

Wisconsin Electrical Employees Health and Welfare Plan

Accident Report Form

Employee's Name _____ Home Telephone No. _____

Employee's Address _____
(Street) (City) (State) (Zip Code)

Name(s) of dependent(s) involved in the accident or who sustained injuries, if applicable.
_____ Home Telephone No. _____

Dependent's Address _____
(Street) (City) (State) (Zip Code)

Did the accident or injury happen at work or in the course of employment? _____ Yes _____ No

Did another party cause or substantially contribute to the cause of the accident or injury?
_____ Yes _____ No

If yes, indicate the name and address of the other party. _____
_____ (Street) (City) (State) (Zip Code)

If known, also identify the other party's insurance company including policy number and address. _____
_____ (Street) (City) (State) (Zip Code)

Have you retained an attorney? _____ Yes _____ No

If yes, please indicate your attorney's name and address. _____
_____ (Street) (City) (State) (Zip Code)

If no, do you intend to retain an attorney? _____ Yes _____ No

IF YES, PLEASE ADVISE US WHEN YOU DO RETAIN AN ATTORNEY AND ADVISE YOUR ATTORNEY TO CONTACT US.

Where did the accident happen? _____
(Street) (City) (State)

Date and time of accident. _____

If traffic accident, please attach a copy of the accident report.

Identify the name and address of your auto insurance company. _____
_____ (Street) (City) (State) (Zip Code)

Do you carry medical payment coverage through your auto policy? Yes No

Do you carry uninsured liability coverage through your auto policy? Yes No

Do you carry underinsured liability coverage through your auto policy? Yes No

If so, please attach a copy of the section of the policy that outlines your medical payment, uninsured and/or underinsured coverage.

Were you and/or your dependent(s) injured as passengers in another party's vehicle? Yes No

If so, please identify the host party's insurance company including policy number and address, if known.

(Street) (City) (State) (Zip Code)

Did the host party carry medical payment, uninsured and/or underinsured coverage through his/her auto policy? Yes No

If so, please attach a copy of the section of the policy that outlines the host party's coverage.

If a law enforcement official was called to the scene, identify the local jurisdiction. _____

Was anyone charged with a traffic violation? Yes No

If yes, indicate who received the citation. _____

Please briefly describe the circumstances under which the accident or injury occurred. _____

