



### Short Term/Weekly Disability Form

PATIENT NAME: \_\_\_\_\_ I.D. Number: \_\_\_\_\_

PATIENT PHONE: \_\_\_\_\_ PATIENT D.O.B. \_\_\_\_\_

This form is to be completed and signed by the Attending Physician. Form is to be completed by an M.D. or D.O. (Medical Doctor or Doctor of Osteopathy.) The form can be mailed or faxed (918.280.4899) to the PIBF office for processing. The weekly disability benefit is available to active PIBF members during periods of total disability (unable to perform any type of work) and is payable for a maximum of 26 weeks. ***This is not an automatic benefit.*** Please refer to the PIBF Summary Plan Description for complete information regarding this or any other benefit provided by the Pipeline Industry Benefit Fund.

**A new form is to be completed for each payment period.**

ICD-10 Diagnosis Code and Description: \_\_\_\_\_

Disability is a result of:  Illness  Injury

Date of first treatment: \_\_\_\_\_ Date of most recent treatment: \_\_\_\_\_

The patient has been continuously disabled (unable to work) from: \_\_\_\_\_ through \_\_\_\_\_

Estimated Return to work date: \_\_\_\_\_  Released/Return to Work Date \_\_\_\_\_

Physician Name: \_\_\_\_\_ Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date: \_\_\_\_\_  
(Attending Physician, including professional title)

***A new form is to be completed for each payment period.***

***Please note: Payment cannot be issued beyond the date the physician signs this form.***

PIBF Office Use Only:  
From: \_\_\_\_\_ Through \_\_\_\_\_  
Days: \_\_\_\_\_ \$ \_\_\_\_\_

PIPELINE INDUSTRY BENEFIT FUND      PHONE: 918.280.4800      FAX: 918.280.4899  
P.O. Box 470950, Tulsa, OK 74147-0950

Renée E. Vause, Director