

# SEIU Local 1 & Participating Employers *Health Trust*

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111 E. Wacker Drive, 17<sup>th</sup> Floor, Chicago, IL 60601  
Telephone: (312) 233-8888, Facsimile: (312) 233-8835  
Website: [www.seiu1benfunds.org](http://www.seiu1benfunds.org)

September 18, 2023

Name  
Address  
Address

RE: WEEKLY DISABILITY BENEFITS

Dear Participant,

Enclosed are the documents required by the SEIU Local 1 & Participating Employers Health Trust to determine your eligibility and process benefits due to you under the Weekly Disability Benefits offered by your Plan of Benefits.

## **INITIAL REPORT OF CLAIMS**

This form must be completed in order to determine your eligibility for benefits due under the Weekly Disability Benefits.

**STEP 1:** complete the “MEMBER COMPLETES THIS SECTION” including your signature at the bottom of page.

**STEP 2:** have your doctor complete and sign the top portion of page 2.

**STEP 3:** have your employer complete and sign the bottom portion of page 2.

**STEP 4:** return the completed form to the Fund Office via US Mail, fax, or email.

Mail:  
SEIU Local 1 & Participating Employers Health Trust  
111 East Wacker Drive, 17<sup>th</sup> Floor  
Chicago, IL 60601  
Attn: Disability Department

Fax: (312) 233-8835

Email: [SEIUDisability@SEIU25.org](mailto:SEIUDisability@SEIU25.org)

## **DEPOSITORY AGREEMENT**

The Fund now provides direct deposit of your Weekly Disability Benefit payments to your personal checking or savings account. This will provide faster access to your benefit payment and will eliminate the common problem of checks lost through the US mail. If you would like your income benefit deposited to your bank account, please complete the Depository Agreement and return with your Initial Report of Claims as instructed above.

If you have any questions, please contact the Fund Office at (312) 233-8888, or at the email address provided above.

Sincerely,  
Fund Office of  
SEIU Local 1 & Participating Employers Health Trust