



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

501 Shatto Place, Suite 500, Los Angeles, CA 90020 | (800) 595-7473 (213) 385-6161 | Fax (213) 386-0418 | www.scptac.org | injury@scptac.org

INJURY AND THIRD-PARTY LIABILITY FORM

This form is required for each new Injury. These plans do not cover any Illness, Injury, or other condition for which a third party may be liable or legally responsible because of negligence, an intentional act, or breach of any legal obligation on the part of that third party and against whom a Participant or Eligible Dependent has a claim. However, the plans will conditionally pay for benefits for such Illness or Injury while the claim is being adjudicated, providing the Patient executes an agreement to reimburse the funds and will cover such benefits to the extent recovery against the third party is unsuccessful.

PART 1—PARTICIPANT INFORMATION

Name _____ Social Security Number (only last four digits required) _____

Address _____

Phone Number _____ Email Address _____

Note: If your address on this form differs from your address on file at the Fund Office, your address will be changed for all five Southern California Pipe Trades Funds to the address on this form.

PART 2—PATIENT INFORMATION (IF DIFFERENT FROM PARTICIPANT)

Name _____ Social Security Number (only last four digits required) _____

Address _____

Phone Number _____ Email Address _____

Relationship to Participant _____

PART 3—INJURY OR ACCIDENT INFORMATION

Description _____

How _____

Where _____

When (date and time) _____

Work-related? Yes No Third Party Involved Yes No

PART 4—THIRD PARTY INFORMATION (IF APPLICABLE)

Name Phone Number

Address

Auto Insurance Carrier (if applicable) Policy Number

PART 5—ATTORNEY INFORMATION AND AGREEMENT (IF APPLICABLE)

Name Phone Number

Address

The undersigned, being attorney of record for the above Participant or other Claimant, does hereby agree to withhold such sums from any settlement, judgement, or verdict as may be necessary to reimburse the Fund for benefits paid as a result of injuries, illnesses, or conditions caused by third parties.

X _____
Signature Date

PART 6—GRANT OF LIEN (IF APPLICABLE)

I hereby grant a lien to the Southern California Pipe Trades Health & Welfare Fund and the Pensioner's and Surviving Spouses Health Fund ("Fund") of such sums as the Fund has paid out for benefits as a result of my injuries for which I am claiming payment from a third party or insurer. I agree to pay and/or authorize my attorney who is representing me, to pay such sums from any settlement, judgement, or verdict as may be necessary to adequately reimburse said Fund. This lien on my case or cases or any other recovery to said Fund shall be against any and all proceeds of any settlement, judgement, or verdict which may be paid to my attorney or myself as the result of injuries or damages caused by third parties for which the Fund has paid benefits.

PART 7—SIGNATURES

I hereby certify that the foregoing information I have provided is true, correct, and complete to the best of my knowledge. To the extent applicable, I hereby grant the Fund a lien as set forth in Part 6 of this form.

X _____
Claimant Signature Date
Parent or Legal Guardian, if Minor Child, or Personal Representative*

X _____
Participant Signature Date

*If you are acting as the Personal Representative of the Claimant, you must provide proof of your authority to act for them..