

Operating Engineers Local #49 Health and Welfare Fund

3001 Metro Drive – Suite 500
Bloomington, MN 55425

Wilson-McShane Corporation
Fund Administrators

Telephone: (952) 854-0795
Fax: (952) 854-1632
Toll Free: (800) 535-6373

Dear Participant:

We have received a claim that appears to be the result of an accident or an injury. We are unable to process the claim until the following information is received:

Patient Name _____ Patient Date of Birth _____

1. Were the services provided related to an accident or an injury? Yes ___ No ___
2. Date of Service _____
3. Provider's Name _____
4. When did the accident or injury occur? _____
5. Where did the accident or injury occur? _____
6. How did the accident or injury occur? _____

7. Is the accident or injury the result of an auto accident? Yes ___ No ___
8. Is the accident or injury related to any employment? Yes ___ No ___
9. Have you or do you intend to file a liability claim or lawsuit? Yes ___ No ___
If yes, please provide the name, address and phone number of your attorney. _____

I certify that the above information is true and correct.

Signature _____ Date _____

Print Name _____ ID NO. XZ _____