ALASKA UFCW HEALTH & WELFARE TRUST

Administered by Zenith American Solutions 12205 SW Tualatin Road, Suite 200 Tualatin, Oregon 97062

Fax- 1(503)505-7635

Email- AlaskaUFCWClaims@zenith-american.com

b) Insurance company name and contact information-

Forwarding Service Requested			
RE:	PARTICIPANT NAME:	DATE(S) OF SERVICE:	
	PATIENT NAME:	CLAIM #:	
	MEMBER ID#:	PROVIDER NAME:	
Accid	ent Investigation Questionnaire		
In ordereply.	er to process your claims correctly, the following informate Failure to return this form will result in denial of claims.	tion is needed. We appreciate your prompt and accurate	
1.	Did an accident or injury occur? \square No \square Yes If yes, o	on what date?	
2.	Please provide a detailed description of how the accide	ent/injury occurred:	
3.	What part(s) of your body were injured?		
4.	Where did the injury(s) occur? For example, home, work, on a sidewalk, etc.		
5.	5. Is this injury work related? ☐ No ☐ Yes If yes, was a Workers Compensation claim filed? ☐ No ☐ Yes		
	If yes, please provide the name and contact information	n of your Workers Compensation carrier.	
6.	Is this injury related to a Motor Vehicle Accident? No with yours or the other party's automobile insurance car contact information for the automobile insurance carrier	o ☐ Yes If yes, was an automobile insurance claim filed rier? ☐ No ☐ Yes I yes, please provide the name and	
7.	Did you file any other type of claim or legal action relate following information:	d to this incident? \square No \square Yes $\!$	
	a) Name and contact information of who you filed a c	laim against-	

c)	Attorney name and contact information-	
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I certify that the foregoing statements are true and correct. I understand that future benefits will be based on my responses, and I am responsible for notifying this office if any changes occur.

Member's Signature	Date (mm/dd/yyyy)

If you have any questions about this process or require assistance, you can also speak with a Claims/Customer Service Representative by calling 1-833-942-2315, Monday through Friday, 8:00 AM - 5:00 PM Pacific except on holidays.

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Claims & Customer Service