

FOX VALLEY & VICINITY CONSTRUCTION FUND
PO BOX 214
GENEVA, IL 60134
PHONE (630) 232-7166 X777
FAX (630)232-7186

CLAIM # _____

The following information is needed to determine benefits on this claim.

Was this claim the result of an accidental injury? _____

If Yes:

Date of Accident _____ Was it work related _____

Location of Accident _____

Description of Accident _____

Member's Signature _____

Member's Identification Number _____

Please complete both pages of the Subrogation Acknowledgement and return it to the administrative office with this letter. If the accident happened at home, please indicate this on the bottom of this letter and return it to the administrative office. It is not necessary to return the Subrogation Acknowledgement if the accident happened at home.