Chicago & Vicinity Laborers' District Council

Health & Welfare Fund • Retiree Health & Welfare Fund

11465 W. Cermak Road, Westchester, IL 60154-5768 | www.chicagolaborersfunds.com

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LiUNA! Feel the Power

DEPENDENT ACCIDENT CLAIM FORM

Failure to complete this form in full may result in delay of payment of your claims.

PARTICIPANT/DEPENDENT INFORMATION

Participant's Name: ______________________________ Participant's Alt. ID: ____________

Home Address: ____

City, State, Zip Code: ______________________________ Phone: (___)__________

Dependent's Name : ______________________________

Dependent's Date of Birth: ____________________ Male ☐ Female ☐

CLAIM/ACCIDENT INFORMATION

Diagnosis: (free form for diagnosis) ______________________________

Date of Claim: ______________

Is this illness/injury due to an accident? Yes ☐ No ☐ (If yes, please provide details below)

Date of Accident: ____________ Where did accident occur? ______________________________

Provide a description of how the injury/illness occurred and include a list of your injuries/disabilities:

____

Is the illness/injury work related? Yes ☐ No ☐

If yes, have you filed or do you intend to file a Workers' Compensation Claim? Yes ☐ No ☐

Who was the party resposible for the accident?

Name: ______________________________________ Phone: (___)__________

Address: ____

Do you plan to seek reimbursement from the other party? Yes ☐ No ☐

Do you have or intend to hire an attorney for this accident? Yes ☐ No ☐

If yes, please provide your attorney's name, address, and phone number:

____

If no, please be advised that you are required to notify the Fund Office should you hire an attorney in the future.

The above answers are true and correct to the best of my knowledge:

Claimant's Signature: ______________________________ Date: ______________

(Parent or legal guardian if claimant is a minor)

NOTICE TO ALL PARTIES COMPLETING THIS FORM: It is fraudulent to fill out this form with information you know to be false or to knowingly omit important facts. Criminal and/or civil penalties can result from such an act.