



National Benefit Administrators, Inc.

Date: _____

Member Name: _____

Member ID#: _____

Patient Name: _____

Group Name: _____

RE: _____

Accident Date: _____

Injuries involved: _____

Dear Member,

Please complete the following questions to prevent delay of claim processing:

1. Was this due to an accident? ____ Yes ____ No. If Yes, continue.
If ____ No, sign and date here and return the form.
Signature _____ **Date** _____.
2. Where did the accident take place? ____ Work ____ Home ____ Auto ____ other
3. If this injury occurred at work, have you or will you file a claim under worker's compensation? ____ Yes ____ No
4. What was the date of the accident? _____
5. Please provide a brief description of how the accident occurred. (If additional space is needed, please continue on the back of this form). _____

PLEASE ATTACH A COPY OF THE ACCIDENT REPORT.

6. List the name and address of the party at fault

7. List the name, address and telephone number of the liability carrier: _____

8. Does the injured person intend to file a lawsuit? ____ Yes ____ No
9. If Yes, list name, address and telephone number of the attorney:

PO Box 690903
Charlotte, NC 28227.7016
(704) 844.2966 Bus (704) 844.2977 Fax
(800) 482.6736 Toll Free



National Benefit Administrators, Inc.

All accident related charges will be denied until this information is received.

SUBROGATION NOTIFICATION

Since your Plan contains a Subrogation clause, it is necessary that we advise you that as a Participant in the Plan (or your dependent),

You must reimburse the Plan for benefits paid by the Plan from monies you (or your dependent) receive, in whole or in part, from a judgement or settlement, made by a third party from any recovery.

You, as the participant or the dependent must also take action to assist the Plan in recovering this reimbursement. You or your dependent must sign and deliver all necessary documents that the Plan may need to enforce its rights to obtain reimbursement.

Signature _____ Date _____

All accident related charges will be denied until this information is received.

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