STATEMENT OF CLAIM

SOUTHEASTERN CARPENTERS AND MILLWRIGHTS HEALTH PLAN

P.O. Box 1449
Goodlettsville, TN 37070-1449
Phone: (615) 859-0131 Toll-Free: (800) 831-4914 Fax: (615) 859-0818

TO BE COMPLETED FOR ALL CLAIMS:

1. Employee Name _____ Soc. Sec. Number _____ Date of Birth _____

   Address _____

   _____

2. Claim is made for: ☐ Self
   (Check One) ☐ Dependent _____
   Dependent Name Relationship

   _____ ☐ Single ☐ Married
   Date of Birth Sex

3. Is this claim work-related? ☐ Yes ☐ No If "Yes,", explain: _____

   _____

4. Is claim due to an ☐ illness, or ☐ accident?
   - If accident is involved: Date of accident _____ Location of accident _____

     _____ Describe accident in detail _____

     _____

   - If illness is involved: Nature of illness _____

     Date symptoms first appeared _____

5. Are you, your spouse or children covered by any other plan of insurance which covers this claim? ☐ Yes ☐ No
   If yes, complete the section below.

TO BE COMPLETED ONLY IF CLAIMANT HAS OTHER COVERAGE:
(Complete only if claimant has other insurance through an employer or a government program.)

Name of covered individual _____ Date of birth _____

Relationship to employee _____ Covered individual's employer _____

Soc. Sec. No. _____ Group No. _____ Contract No. _____

Name and address of insurance company _____

_____

I/We jointly certify that the above information is true and correct. I/We hereby authorize all doctors, hospitals, or other institutions rendering care and treatment to furnish the Southeastern Carpenters and Millwrights Health Plan with full information regarding treatment rendered (including copies of records). I/We also authorize any Union Trust Fund, Association, Employer, Doctor, Hospital or Insurance Carrier to furnish the Southeastern Carpenters and Millwrights Health Plan with information regarding benefits to which I/we may be entitled. A photostatic copy hereof shall be as valid as the original.

Employee's Signature _____ Date _____
If claim is on spouse, spouse must also sign:

Spouse's Signature _____ Date _____