

# 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

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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 \_\_\_\_\_