SOUTHERN CALIFORNIA PIPE TRADES HEALTH & WELFARE FUND
501 Shatto Place, 5th Floor, Los Angeles, CA 90020 | (800) 595-7473 (213) 385-6161 | Fax (213) 385-2767 | www.scptac.org

NOTICE OF END OF TOTAL DISABILITY
Weekly Accident & Sickness (Total Disability) Benefits

A Participant who receives Weekly Accident & Sickness (Total Disability) benefits is required to notify the Fund Office immediately when he or she is no longer totally disabled by completing this form and returning it to the address above.

CERTIFICATION OF END OF TOTAL DISABILITY

_____ _____
Participant Name Blue Shield Participant ID# or SSN (only last four required)

_____
Phone number and/or email address

_____
Last day of Total Disability

X _____ _____
Participant signature Date