CEMENT MASONS & PLASTERERS
HEALTH & WELFARE TRUST
P.O. BOX 400008
LAS VEGAS, NV 89140
Phone: (702)415-2190 Fax: (702) 257-5361

Accident and Sickness Claim Form

NOTE: YOU MUST ANSWER ALL QUESTIONS COMPLETELY OR YOUR APPLICATION FOR BENEFITS WILL BE DENIED

TO BE COMPLETED BY THE EMPLOYEE:

EMPLOYEE'S NAME (PLEASE PRINT)

ADDRESS

CITY STATE ZIP

DATE OF BIRTH SOCIAL SECURITY #

PHONE

NAME OF LAST EMPLOYER DATE LAST EMPLOYED

COMPLETE ONLY IF CLAIM CAUSED BY INJURY	DATE OF INJURY, HOUR (AM/PM) WHERE DID ACCIDENT HAPPEN HOW DID ACCIDENT HAPPEN?
COMPLETE ONLY IF CLAIM CAUSED BY ILLNESS	HAS THIS CONDITION BEEN TREATED BEFORE? ☐YES ☐NO WHEN WAS THE PHYSICIAN FIRST CONSULTED? DATE:
COMPLETE IF CLAIM INCLUDES DISABILITY BENEFIT FOR EMPLOYEES	FIRST DATE YOU WERE UNABLE TO WORK: DATE YOU RETURNED TO WORK: IS DISABILITY A RESULT OF EMPLOYMENT? ☐YES ☐NO

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I HEREBY AUTHORIZE ALL DOCTORS, HOSPITALS OR OTHER INSTITUTIONS RENDERING CARE AND TREATMENT TO FURNISH THE CEMENT MASONS & PLASTERERS HEALTH & WELFARE TRUST WITH FULL INFORMATION REGARDING TREATMENT RENDERED, INCLUDING COPIES OF THEIR RECORDS.

A COMPLETE COPY OF ALL MEDICAL RECORDS AND TEST RESULTS MUST BE ATTACHED TO THIS FORM.

DATE EMPLOYEE'S SIGNATURE

ATTENDING PHYSICIAN'S STATEMENT	
1. DIAGNOSIS AND CURRENT CONDITIONS:	
2. IS CONDITION DUE TO INJURY OR SICKNESS ARISING OUT OF PATIENT'S EMPLOYMENT? ☐YES ☐NO PREGNANCY? ☐YES ☐NO IF YES, APPROXIMATE DATE PREGNANCY COMMENCED:	
3. DATE SYMPTOMS FIRST APPEARED OR ACCIDENT HAPPENED	4. DATE PATIENT FIRST CONSULTED YOU FOR THIS CONDITION
5. HAS PATIENT EVER HAD SAME OR SIMILAR CONDITION? ☐YES ☐NO IF YES, WHEN AND DESCRIBE:	6. IS PATIENT STILL UNDER YOUR CARE FOR THIS CONDITION? ☐YES ☐NO
7. PATIENT IS CONTINUOUSLY TOTALLY DISABLED (UNABLE TO WORK): FROM THRU	8. PATIENT WAS PARTIALLY DISABLED FROM THRU
9. IF STILL DISABLED, DATE PATIENT SHOULD BE ABLE TO RETURN TO WORK	

DATE PHYSICIAN'S NAME (PRINT) SIGNATURE DEGREE

ADDRESS CITY ST ZIP TELEPHONE