

# *Michigan State Painters Insurance Fund*

6525 Centurion Drive • Lansing, MI 48917

Toll Free Telephone 800 482-0948

Fax Number (517) 321-7508

## **ACCIDENTAL INJURY QUESTIONNAIRE**

Participant's Name \_\_\_\_\_ Member ID or SS# \_\_\_\_\_

Patient's Name/Relationship \_\_\_\_\_

Provider(s) of Service \_\_\_\_\_

Date(s) of Service \_\_\_\_\_

Type of Injury \_\_\_\_\_

Additional information is needed regarding this claim. Please complete this questionnaire and return it in the enclosed envelope.

When did the accident happen? \_\_\_\_\_

**(Please give date and approximate time of accident)**

Exactly where did the accident happen? \_\_\_\_\_

Was the person hurt on the job?                      Yes                      No

If yes, was a Worker's Compensation Claim filed?                      Yes                      No

How did the accident happen?

---

---

---

---

---

---

---

---

---

---

**Please indicate the name and telephone number of a family member who can be contacted between 8:30 a.m. and 4:30 p.m., if more information is needed regarding this claim.**

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date