

PIPE TRADES INDUSTRY HEALTH AND WELFARE PLAN  
P O BOX 3040  
TERRE HAUTE IN 47803

DATE : \_\_\_\_\_ MEMBER ID: \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY STATE ZIP \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

REGARDING CHARGES FROM: \_\_\_\_\_

FOR: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ DIAGNOSIS \_\_\_\_\_

**WE MUST HAVE THE FOLLOWING INFORMATION WITHIN 5 DAYS**

1. PLEASE DESCRIBE "HOW" AND "WHERE INJURY/ ACCIDENT HAPPENED.

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2. PLEASE GIVE US THE "DATE" OF THE OCCURANCE: \_\_\_\_\_

3. WAS THE ACCIDENT WORK RELATED? YES \_\_\_\_\_ NO \_\_\_\_\_

4. IF THE ACCIDENT INVOLVES THIRD PARTY LIABILITY, YOU "MUST" CONTACT THIS OFFICE SO THAT WE CAN SEND YOU A **SUBROGATION, ASSIGNMENT OF RIGHTS AND RESTITUTION AGREEMENT.**

DATED: \_\_\_\_\_ SIGNATURE OF MEMBER \_\_\_\_\_

PLEASE RETURN THIS LETTER TO THE OFFICE COMPLETED IN ITS "ENTIRETY"

THANK YOU,  
CLAIM DEPARTMENT

PHONE: A/C 812-877-2581 TOLL FREE: 1-800-837-5678 FAX#: 812-877-4542