



**WESTERN MUTUAL INSURANCE COMPANY**

P.O. Box 572450 Salt Lake City, Utah 84157-2450  
(801) 263-8000 (800) 748-5340 Fax: (801) 263-1189

**ACCIDENTAL INJURY INFORMATION REQUEST**

The following information is necessary in order to accurately process a claim that WMI received.  
Please complete and return this form as soon as possible by fax or mail to the WMI Claims Department.

Employee's Name \_\_\_\_\_ Employee's SSN \_\_\_\_\_

Patient's Name \_\_\_\_\_ Patient's Date of Birth \_\_\_\_\_

Employee's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ E-mail address \_\_\_\_\_

**Questions: (If additional space is required, please use the reverse side of this form)**

1. Are the services on this claim the result of an accidental injury? Yes \_\_\_\_ No \_\_\_\_ If yes, please indicate the **date** that the accidental injury occurred: \_\_\_\_\_ Please describe the exact details of **how** and **where** the accidental injury happened: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Did the accidental injury involve a motor vehicle? Yes \_\_\_\_ No \_\_\_\_ If yes, please provide the name of the motor vehicle insurance carrier, along with the name, address and phone numbers of any other persons involved: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Was a police report filed? Yes \_\_\_\_ No \_\_\_\_ If yes, with what agency? \_\_\_\_\_

4. Did the accidental injury occur on private property? Yes \_\_\_\_ No \_\_\_\_ If yes, please provide the name of the property owner and the property address: \_\_\_\_\_

\_\_\_\_\_

5. Was the accidental injury work related? Yes \_\_\_\_ No \_\_\_\_ If yes, will a claim be filed with a third party or another insurance company? Yes \_\_\_\_ No \_\_\_\_ Please provide the name, address and phone number of the company: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Will the injured party be represented by legal counsel? Yes \_\_\_\_ No \_\_\_\_ If yes, please provide the name, address, and phone number of the attorney: \_\_\_\_\_

\_\_\_\_\_

Your insurance policy with Western Mutual Insurance Company ("WMI") contains a right of reimbursement and subrogation which assigns, subject to certain limitations and to the extent of any payments by WMI, any claim that the insured has, may have, or shall have against any third party. Your policy also provides WMI a right to reimbursement from the proceeds of any settlement or judgment that might result from the exercise of such claims by the insured person. WMI may pursue the insured person's claims against any person or entity to the extent of its payments. The insured person shall not discharge any claim against any person or entity without the express written permission of an authorized WMI representative, and the insured person shall fully cooperate with the company in pursuing its right of reimbursement, including, but not limited to, providing us with information in the insured's possession and giving testimony.

\_\_\_\_\_  
**Signature of Patient or Parent**

\_\_\_\_\_  
**Date**

The submission of fraudulent claims or false or misleading information may subject the person who provides the fraudulent information to fines and/or imprisonment, pursuant to state and federal laws.