

Member :
Trade Name: ELECTRICAL WKRS HLTH & WELFARE
Patient Name:

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ACCIDENT DETAILS REQUEST

DATE OF ACCIDENT/INJURY: _____

HOW DID ACCIDENT/INJURY OCCUR: _____

WHERE DID ACCIDENT/INJURY OCCUR: _____

DID THIS INJURY RESULT FROM AN ON-THE-JOB ACCIDENT?

YES _____ NO _____

WAS THE ACCIDENT/INJURY THE RESULT OF NEGLIGENCE OF ANOTHER PARTY?

YES _____ NO _____

IF YES. PLEASE PROVIDE A BRIEF DESCRIPTION OF THAT PARTY'S INVOLVEMENT IN THE ACCIDENT.
ALSO ADVISE IF YOU PLAN TO MAKE A CLAIM AGAINST THAT PARTY.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS, TO THE BEST OF MY KNOWLEDGE, TRUE AND CORRECT.

MEMBER SIGNATURE

DATE