



Operating Engineers Local 825 Fund Service Facilities

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EMPLOYER TRUSTEES

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ADMINISTRATOR



UNION TRUSTEES

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JAMES MCGOWAN
MATTY WHITE
JOHN WOOD

Date:

Member:

Member SSN:

Dependent Name:

Date of Service:

Provider:

From:

(Claims Department)

Dear Member:

We are in receipt of a claim for services rendered to _____ as indicated above. To help us avoid any unnecessary delays in processing of this claim, please briefly explain below **how, when and where** the injury or illness occurred.

Please return response in enclosed self-addressed, postage paid envelope as soon as possible.