EIT BENEFIT FUNDS
SERVING THE CHICAGO ELECTRICAL INDUSTRY SINCE 1930

Subrogation Questionnaire

Section 1: Participant - *Complete with your information.*

Name:	**SSN:**	**Birth Date:**
Street Address:		**Apt #:**
City:	**State:**	**Zip Code:**
Cell Phone: ( )	**Home Phone: ( )**	

Section 2: Claim Information – *Please complete the appropriate questions below.*

Name of Injured *("Claimant")*: **Relationship:** ☐ Self ☐ Spouse ☐ Child

Date of Injury:

Type of Accident: ☐ Auto, Home or Other ☐ Work Related ☐ Not Applicable *(Skip to Section III)*

Describe injury & how it happened:

Auto & Home or Other Accident: *If you checked "Auto, Home or Other Accident", please provide information below.*

Was accident caused by a Third Party?
☐ **Yes** *(Complete Third Party Insurance Company information below)* ☐ **No** *(Complete Claimant Insurance Company information below)*

Did you receive compensation for your injuries? ☐ **Yes** ☐ **No**

Third Party's Insurance Company Name:	**Policy#:**	**Claim#:**
Third Party's Insurance Company Address:	**City:**	
State: **Zip Code:**	**Phone: ( )**	
Claimant's Insurance Company Name:	**Policy#:**	**Claim#:**
Claimant's Insurance Company Address:	**City:**	
State: **Zip Code:**	**Phone: ( )**	

Work Related Accident: *If you checked "Work Related", please provide the information below.*

Claimant's Employer at time of injury:		
Employer's Insurance Company:	**Policy#:**	**Claim#:**
Street Address:	**City:**	
State: **Zip Code:**	**Phone: ( )**	

Attorney Information: *Complete below only if you are being represented by an Attorney in this matter.*

Name of Attorney:		
Street Address:	**City:**	
State: **Zip Code:**	**Phone: ( )**	

Section 3: Signature - *Read carefully. Sign and date below.*

I hereby certify that these statements are true and complete to the best of my knowledge and belief.

Participant or Claimant Signature: _____ **Date:** _____

Return your completed Subrogation Questionnaire to:

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