



# Operating Engineers Local 825 Fund Service Facilities

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JOHN WOOD

**Date:** \_\_\_\_\_

**I.D#**

**Member:** \_\_\_\_\_

**Dependent Name:** \_\_\_\_\_

**Date of service:** \_\_\_\_\_

**Precert:** \_\_\_\_\_

**From:** \_\_\_\_\_

(Claims Department)

Dear Member:

Regarding \_\_\_\_\_ on the line space provided below, briefly explain how, when and where the accident and/or injury occurred. Consideration of your claim will resume when we receive this information from you. Your cooperation in complying with this request is appreciated in order to expedite the handling of your claim.

**How:** \_\_\_\_\_

\_\_\_\_\_

**When:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Where:** \_\_\_\_\_

\_\_\_\_\_

Member's signature \_\_\_\_\_