

Social Security  
Number

NOTE - Questions in this Certificate must be fully answered or no benefits will be allowed.

## CERTIFICATE OF ILLNESS



**BROTHERHOOD OF TEAMSTERS AND  
AUTO TRUCK DRIVERS, LOCAL No. 70**  
P.O. Box 2270 Oakland, California 94621-1486

NO BENEFITS PAID FOR FIRST WEEK OR FRACTION OF A WEEK

Oakland, Calif., \_\_\_\_\_ 2011

I hereby certify that MEMBER; \_\_\_\_\_

residing at \_\_\_\_\_

has been ill and under my care from \_\_\_\_\_ to \_\_\_\_\_ 2011

suffering from \_\_\_\_\_

Condition at this time is \_\_\_\_\_ Was it chronic? \_\_\_\_\_

Date when patient will be able to follow his usual vocation? \_\_\_\_\_

Did he, while under your care, perform any kind of work? \_\_\_\_\_

If so, what? \_\_\_\_\_

In your opinion, is he entitled to sick benefits? \_\_\_\_\_

Is he still under your care? \_\_\_\_\_

Physicians Address \_\_\_\_\_

City \_\_\_\_\_

Phone \_\_\_\_\_

PLEASE COMPLETE AND  
RETURN TO THIS OFFICE  
BY \_\_\_\_\_

Probable Date of Recovery

It is necessary to keep  
your dues paid up while  
receiving sick benefits.

Month Date Year

\_\_\_\_\_  
*Attending Physician*