

TOLEDO ELECTRICAL WELFARE FUND ACCIDENT QUESTIONNAIRE

Patient's Name: _____ Policy Holder's Name: _____

Date Expense Incurred: _____ Diagnosis: _____

The Fund Office has received claims for expenses that could possibly have resulted from an accident. In order to properly process these claims, we need for you to provide answers to the following questions:

- 1) Please describe the injury/accident in detail, including where, when and how it happened:

How did it happen? _____

Where did it happen? _____ When did it happen? _____

- 2) Is this claim in any way work-related? _____.

- 3) Did this claim occur while you were the driver or passenger of a motorized vehicle? _____.

a. If yes, please put name of auto insurance: _____.

- 4) Do you feel that another person or entity was at fault for causing your injuries? _____.

- 5) Were the police called to investigate? _____. If so, please provide a copy of the Police Investigation Report.

"As evidenced by my signature below, I hereby swear and affirm that the responses provided above are true, correct and complete to the best of my knowledge and belief."

Signature of Injured Party (or Parent, if a minor)

Date

Printed Name of Injured Party (or Parent, if a minor)

Policy Holder's UID or Last 4 of SSN

(Please return completed Form to: Toledo Electrical Welfare Fund, PO Box 60480, Rossford, OH 43460)