New England Farm Workers' Council - **FUEL ASSISTANCE PROGRAM**
473 Main Street, 3rd Floor, Fitchburg, Massachusetts 01420 (978) 342-4520 Fax: (978) 343-8615

_____ _____
Applicant Application Number

WORKERS' COMPENSATION/DISABILITY INSURANCE STATEMENT

I, _____, authorize

Employer/insurance co. : _____

Street: _____

City/town: _____ State: _____ Zip Code: _____

to release the following information to the New England Farm Workers' Council.

_____ ____/____/____
Signature Date

_____ _____
Social Security Number Insurance Claim Number

Street: _____

City/town: _____ State: _____ Zip Code: _____

TO BE COMPLETED BY EMPLOYER/INSURANCE CO. ONLY

Start date of benefits: ____/____/____

End date of benefits: ____/____/____

Weekly gross benefit: $ _____

Name of person completing form: _____

Title: _____

Signature: _____ Date: ____/____/____

Telephone number: ( ) _____ - _____