

Plumbers and Pipefitters Local No. 172 Welfare Fund

6525 Centurion Drive • Lansing, MI 48917

Toll Free Telephone (833) 767-0172

Fax Number (517) 321-7508

ACCIDENTAL INJURY QUESTIONNAIRE

Additional information is needed regarding this claim. Please complete this Questionnaire and return in the enclosed envelope as soon as possible. Failure to return this Questionnaire, may result in a delay in claim processing.

Participant's Name: _____ Member ID or SS# _____

Injured Individual's Name: _____

Relationship to Participant (if applicable): _____

Date of Accident: _____

Location of Accident: _____

Type of Injury Sustained: _____

Was a policy report filed? _____ Yes _____ No

***If yes, you must submit a copy of the police report.**

Was the individual hurt on the job? _____ Yes _____ No

If yes, was a Worker's Compensation Claim filed? _____ Yes _____ No

How did the accident happen?

Have you retained an attorney to assist you in recovering part or all of the losses sustained as a result of the Accident? _____ Yes _____ No

*If yes, please provide the following information:

Attorney's Name: _____ Law Firm: _____

Address: _____ Phone Number: _____

I hereby certify that to the best of my knowledge and under the penalty of law, the information provided herein is true, correct and complete. I understand that providing false information may lead to refusal of this claim.

Participant's Signature

Date

Dependent's Signature (if applicable)

Date

Parent or Legal Guardian (if Minor Dependent)

Date