

LAKE COUNTY PLASTERERS AND CEMENT MASONS  
PO BOX 103  
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 Social Security 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.