

UNITED FOOD AND COMMERCIAL WORKERS & EMPLOYERS

Arizona Health & Welfare Trust

Administrators: Southwest Service Administrators, Inc

2400 West Dunlap Avenue, Suite 250, Phoenix, AZ 85021 Phones 602-249-3582 – Fax 602-336-0895 – Toll Free 800-474-3485

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Accident Information Form

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

Participant: \_\_\_\_\_

ID Number: \_\_\_\_\_

Patient: \_\_\_\_\_

Date of Accident: \_\_\_\_\_

Type of injury (diagnosis): \_\_\_\_\_

Description (where and how did the injury and/or accident occur):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If your injuries may have been caused by another party against whom you may have a cause of legal action, please contact customer service, option #4 or download the Third Party Liability forms from our website.

Did the accident/injury occur on the job? YES \_\_\_\_\_ NO \_\_\_\_\_