

Teamsters Joint Council No. 83 of Virginia Health & Welfare and Pension Funds



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Injury Report

All questions must be completed by the Participant.

**If any of the questions do not apply, please indicate so by answering with an N/A for not applicable.
Please return the signed form to the address listed above or email it to documents@tjc83funds.net.**

Please complete the following questions.

Participant's name _____ Phone No. _____ UID or SSN _____

Patient's name _____ Date injury occurred _____

Please describe how, when and where injury occurred _____

Did this injury occur as a direct result of your employment and while on the job? Yes No

If yes, return this form and file any related claims directly with your employer's worker's compensation carrier.

Please complete the following questions if the injury was the result of an automobile accident or other incident caused by a third party. No claims can be processed until all information requested below is received.

Please list name(s) of other party(ies) involved in the incident _____

Insurance company of other party _____ Phone No. _____

Address _____ Claim No. _____

Were police called? Yes No Was accident report completed by police? Yes No

If a report was completed, please attach a copy to this form.

Were charges lodged against you? Yes No

Were charges lodged against the other party? Yes No

Have you hired an attorney to represent you in this matter? Yes No

If yes, attorney's name _____ Phone No. _____

Address _____

Participant's signature _____ Date _____

Subrogation

174. What is subrogation? (Section 6.6)

Subrogation applies when you or your dependent is injured due to the wrongful act or negligence of someone else. When this happens, you or your dependent will receive the benefits that would normally be payable by the Fund as long as the steps mentioned in the next question are followed. However, the Fund will be allowed to recover medical, prescription, accidental death and dismemberment, short term disability benefits paid and/or fees charged by the Fund's Preferred Provider Organization related to the benefit payments in connection with the injury from the third party who caused the injury. A third party is considered to be an auto insurance company, a homeowner's insurance company, or anyone else who may be required to pay you or your dependent because of an injury.

175. What do I do if subrogation applies? (Section 6.6)

When subrogation applies, you must notify the Fund. You must supply all information needed, complete all forms required and agree to cooperate with the Fund before any benefits in connection with the injury will be paid.

176. Subrogation seems to apply to non-work related injuries or illnesses. What happens if I am injured on the job?

The Fund may cover your work related injury or illness claims as long as these steps are followed:

1. You must, in a timely manner, notify your employer of your work related injury and complete the proper forms necessary to apply for coverage with your employer's worker's compensation carrier;
2. Upon receipt of a denial of coverage letter from your employer or their worker's compensation carrier, you must supply a copy of the letter to the Fund Office and complete the "Worker's Compensation Benefits Assignment and Appeal Authorization" form indicating, that you will repay the Fund any money paid if ultimately you receive worker's compensation benefits through a timely appeal process.