LOS ANGELES MACHINIST BENEFIT TRUST

3333 Vincent Rd., Suite 203A
Pleasant Hill, California 94523
(800) 499-8121
(925) 405-0659 FAX

Date:

Member's Name	Member's ID #
Date of Service	Dependent's Name (if applicable)

THE CHARGES RECENTLY SUBMITTED TO YOUR HEALTH CARRIER ARE BEING REVIEWED AS POSSIBLY CAUSED BY A THIRD PARTY. PLEASE COMPLETE THIS QUESTIONNAIRE **WITHIN 45 DAYS** OF THE REQUEST AND RETURN IT SO THAT WE CAN EVALUATE YOUR RESPONSE.

1. What caused your illness or injury?_____
2. Please describe your illness or injury _____
3. What date did the illness or injury first occur? _____
4. What were you doing?_____
5. Did the injury occur at work? ☐ Yes ☐ No
6. Did another person cause or contribute to your injury or illness? ☐ Yes ☐ No
7. How?_____
8. State the other person's name, address, and telephone number: _____
9. If you were involved in an accident with a vehicle, state the name and policy number of the other person's automobile insurance company:_____
10. If there was no vehicle accident, please state the name and policy number of the other person's homeowner's insurance company or liability insurance company: _____

(OVER)

11. If you had a vehicular accident and the other person was uninsured, please state the name and policy number of your automobile or vehicle insurance company: _____

12. Did you report the accident to the police? ☐ Yes ☐ No

13. If yes, state the name of the police agency and when you reported the accident. If you have a copy of the police report, please attach a copy of it to this form: _____

14. Please state the name, address, and telephone number of your attorney, if any, who is representing you on this matter: _____

15. Have you filed a claim with any insurance company, entity or governmental agency because of your injury or illness? ☐ Yes ☐ No

16. If yes, please state the name of the entity with whom you filed the claim, the claim number and the date the claim was filed: _____

17. Have you filed a lawsuit because of your injury or illness? ☐ Yes ☐ No

18. If yes, please state the full name of the court, including the country and state where the suit was filed, and the case number: _____

19. Please state the name of all dependents in the lawsuit: _____

20. Has your case been tried? ☐ Yes ☐ No

21. If yes, what was the verdict or judgment? _____

22. If no, is your case scheduled for trial? ☐ Yes ☐ No

23. If it is scheduled for trial, please state the date it is scheduled for trial: _____

24. Have you settled your case or claim? ☐ Yes ☐ No

25. If so, when and for how much? _____

26. Please state the telephone numbers where you may be reached during the day and night: _____

27. Please provide any other information you believe would be helpful: _____

_____ _____

Member's Signature Date