurance benefits (SDI).
- You were confined to a hospital as a registered bed patient.

This application must be completed, signed, notarized, and filed within 12 months of the date you became disabled. The undersigned, being first duly sworn, deposes and says:

1. That I am claiming pension credit for disability for the period from _____ through _____.
2. That Workers' Compensation temporary disability benefits have been paid on my behalf. ☐ Yes ☐ No If yes, name and address of employer at time of disability _____.
3. That State Disability Insurance benefits (SDI) have been paid on my behalf. ☐ Yes ☐ No
4. The name and address of the insurance carrier or other agency making payments described in items 2 or 3. _____
5. That said payments have been paid from _____ to _____.
   Month Day Year Month Day Year

   IMPORTANT: DOCUMENTARY EVIDENCE OF PAYMENT MUST BE FURNISHED WITH THIS CERTIFICATION. (Example: SDI payment slips, Workers' Compensation compromise and release forms)
6. That prior to receiving disability payments, I served a waiting period from _____ to _____.
   Month Day Year Month Day Year
7. Please describe the nature of the disability _____
   (Use reverse side for additional space)
8. That said disability (is) (was) ☐ occupational ☐ non-occupational
9. If hospitalized, the period of hospital confinement was from _____ to _____.
   Month Day Year Month Day Year
10. Name and address of hospital where confined _____
    _____

Social Security Number _____ Name _____

Local Union Number _____ Address _____

Signature _____ City _____ State ____

Telephone _____ Zip _____

State of _____

County of _____

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 20 _____, by _____, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

(Seal) Signature _____