

GROUP #: 060

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GROUP NAME: Southern Illinois Laborers

ACCIDENT/INJURY REPORT

PLEASE ANSWER ALL QUESTIONS - UNANSWERED QUESTIONS WILL DELAY BENEFIT CONSIDERATION UNTIL THE MISSING INFORMATION IS OBTAINED

Insured's full name:		Insured's ID Number:	
Patient's full name:		Patient's birth date:	
Home Address:		Telephone Number:	
City/State/Zip:		Date of Service:	
Email Address:			
Was this a work related injury? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was this an accident related to a car wreck? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of Other Party to Accident:			
Address:		City/State/Zip:	
Insurance Company:		Agent's Name:	
Address:		City/State/Zip:	
Telephone Number:		Policy Number:	
Were Police Called? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was an Accident Report prepared by police? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		If yes, please provide a copy of report.	
Were charges lodged against you? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If so, Please describe the nature of the charges:			
Was this an accident that happened on someone else's property? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of other party to Accident:			
Address:		City/State/Zip:	
Insurance Company:		Agent's Name:	
Address:		City/State/Zip:	
Telephone Number:		Policy Number:	
<p>If you answered YES to any of the above questions, explain in detail below. If you answered NO to all of the above questions, please explain why you required medical attention.</p>			
Have you hired an attorney for you in this matter? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Attorney's Name:		Telephone:	
Address:		City/State/Zip:	

SIGNATURE OF INSURED: _____ DATE _____

SIGNATURE OF DEPENDENT: _____ DATE _____

Please return this form to: **SOUTHERN ILLINOIS LABORERS/EMPLOYERS H&W FUND**
5100 ED SMITH WAY; STE A
MARION, IL 62959
618-998-1300 FAX 618-993-8295
www.silehw.org

If you have any questions please contact the Claims Department at the above number.