



Connecticut Pipe Trades Health Fund

1155 Silas Deane Hwy
Wethersfield, CT 06109-4318
(860-571-9191) Fax (860-571-9217)
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

7. If yes have you pursued workman's compensation? Yes No

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

8. 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.

9. Was the patient covered by any other insurance at the time service was rendered?

Yes No If yes: Insured's name Insurance Co. Employer's name Address

Patient Name (please print) Date
Patient Date of Birth
Participant Signature POLICY # (PTH)