



**NOTICE AND PROOF OF CLAIM FOR DISABILITY BENEFITS**

**IMPORTANT: USE THIS FORM ONLY WHEN THE CLAIMANT BECOMES SICK OR DISABLED WHILE EMPLOYED OR BECOMES SICK OR DISABLED WITHIN FOUR (4) WEEKS AFTER TERMINATION OF EMPLOYMENT. OTHERWISE USE GREEN CLAIM FORM DB-300.**

**PART B – DOCTOR'S STATEMENT (Please Print or Type)**

The doctor's statement must be filled in completely. For item 7-d, give approximate date. Make some estimate. Delay in the payment of Disability Benefits may be prevented. If disability is caused by or arising in connection with pregnancy, enter estimated delivery date under "Remarks."

1. Claimant's Name ..... 2. Age ..... 3.  Male  
First Middle Last Last  Female

4. Diagnosis/Analysis: .....  
 a. Claimant's Symptoms: .....  
 .....  
 .....  
 b. Objective Findings: .....  
 .....  
 .....

5. Claimant Hospitalized?  YES  NO From ..... To .....  
 6. Operation Indicated?  YES  NO a. Type ..... b. Date .....

7. Enter Dates for the Following:

	Mo.	Day	Year
a. Date of your first treatment for this disability .....			
b. Date of your most recent treatment for this disability .....			
c. Date Claimant was unable to work because of this disability .....			
d. Date Claimant will be able to perform usual work .....			

(Even if considerable question exists, estimate date. Avoid use of terms such as unknown or undetermined.)

8. In your opinion, is this disability the result of injury arising out of and in the course of employment or occupational disease?  YES  NO  
 If yes, has Form C-4, C-4C or C-4P been filed with the Board?  YES  NO

Remarks (Attach additional sheet, if necessary): .....

9. I affirm that I am a ..... Licensed in the State of ..... License No. ....  
 (Physician, Podiatrist, Chiropractor, Dentist)

Doctor's Signature ..... Date .....  
 Doctor's Name (Please Print) ..... Tel. No. ....  
 Office Address .....  
Number Street City or Town State Zip Code

*Return to:*

**United Probation Officers Assoc.  
 Welfare Fund  
 375 West Broadway - 3rd Floor  
 New York, NY 10012**