Pipe Fitters' Local 597

Welfare & Retirement Funds

NICHOLE M. LINHARDT, ADMINISTRATOR

45 North Ogden Ave. ♦ Chicago, Illinois 60607
ph 312.633.0597 ♦ fax 312.829.7787
www.pf597.org

UNION TRUSTEES
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Chris Hernandez
Michael P. Maloney
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EMPLOYER TRUSTEES
Marc A. Pittas
John D. Curran
Jill McCall
Kathleen McCauley

ACCIDENT FORM

1. Please provide the information requested below about yourself.		
Name:		Date of Birth:
Home Address:		
City:	State:	Zip Code:
Phone:	Email:	
ID #:		
Relationship to Participant: Self Spouse Child Other Dependent		
2. Please provide the information requested below if other than the Participant.		
Participant's Name:		Date of Birth:
ID #:		

3. Please provide the following information about the Accident.
Date of Accident:
Location of Accident (City and State):
Type of Accident: Automobile Work Other
Was a police report filed? Yes* No *If yes, you must submit a copy of the police report.
4. Please briefly describe the circumstances surrounding the Accident.

5. Have you retained an attorney to assist you in recovering part or all of the losses you sustained as a result of the Accident? Yes* No *If yes, please provide the following information.		
Attorney's Name:		Law Firm:
Address:		
City:	State:	Zip Code:
Phone:	Email:	
6. Have you or your attorney filed a lawsuit again the person or entity that may be responsible for the Accident? Yes* No *If yes, please provide the following information.		
State and County Where Case Filed:		
Case Name:		
Case #:	Case Status/Settlement (if any):	

I hereby certify that to the best of my knowledge and under the penalty of law, the information provided herein is true, correct and complete. I understand that providing false information may lead to refusal of this claim.

Participant Signature: ____ Date: _________________

Dependent Signature (if applicable): __________________________________ Date: _________________

Parent or Legal Guardian: ____ Date: _________________
(if Dependent is a Minor)

In order for us to properly complete the processing of your claim, we need your response immediately. Any claim related to this inquiry may generate multiple requests for information, please disregard these once this form has been returned.

Please be advised that additional correspondence may follow once the Welfare Fund reviews this form.

Please return this form to:

Pipe Fitters' Local 597 Welfare Fund
45 N. Ogden Ave.
Chicago, IL 60607
Fax: (312) 829-7787