

Trade Name: NO NV LABORERS HEALTH & WELFARE      Member Alt ID #: \_\_\_\_\_

Member Name: \_\_\_\_\_ Patient Name: \_\_\_\_\_

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### 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