



# NECA-IBEW Welfare Trust Fund

2120 Hubbard Avenue, Decatur, Illinois 62526-2871  
Phone: (800) 765-4239 Fax: (217) 875-1487 Website: [www.neca-ibew.org](http://www.neca-ibew.org)

## Spousal Employee Statement for Accident

*Note to Employee: You must complete this side for any accident for your spouse.*

MEMBER INFORMATION			
Name:	ID#/SSN:	Date of Birth: / /	
Address:	City:	State:	Zip:
Home Phone:	Work Phone:	Cell Phone:	
INFORMATION ON THE PERSON WHO THE CLAIM IS FOR			
Name:	Relationship to Employee:		
ID#/SSN:	Sex:	Date of Birth: / /	
ACCIDENT INFORMATION			
Date of Accident:	Time:		
Where did accident occur?	How did accident happen?		
IF YOUR SPOUSE IS EMPLOYED			
Was the injury caused by claimant's employment? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has a claim been filed with Workman's Compensation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
SIGNATURE AND AUTHORIZATION			
I hereby certify that the foregoing statements, including any accompanying statements, are to the best of my knowledge and belief true, correct, and complete. I hereby authorize any physician or any hospital to furnish and disclose all known facts concerning this accident. I will reimburse the Fund for any overpayment made to me or in my behalf due to error on this form.			
Employee Signature:		Date: / /	
Spousal Signature:		Date: / /	
<b><i>Your claim cannot be processed without the above signatures.</i></b>			