EMPLOYER'S STATEMENT FOR DISABILITY

Wilson-McShane Corporation
3001 Metro Drive - Suite 500
Bloomington, MN 55425

Name of Employee	Employee's Basic Hourly Wage

Number of hours worked for each of the last four weeks immediately prior to becoming disabled (excluding over time or bonus hours)

Week one: _____ Week two: _____

Week three: _____ Week four: _____

Member Medical ID No. or SSI No.

Has employment terminated	If YES, when	First day employee was unable to work	Date returned to work
☐ YES ☐ NO	Date: _____	Date: _____	Date: _____

If employee is disabled, date expected to return to work is	Is this disability possibly caused by employment
Date: _____	☐ YES ☐ NO

If YES, explain

Name of Employer	Employer Phone No.

Employer Address

X _____ Date: _____

(authorized signatue) (title)

RETURN COMPLETED FORM TO:

Minneapolis Retail Meat Cutters and Food Handlers Health & Welfare Fund
3001 Metro Drive - Suite 500
Bloomington, MN 55425

Phone: (952) 851-5797 Fax: (952) 851-3521 Toll Free: 1 (844) 468-5917

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