NECA IBEW LOCAL No. 364 HEALTH & WELFARE FUND

6525 Centurion Drive • Lansing, MI 48917-9275
Toll Free 1-877-364-4239 • Local (517) 321-7502
Fax Number (517) 321-7508

ACCIDENTAL INJURY QUESTIONNAIRE

Participant's Name_____ SS#_____

Patient's Name/Relationship_____

Provider(s) of Service_____

Date(s) of Service_____

Type of Injury_____

Additional information is needed regarding this claim. Please complete this questionnaire and return it in the enclosed envelope.

When did the accident happen?_____
(Please give date and approximate time of accident)

Exactly where did the accident happen?_____

Was the person hurt on the job? ☐ Yes ☐ No

If yes, was a Worker's Compensation Claims filed? ☐ Yes ☐ No

How did the accident happen?

_____

_____

_____

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_____

Please indicate the name and telephone number of an authorized family member that can be contacted between 8:15 a.m. and 4:30 p.m., if more information is needed regarding this claim.

_____ _____

Name of contact Person Telephone Number

_____ _____

Participant's Signature Date