



**PLASTERERS & CEMENT MASONS  
LOCAL UNION #518 FRINGE BENEFIT FUNDS**

Managed for the Trustees by:

**TIC INTERNATIONAL CORPORATION**

6405 Metcalf, Suite 200 • Overland Park, Kansas 66202  
(913) 236-5490 • Fax: (913) 236-5499

Employee/Participant (E/P): \_\_\_\_\_

E/P's Social Security No: \_\_\_\_\_

Injured Person: \_\_\_\_\_

Relationship to E/P: \_\_\_\_\_

Date of Accident: \_\_\_\_\_

Location of Accident: \_\_\_\_\_

**ACCIDENT INFORMATION REQUEST**

Dear Participant:

The claim noted above appears to be related to an accident where you or your dependent was injured. If not, check here \_\_\_\_\_ and return this form in the enclosed envelope.

Please answer the following questions:

1. Did the injury happen at work? \_\_\_\_\_ Yes \_\_\_\_\_ No

2. Date of injury: \_\_\_\_\_

3. Describe what happened (auto accident, fall, pedestrian accident, job related, other – explain): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Where did it happen? (address, city, state): \_\_\_\_\_  
\_\_\_\_\_

5. Do you intend to file a claim or action against any person, corporation, insurance company or government agency as a result of the injuries? \_\_\_\_\_ Yes \_\_\_\_\_ No

6. If so, against whom do you intend to file the claim?

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

Address: \_\_\_\_\_  
\_\_\_\_\_

7. Have you received any money or other payment for you injury?



**PLASTERERS & CEMENT MASONS  
LOCAL UNION #518 FRINGE BENEFIT FUNDS**

Managed for the Trustees by:

**TIC INTERNATIONAL CORPORATION**

6405 Metcalf, Suite 200 • Overland Park, Kansas 66202

(913) 236-5490 • Fax: (913) 236-5499

8. If you have retained an attorney, please give his name and address:

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

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. If an auto accident, state the name and address of the driver of the automobile in which you injured:

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

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. State the name and address of the owner of the automobile in which you were injured:

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

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. State the name and address of the insurance company and policy number covering this automobile.

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

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. State the name and address of the driver(s) of the other automobile(s) involved:

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

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**PLASTERERS & CEMENT MASONS  
LOCAL UNION #518 FRINGE BENEFIT FUNDS**

Managed for the Trustees by:

**TIC INTERNATIONAL CORPORATION**

6405 Metcalf, Suite 200 • Overland Park, Kansas 66202

(913) 236-5490 • Fax: (913) 236-5499

13. State the name and address of the owner(s) of the other automobile(s) involved:

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

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

14. State the name and address of the insurance company covering the other automobile(s):

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

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

15. If the injury was not sustained in an auto accident, state the name and address of the responsible party:

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

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

16. State the name and address of the responsible party's insurance company:

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

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**TO THE BEST OF MY KNOWLEDGE AND BELIEF,  
THE ABOVE STATEMENTS ARE TRUE AND CORRECT.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature