

ACCIDENT QUESTIONNAIRE

The employer's benefit plan contains a subrogation and/or right of reimbursement provision through which the Plan has the right to seek recovery of benefits paid by the Plan. Please complete this ACCIDENT QUESTIONNAIRE and return them to our office.
NO FURTHER PAYMENTS WILL BE MADE ON CLAIMS RELATED TO THE ACCIDENT UNTIL WE RECEIVE THIS COMPLETED QUESTIONNAIRE.

SECTION I *(Please Print)*

Employee:	
Claimant:	Employee ID Number:
Date of Injury/Accident:	Group Number:
Location of Accident:	
City/State of Accident:	
Brief description of injury and how it occurred: <i>(Please Print)</i>	

SECTION II

Was this an auto and/or motorcycle incident?	NO	YES
Do you have a Police Report?	NO	YES (please provide copy)
Do you have insurance?	NO	YES (please provide dec page)
Adjuster Name:		
Claim Number:		
Phone/Fax Number:		

SECTION III

Did the injury occur on your property?	NO	YES
Did the injury occur on public/city property?	NO	YES
Did the injury occur on private/corporate property?	NO	YES
Did the injury occur at work?	NO	YES
Did you report the injury?	NO	YES

SECTION IV *(Please Print)*

Have you contacted an attorney or plan to take legal action?	NO	YES
Attorney:		
Address:		
Phone/Fax/Email:		

SECTION V The undersigned hereby acknowledges the subrogation/reimbursement rights of the Plan and agrees to provide the plan an equitable right of constructive trust and lien that attaches to any rights, money, payments, or property that is obtained or recovered by anyone (including, but not limited to, yourself, your attorney, and/or a trust) as a result of any claim (or any part thereof) that relates directly or indirectly to the injury you sustained as a result of the accident described in this questionnaire (including, but not limited to, any personal injury, medical malpractice, workers' compensation, homeowners, uninsured motorist, underinsured motorist, casualty, PIP, med-pay or no-fault claim), and that the plan has a right to attach said rights, money, payments, expenses, or property and foreclose on said lien. You agree the plan is entitled to seek any other available remedy, in equity or otherwise, against any party possessing or controlling such money or property. The provisions of the plan and this Acknowledgment concerning equitable trust, equitable lien, and other equitable remedies are intended to meet the standards for enforcement under ERISA that were enunciated in the U.S. Supreme Court decision *Great-West Life and Annuity Ins. Co. v. 534 U.S. 204 (2002)*. The Plan has right of first reimbursement out of any recovery obtained, even if the claimant is not made whole.

Claimant Signature (if over 18) If claimant under 18, Legal Guardian may sign

Date

Return this information and any supporting documentation to Avalon Benefit Services, Inc.
by mail to PO Box 1803; Dublin, OH 43017; By fax to 614-793-9733; by e-mail to staff@avalonbenefits.com