

**LABORERS'
WELFARE
FUND**

**CHICAGO & VICINITY LABORERS' DISTRICT COUNCIL RETIREE
HEALTH & WELFARE PLAN**

11465 CERMAK ROAD
WESTCHESTER, ILLINOIS 60154-5768

Telephone: (708) 562-0200
Toll Free: (866) 906-0200
Welfare Fax: (708) 562-0716
e-mail: Claims@chilpwf.com
www.chicaqlaborersfunds.com

RETIRED PARTICIPANT ACCIDENT CLAIM FORM

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

TO BE COMPLETED BY THE PARTICIPANT

PARTICIPANT INFORMATION:

Name: _____ Social Security No.: _____
Home Address: _____
City, State, Zip: _____ Phone: (____) _____
Date of Birth: _____ Male ☐ Female ☐ Local No.: _____
Employer's Name: _____ Employer's Phone: (____) _____
Employer's Address: _____
City, State, Zip: _____ Date Employed: _____

INFORMATION ABOUT YOUR ACCIDENT CLAIM

Diagnosis: «FreeFormForDiagnosis»

Is the illness or injury due to your work? Yes ☐ No ☐

If you have suffered an injury, was it due to an accident? Yes ☐ No ☐

If yes, provide details: Date of Accident: _____ Time of Accident: _____

Where did accident occur? _____

Give history of the accident: _____

Provide a list of your injuries and/or illnesses: _____

Who was the party responsible for the accident?

Name: _____ Address: _____

Phone (____) _____

Have you been unable to work as a result of this illness/injury? Yes ☐ No ☐

What was the first full day you were unable to work? _____

What was the last day that you actually worked? _____

Have you resumed work? Yes ☐ No ☐ Do you expect to resume work? Yes ☐ No ☐

Have you filed or do you intend to file this claim under Worker's Compensation? Yes ☐ No ☐

If no, do you plan to seek reimbursement from the other party? Yes ☐ No ☐

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

Employees' Signature: _____ Date: _____

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.