

ELECTRICAL WORKERS I.B.E.W. #292 FRINGE BENEFITS PLAN  
6900 Wedgwood Road N., Suite 425  
Maple Grove, MN 55311

1(763) 493-8830/(800) 368-9045  
Fax 1(763) 416-6196

Medical ID# - PIB XZ \_\_\_\_\_  
Patient \_\_\_\_\_  
Provider \_\_\_\_\_

Claim# \_\_\_\_\_  
Date of Service \_\_\_\_\_

We have received a claim for the above named patient. Based on the claim diagnosis it appears that it may be related to an accident/injury. Please complete the following information and submit within **thirty (30) days**. We are unable to process the claim(s) until the information is received.

1. Was the injury/accident work related? Yes\_\_\_ No\_\_\_

If the injury/accident was work related, state the employer's name and address: \_\_\_\_\_  
\_\_\_\_\_

2. Was the injury/accident due to a motor vehicle accident or use of a motor vehicle? Yes\_\_\_ No\_\_\_

**If yes, please submit claims to no fault auto carrier.**

3. If the injury/accident occurred at another person's home or place of business, please state the following:

Name of the person/business: \_\_\_\_\_

Address where the injury/accident occurred: \_\_\_\_\_

Has or will legal action be taken regarding this injury/accident? Yes\_\_\_ No\_\_\_

If yes, state the name and address of your attorney: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. **For the above date of service please indicate in detail why the patient was seen:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. I certify that the above information is true and correct. I acknowledge that any fraudulent or misleading statements or representations, or withholding of information on this Claim Information Form are grounds for denial of this claim by the IBEW 292 Health Care Plan, it may also result in termination of medical benefits for up to 1 year.

6. Patient signature \_\_\_\_\_ 7. Date of Signature: \_\_\_\_\_  
(or signature of parent or guardian if claimant is a minor)

\*This information is necessary to determine if there is liability for the injury or accident. Failure to timely return this form will result in denial of all claims related to the accident or injury. If you have any questions please feel free to contact our office.