

Trade Name: NO NV ELECTRICAL WORKERS HEALTH & WELFARE Member Alt ID #: _____

Member Name: _____ Patient Name: _____

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