

# Accident Information

**All claims related to this injury will be pended while awaiting the return of this fully completed questionnaire. If you have any questions while completing this questionnaire, do not hesitate to contact our office at 1.800.624.6961, ext. 7903.**

Health Plan/Employer Funded Plan member/participant name and identification number:

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Employer Name: \_\_\_\_\_

Injured family member's name (and address if different):

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Date/Time \_\_\_\_\_

Nature of accident (e.g., automobile accident, work injury, injury at home, etc.):

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If injury was due to an automobile accident, was the injured party a driver, a passenger or a pedestrian?

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Was another vehicle involved?     Yes     No

Were you responsible for the accident?     Yes     No

If No, what are the name, address and telephone number of the party responsible for the accident?

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Was a police/accident report filed?     Yes     No    If possible, please attach a copy to this inquiry.

What are the name, address and telephone number of the responsible party's insurance carrier?

What is the claim number assigned to this accident by the responsible party's insurance carrier?

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What are the name, address and telephone number of your insurance carrier?

If the injury was related to a work accident, what are the name, address and telephone number of the employer (if injured party is not the member)?

Nature of the injury (e.g., lumbar sprain, fracture right wrist, etc.):

Has a workers' compensation claim number been assigned?  Yes  No

If Yes, what is the claim number?

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If another accident or injury (e.g., product liability, act of violence), explain the date and type of injury ,responsible party's name, address and telephone number and any other information pertinent to the incident:

For all injury types, **HAS AN ATTORNEY BEEN RETAINED?**  Yes  No

If Yes, what is the name, address and telephone number of your attorney:

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Is the injured party still receiving treatment?  Yes  No

Please list a daytime telephone number where we can reach you in case of any questions: \_\_\_\_\_