

ELECTRICAL WORKERS FRINGE BENEFIT FUNDS

2002 LONDON ROAD, ROOM 300 • DULUTH, MN 55812
218-724-8883 • MN TOLL FREE 877-908-3863(FUND)

MEMBER ID: _____
MEMBER NAME: - - - - -
GROUP NUMBER: 10279672

PATIENT NAME: _____
DATE OF INJURY: - - - - -
CLAIM NUMBER: - - - - -

We have received a claim for the patient listed above that appears to be the result of an accident/injury.
We are unable to process the claim until the following information is received:

1. Were the services provided related to an accident or injury? O Yes O No
2. Were the services provided the result of an injury at work? O Yes O No
3. Were the services provided the result of an auto accident? O Yes O No
4. Were the services provided the result of an injury caused by another party? O Yes O No
5. Have you or do you intend to file a liability claim or lawsuit? D Yes O No

If you answered no to all of these questions, please sign and date below.

If you answered yes to any of the above questions, please complete these additional questions:

1. Please indicate the date of the accident/injury: _____
2. Please give a description of the accident/injury: - - - - -
3. Please indicate the place of the accident/injury: - - - - -

I certify that the above information is true and correct.

Signature

Date

Return this letter to the Fund office at: 2002 London Road , Suite 300, Duluth, MN 55812.

YOUR CLAIM WILL BE RECONSIDERED WHEN THE REQUESTED INFORMATION IS RECEIVED. IF YOU ANSWERED YES TO ANY OF THE QUESTIONS, YOU MAY RECEIVE A LETTER REQUESTING ADDITIONAL DETAILED INFORMATION.

If you have any questions, please contact the Fund office at (218) 728-4231 or (877) 752-3863.

Sincerely,

Wilson-McShane Corporation
Electrical Workers Health and Welfare Fund