Ullico
SOLUTIONS FOR THE UNION WORKPLACE

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

Member's Name: _____

Claimant's Name: _____

Health ID#: _____

Date of Accident/Injury: _____

Plan Name: _____

Dear Patient:

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.

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? ☐ Yes ☐ No

If YES, complete the following:

a. Will you be filing /seeking reimbursement from your/another Auto Insurance Company? ☐ Yes ☐ 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: _____

_____

6) Did the accident or injuries occur at your home? ☐ Yes ☐ No

a. Will you be filing/seeking reimbursement from your/another Home Owners Insurance Company? ☐ Yes ☐ No

b. Name of your Homeowners Insurance Company, address, and phone number: _____

_____

7) Did the injury happen at another location? ☐ Yes ☐ No

a. Please give the Name, Address, and Phone Number: _____

_____

b. Will you be filing/seeking reimbursement from another Insurance Company? ☐ Yes ☐ No

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8. Have you contacted an attorney? ☐ Yes ☐ No

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

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