



HARRISON TRUST
A FAMILY HEALTH PLAN
WWW.HARRISONBENEFITS.ORG

Flex Plan Supplemental Time Loss Benefit Form for Temporary Use During COVID-19 due to Quarantine

Each employee who seeks benefits from the Flex Plan Supplemental Time Loss during COVID-19 due to quarantine and who is NOT also requesting a Time Loss benefit, must complete all information requested. It is your responsibility to ensure that your employer completes the information as directed concerning your leave. It is your responsibility to ensure that the completed application is returned to the Harrison Electrical Workers Trust Fund. The 1-week waiting period is temporarily waived due to quarantine.

This benefit is \$100 per day, up to \$500 per week until you return to work or your supplement unemployment account is exhausted, whichever comes first.

_____		_____
Full Name - Please Print		Last 4 of Social Security Number
_____	_____	_____
Address	City	State/Zip
_____	_____	() _____
Date of Birth		Telephone

EMPLOYER QUESTIONS

(name) _____ is required to quarantine due to exposure to COVID-19 and/or a positive COVID-19 test. The quarantine period is for the following dates:

From: _____ To: _____

I certify that the answers to the questions on this application form are true and correct.

_____	_____
Employer Signature	Date
_____	_____
Printed Name	Job Title

Phone Number	