

**ILA-WEST GULF MARITIME ASSOCIATION, INC. ROYALTY TRUST FUND NO. 1**  
**ILA-WEST GULF MARITIME ASSOCIATION, INC. ROYALTY TRUST FUND NO. 2**

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1717 Turning Basin Drive, Suite 200 • Houston, Texas 77029 • www.wgma.org

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**MEDICAL CREDIT FORM**

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Instructions to employee:

1. complete your portion of the form,
2. take the form to your physician, have your physician complete the physician's portion of the form, and request all medical records relating to the medical condition described on the form from your physician, and
3. return the completed form and any attached letters and records to the Container Royalty Trust, 1717 East Loop, Suite 200, Houston, Texas 77029.

**To be completed by employee:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone number: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

**To be completed by employee's physician:**

Please provide the following information relating to the above employee:

Please list the dates you treated the employee: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please describe the medical condition requiring treatment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate the period of time, if any, during which the employee was physically and actually unable to work:

From: \_\_\_\_\_ To: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Physician Signature

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Please attach a copy of your letterhead, and all medical records that relate to your answers.