SHEET METAL | AIR | RAIL | TRANSPORTATION

SHEET METAL WORKERS | LOCAL UNION NO. 36

LOCAL 36 BENEFIT FUNDS
2319 CHOUTEAU AVENUE, STE. 300
ST. LOUIS, MO 63103

Accident/Injury Claim Form

Member Name:_____ Member ID#:_____

Patient Name:_____ Phone#:_____

Address:_____

City:_____ State:_____ Zip:_____

Please describe injury/illness:_____

Date of injury/illness:_____

Where did injury occur:_____

How did injury occur:_____

Is this injury/illness related to a MOTOR VEHICLE ACCIDENT? CIRCLE ONE: YES NO
If YES, please complete the info below. If NO, please skip to next section.
Auto Insurance Provider:_____ Contact:_____

Phone:_____ Policy#:_____ Claim#: _____

Is a THIRD PARTY responsible for your injury/illness? CIRCLE ONE: YES NO
If YES, please complete the info below. If NO, please skip to next section.
Responsible Third Party:_____ Third Party Phone#:_____
Third Party Insurance Provider:_____ Third Party Insurance Policy#:_____

Only complete this question if the injured party works
Is injury/illness WORK RELATED? CIRCLE ONE: YES NO
Have you reported injury/illness to your employer? CIRCLE ONE: YES NO

Has an attorney been retained in relation to this injury/illness?: CIRCLE ONE: YES NO
Attorney Name: _____ Attorney Phone#:_____

Signature of Patient (or legal guardian if patient is under 18):

_____ Date:____/____/____

Processor:_____

Date:____/____/____