



SHEET METAL WORKERS'
International Association • Local Union No. 73
4530 Roosevelt Road | Hillside, Illinois 60162 | 708.449.7373 | FAX 708.449.7333



Welfare, Pension and Annuity Funds

WEEKLY MATERNITY BENEFIT APPLICATION

NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

MEMBER ID# _____

MEMBER'S PHONE _____

MEMBER'S EMAIL _____

NAME OF EMPLOYER AT LEAVE _____

EFFECTIVE: July 1, 2023

Weekly Maternity Benefits (Female Employees Only) For Plan A and Plan C (Bargained)

Weekly Benefit	\$900 per week per live birth (in lieu of any Weekly Accident and Sickness Benefit for weeks benefit is paid)
Benefit Begins On	At Birth
Maximum Duration of Benefit	6 weeks for a traditional delivery 8 weeks for a cesarean section delivery

DATE OF BIRTH _____

PLEASE INDICATE – TRADITIONAL OR CESAREAN SECTION DELIVERY

SIGNATURE

DATE



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Dear Participant:

The fund office will only be paying the Weekly Maternity Benefit via EFT (Electronic Funds Transfer). No physical checks will be processed for this benefit.

Please complete this form and return it to the Fund Office with your Weekly Maternity Benefit Application.

Signature

Date

Printed Name

Name of Bank

Bank Routing Number

Bank Account Number

To ensure all banking information is correctly set up, please furnish the Fund Office with a VOIDED check, which you can include in the enclosed envelope.

Thank you,

Patrick Ludvigsen
Fund Administrator