



The Canadian Schwaben Sick Benefit Association

Schwaben Club

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Phone: 519-742-7979
www.kitchenerschwabenclub.com

Sick Benefit Fund Application Form

Personal Information (Please print clearly in ink)

Name: _____
LAST NAME FIRST NAME

Address: _____
NUMBER STREET UNIT/APT #

CITY PROVINCE POSTAL CODE

Telephone: HOME (_____) _____ CELL (_____) _____

Email: _____

Date of Birth: _____
MONTH DAY YEAR

Gender: MALE FEMALE OTHER

Occupation: _____

Date Joined the Schwaben Club: _____
MONTH DAY YEAR

Medical Information (Please print clearly in ink)

Height: _____ cm / in Weight: _____ kg / lbs

Have you lost weight in the past two (2) years? YES NO

If YES, how much? _____ kg / lbs

Have you experienced any illnesses in the past five (5) years that have caused you to miss work for a period of time OR been diagnosed with any significant ailment (ie. Cancer, etc)? YES NO

If YES, please describe each illness/diagnosis and how long it lasted:

1st Illness: _____

2nd Illness: _____

3rd Illness: _____

Other: _____

Have you collected Sick Benefits in the past five (5) years? YES NO If YES, total amount received: \$ _____



Physician Information

To Be Completed by Physician (Please print clearly in ink)

Name: _____

Address: _____

Telephone: ____ (____) _____ Fax: ____ (____) _____

Email: _____

Specialty: _____

1. Does the oscillation and percussion of the chest indicate that the heart and lungs are in a healthy condition?

2. Are there any heart murmurs or defects?

3. Do the organs or respiratory system have any known defects or disease? If so, state particulars:

4. Are there any indications of cardiac disease or condition? If so, state particulars:

5. Are there any other health conditions known or diagnosed? If so, state particulars:

6. Do you recommend the applicant be enrolled in "Canadian Schwaben Sick Benefit Association"? YES NO

Physician Signature

Date



I, _____ agree that the above answers are true and correct, to the best of my knowledge and belief. In the case said answers are found to be untrue or misleading, I agree to hereby forfeit all claims upon the Schwaben Club for Sick Fund Benefits. I also agree to comply with the laws and regulations governing the Sick Benefit Fund as outlined in the Constitution and any Constitutional Amendments, now in force or that may be enacted hereafter.

Applicant Signature

Date

Witness Name

Witness Signature

Date