



Connecticut Carpenters Pension Fund

10 Broadway

Hamden, Connecticut 06518

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RICHARD S. MONARCA
Fund Director

DOCTOR'S STATEMENT REGARDING DISABILITY

Name of Patient: _____

Address of Patient: _____

Patient's SS #: _____

Date Patient First
Disabled: _____

Reason for Disability _____

Date Patient is Able to Return to Work: _____

Date: _____

Physician's Signature

Address of Physician
