



HEALTH & WELFARE TRUST FUND

CENTRAL STATES JOINT BOARD

Subro Response Unit

P.O. BOX A3375 • CHICAGO, IL 60690 • PHONE & FAX: (312) 757-5463 • CSJBSUBRO.COM

QUESTIONNAIRE

1. Please provide the information requested below about yourself.		
Name:		Date of Birth:
Home Address:		
City:	State:	Zip Code:
Phone:	Email:	
Relationship to Participant: ☐ Self ☐ Spouse ☐ Child ☐ Other Dependent		
2. Please provide the information requested below if other than the Participant.		
Participant's Name:		Date of Birth:
ID #:		
3. Please provide the following information as to why medical treatment was received.		
☐ Injury ☐ Illness ☐ Medical Condition ☐ Other _____		
If Injury, please provide the date it happened:		
Location of Injury:		
Type of Injury: ☐ Automobile ☐ Work ☐ Other		
Was a police report filed? ☐ Yes* ☐ No		
*If yes, please submit a copy of the police report.		
4. Please briefly describe the circumstances surrounding the Injury and medical treatment received.		
5. Have you retained an attorney to assist you in recovering part or all of the losses you sustained as a result of the Injury? ☐ Yes* ☐ No		
*If yes, please provide the following information.		
Attorney's Name:		Law Firm:
Address:		
City:	State:	Zip Code:
Phone:	Email:	

I hereby certify that to the best of my knowledge and under the penalty of law, the information provided herein is true, correct and complete. I understand that providing false information may lead to refusal of this claim.

Participant Signature: _____

Date: _____

Dependent Signature (if applicable): _____

Date: _____

Parent or Legal Guardian (if Dependent is a Minor): _____

Date: _____

Please submit a response to this Questionnaire via any of the following means:

By visiting: csjbsubro.com

By emailing: response@csjbsubro.com

By faxing: (312) 757-5463

By mailing to: CSJB Welfare, P.O. Box A3375, Chicago, IL 60690

For questions to the *Subro Response Unit* **only**, including this Questionnaire, call (312) 757-5463.
For questions about eligibility, claims and other information about your insurance benefits, call (312) 738-0822.