



COVID - 19 Application
Accident and Sick (A&S)

IBEW Local No. 1 Health and Welfare Fund

5735 Elizabeth Avenue
Saint Louis, MO 63110

Phone 314/752-2330
Fax 314/752-2339

1. Participant Information (Please print or type)

First Name	MI	Last Name	Social Security Number	
Street Address		City	State	Zip Code
Mobile Phone Number	Email Address		Date of Birth	
Last Employer	Last Day of Work Prior to Exposure/Positive Test		Expected Return to Work Date	

2. Exposed or Infected (you will be requested to provide certain documentation to verify eligibility)

Exposed Participant (Personal) - I was exposed and in quarantine due to personal exposure or the possible exposure of a family member with whom I reside. (Will require quarantine documentation from health department or physician)

Exposed Participant (Work) - I was exposed at my place of employment and my employer is requiring me to quarantine. (Will require employer verification)

Positive Test - I have tested positive. (Will require copy of test result from Medical Facility, home tests not accepted)

***Please complete Section 3 (A&S Withholding Certificate) below.**

3. Accident and Sick Withholding Certificate (complete W-4 is available upon request)

I request Federal Income Tax withholding from each of my Accident and Sick payments (optional): \$

Please note - FICA is withheld, Federal is optional and State tax is not withheld from A&S Benefits.

4. Signature and Certification of Participant

I hereby certify the foregoing statements, including any accompanying statements are true, correct and complete to the best of my knowledge and also hereby certify the withholding exemption and allowances claimed do not exceed the number in which I am entitled.

Participant Signature	Date