Roofers' Unions Welfare Trust Fund

Fund Office
2021 Swift Drive, Suite B
Oak Brook, IL 60523

Phone: (847) 827-1029
Fax: (847) 827-6358

ACCIDENT INFORMATION

EMPLOYEE NAME:_____

SOCIAL SECURITY NUMBER/ALTERNATE ID:_____

PATIENT'S NAME:_____

PLEASE DESCRIBE HOW, WHEN & WHERE THE ACCIDENT HAPPENED:
(IF NOT DUE TO AN INJURY OR ACCIDENT, PLEASE EXPLAIN MEDICAL REASON FOR CHARGES)

HOW: _____

_____

_____

_____

_____

WHEN: _____

WHERE: _____

IF THE INCIDENT OCCURRED WHILE WORKING, ENCLOSE A COPY OF WORKERS' COMPENSATION ACCIDENT REPORT WITH THIS FORM.

INSURANCE INFORMATION (AUTO/HOME/RENTERS/BUSINESS, ETC) THAT IS RESPONSIBLE FOR PAYMENT OF ANY BILLS:

NAME: _____

ADDRESS: _____

PHONE: _____

POLICY NUMBER: _____

CLAIM NUMBER: _____