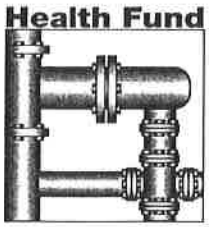
PLEASE SPECIFY TYPE OF INJURIES SUSTAINED/BODY PARTS INVOLVED ***



Connecticut Pipe Trades Health Fund
1155 Silas Deane Hwy
Wethersfield, CT 06109-4318
(860)571-9191 Fax (860)571-9221
www.connecticutpipetrades.com

IF YOU HAVE ALREADY COMPLETED AND RETURNED THIS FORM RELATED TO THIS PARTICULAR INJURY, PLEASE DISREGARD THIS AS THEY MAY HAVE CROSSED IN THE MAIL.

In order for the Connecticut Pipe Trades Health Fund to process your insurance claims in an efficient and expeditious manner, please take a moment to answer the following:

1. Specify ***type of injury*** sustained. _____

2. If the condition is **not related to an injury** please specify the reason for the visit and skip to #6 **(YOU MUST COMPLETE ALL REMAINING QUESTIONS INCLUDING PARTICIPANTS SIGNATURE AND POLICY NUMBER)**

_____

3. On what ***date*** and what ***time*** did this injury occur? ___/___/_____ __:____

4. ***Where*** did this injury occur? _____

5. ***How*** did this injury occur? _____

6. Was this ***work related***? Yes _____ No _____

If yes, please be sure to file with your ***workman's compensation carrier.***

Please read page 10-1 of your Health Fund Summary Plan Description for more information on medical claims relating to Workers' Compensation.

7. Was this ***auto-related***? Yes_____ No _____

If yes, please provide your med pay auto insurance carrier information. (For us to consider related charges a reimbursement agreement must be on file along with an itemization of payments made by your auto carrier) Once your medical payment coverage through your auto carrier has been exhausted the Ct. Pipe Trades Health Fund will consider remaining charges according to your plan of benefits.

8. Was the patient covered by any ***other insurance*** at the time these services were rendered?

Yes_____ No _____ If Yes: Insured's name _____
Insurance Co. _____ ID#_____
Employer's name _____
Address _____
_____

Patient Name (please print) _____ **Date** ___/___/_____
Patient Date of Birth ___/___/_____ **Participants e-mail** _____
Participants Signature _____ **POLICY# (PTH_____)**
Revised 09/2017