

TEMPORARY BENEFITS REQUEST (H&LA)

City of Allentown
Director of Human Resources
227 City Hall
435 Hamilton Street
Allentown, PA 18101-1699

Re: Temporary Disability Benefits Request

Name of Claimant (please print) _____

Date of Injury _____

Dear Sir:

On the above date, I was injured in the performance of my duties as a (check [√] one):

Fire Fighter Police Officer. As a result of those injuries, I am temporarily incapacitated.

as of _____ I will be unable to perform my duties as of my (select one):

DATE

- injury date;
- surgery, scheduled for the above date;
- disability, effective the above date, pr my physician's report;
- report of incident date;
- other; (please explain)

I am presently being treated by _____ who has
(PHYSICIAN/SURGEON/ETC.)

engaged in a course of treatment and has informed me that with continued treatment and care, I will be able to return to my position in the future. During the course of my recovery, I am requesting to be compensated under the Pennsylvania Heart and Lung Act, 53 P.S. Section 637.

If you need any medical information form me pertaining to my injury, I will be happy to supply it to you. In that regard I have: (1) executed the enclosed release of medical information and (2) provided a list of all physicians or other health care providers who have provided medical treatment to me for the current medical condition of any related condition.

Signature of Claimant: _____

Address (please print)

STREET

CITY

STATE

ZIP

Telephone #s (please print)

HOME

WORK

CELL