

THIRD PARTY LIABILITY QUESTIONNAIRE

Please submit this form to: The Union Labor Life Insurance Company

8403 Colesville Road Silver Spring, MD 20910 202.682.0900

The Ullico Family of Companies

Dear Patient:					
In order to process your insurance claim we ask that you answer the following questions					
In order to process your insurance claim we ask that you answer the following questions.					
(The insurance company will not pay on an accident or injury until proof has been shown of a third party liability)				
1) Is your medical problem the result of an injury or accident? Yes No					
 2) If your answer is NO, please sign the form and return it to the reception desk. 2) If your answer is XES, please continue. 					
3) If your answer is YES, please continue.4) Describe how, when, and where your accident or injury occurred:					
5) Is your accident or injury Auto related?					
If YES, complete the following:					
a. Will you be filing /seeking reimbursement from your/another Auto Insurance Company?	No				
b. Automobile insurance coverage: Claim#:					
c. Address of Insurance Company:					
d. Phone Number of Insurance Company:					
e. Name, address, and telephone number of the driver cited or responsible for the accident:	Name, address, and telephone number of the driver cited or responsible for the accident:				
6) Did the accident or injuries occur at your home?					
a. Will you be filing/seeking reimbursement from your/another Home Owners Insurance Company?	No				
b. Name of your Homeowners Insurance Company, address, and phone number:					
7) Did the injury happen at another location?					
a. Please give the Name, Address, and Phone Number:					
b. Will you be filing/seeking reimbursement from another Insurance Company?	 No				



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8. Have you contacted an attorney?
If YES, please give us the Name, Address, and Phone number of your attorney:
Name:
Address:
Phone Number:
Authorized Signature:
Date:

SUBMIT TO:

THE UNION LABOR LIFE INSURANCE COMPANY
Stop Loss Claims Unit
8403 Colesville Road, 13th Floor
Silver Spring, MD 20910
Toll Free Phone: 1-800-328-5837 • Fax: 1-202-682-6920 • E-mail: stoplossclaims@ullico.com
Member's Name:
Claimant's Name:

Health ID#:

Date of Accident/Injury: _	
Plan Name:	