



PACIFIC SERVICE EMPLOYEES AND BENEFITS ASSOCIATION

1390 Willow Pass Rd. Ste 240, Concord, CA, 94520

1 (800) 272-7732 or (925) 246-6200

Pacific Service Employees Member Disability Plan Continued Claim Statement

This Continued Claim form is your benefit claim for that portion of the two weeks immediately following the disability period covered by the enclosed check.

We will not be able to issue further benefits until this form is received back in our office. If you have questions, please call the benefits department at (925) 246-6289 or 1-800-272-7732, Ext. 6289.

Member's Name

SSN XXX - XX - _____

Mailing Address

1. Period covered: From _____ to _____
2. Have you returned to work? _____ If yes, when _____, 20____
3. Were you still disabled and unable to perform your usual occupation for the period shown above in No. 1? _____

I certify that the above statement is, to the best of my knowledge and belief, true, correct and complete. I hereby make claim for disability for such period.

Date: _____

Signature: _____

Return To:

PSEA Benefits Department
1390 Willow Pass Rd.
Suite 240
Concord, CA 94527

For Information Call:

(925) 246-6289
1-800-272-7732 (ext. 6289)

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