



501 Shatto Place, 5th Fl., Los Angeles, CA 90020
 (800) 595-7473 (213) 385-6161
 Fax:(213) 487-3640 www.scptac.org

**SOUTHERN CALIFORNIA PIPE TRADES
 HEALTH & WELFARE FUND**

(For Active Participants
 & Eligible Dependents)

**SOUTHERN CALIFORNIA PIPE TRADES
 PENSIONERS & SURVIVING SPOUSES
 HEALTH FUND**

CLAIM FORM

- (i) A new claim form is required once every calendar year.
- (ii) A new claim form is required for each new injury.
- (iii) This Claim Form is necessary for the Fund to determine eligibility for benefits. All questions must be answered or Claim Form will be returned. This form will NOT be valid unless signed in Part V. Failure to complete and sign this form will delay the processing of your claim.

PART I : PARTICIPANT & SPOUSE INFORMATION

| | PARTICIPANT | | | SPOUSE (required whether or not spouse is patient) | | |
|---|-------------|-------|-----|---|-------|-----|
| NAME | | | | | | |
| | First | Last | | First | Last | |
| SSN or PARTICIPANT ID <small>(SSN only the last four digits required)</small> | | | | | | |
| DATE OF BIRTH | | | | | | |
| | mm/dd/yy | | | mm/dd/yy | | |
| ADDRESS | Street | | | Street | | |
| | | | | | | |
| | City | State | Zip | City | State | Zip |
| PHONE | () | - | | () | - | |
| EMPLOYER NAME | | | | | | |
| EMPLOYER ADDRESS | Street | | | Street | | |
| | | | | | | |
| | City | State | Zip | City | State | Zip |
| EMPLOYER PHONE | () | - | | () | - | |

PART II : PATIENT INFORMATION

| | | | | | | |
|--|--------|---------------------|------------------------------------|------------|---|--|
| NAME | | | PHONE | () | - | |
| | First | Last | RELATIONSHIP TO PARTICIPANT | () SELF | | |
| | | () SPOUSE | | | | |
| | | () DEPENDENT CHILD | | | | |
| ADDRESS <small>(if different from above)</small> | Street | | PATIENT GENDER | () MALE | | |
| | | | | () FEMALE | | |
| | City | State Zip | | | | |

| | | | |
|-------------------------------|---------------------------------|----------------------------------|-----------------------------------|
| PATIENT MARITAL STATUS | <input type="checkbox"/> SINGLE | <input type="checkbox"/> MARRIED | <input type="checkbox"/> DIVORCED |
|-------------------------------|---------------------------------|----------------------------------|-----------------------------------|



