HEALTH & WELFARE TRUST FUND
CENTRAL STATES JOINT BOARD
Subro Response Unit

P.O. BOX 61081 • CHICAGO, IL 60606 • 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 61081, Chicago, IL 60606

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.