SOUTHERN CALIFORNIA PIPE TRADES HEALTH & WELFARE FUND
501 Shatto Place, Suite 500, Los Angeles, CA 90020 | (800) 595-7473 (213) 385-6161 | Fax (213) 487-3640 | www.scptac.org | disability@scptac.org

NOTICE OF END OF TOTAL DISABILITY
WEEKLY ACCIDENT & SICKNESS (TOTAL DISABILITY) BENEFITS

CERTIFICATION

A Participant who receives Weekly Accident & Sickness (Total Disability) benefits must 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.

Participant Name _____ Last Day of Total Disability _____

Social Security Number (only last four digits required) _____ OR Blue Shield Participant ID IPE T50

Phone number (_____) _____ Email address _____

Participant Signature X _____ Date _____

Revised February 2024