



TPM TRUST'S ACCIDENTAL INJURY BENEFIT

ACCIDENTAL INJURY BENEFIT

Deductible.....	Waived
Benefit Percentage.....	100%
Maximum Benefit per Accident.....	\$300

Subscribers and Dependents qualify for this Benefit if they were eligible on the date of the Accident (“subscriber”, “dependent” and “eligibility” as defined in the plan booklet). Expenses incurred under this Benefit are not subject to the deductible. Charges in connection with an Accidental Injury are payable at 100% of the Maximum Eligible Expense, up to the maximum benefit stated under the “Schedule of Medical Benefits.” Any portion of the charges exceeding the maximum benefit will be considered under the Medical Benefits Section of the Plan, subject to all Plan conditions, exclusions and limitations. Services and supplies must be ordered by a doctor and furnished within a ninety-day period beginning with the date of the Accidental Injury.

Charges for the following are covered under this benefit when furnished for medical care to the Covered Person for Accidental Injuries, including but not limited to:

1. Services and supplies (including Room and Board) furnished by a Hospital for medical care in that Hospital.
2. Doctors’ services for surgical procedures and other medical care.
3. Surgical dressings.
4. X-ray and laboratory examination.
5. Private duty professional nursing services by a Registered Nurse or a Licensed Practical Nurse.
6. Casts, splints, trusses, braces, and crutches.
7. Ambulance service for local travel to the nearest facility capable of treating the Injury.

Specifically excluded under this Benefit are costs associated with chiropractic and alternative care, as well as dental services.

Your claim must first be submitted and processed by your Primary and/or Secondary carrier. An Explanation of Benefits showing liability will be required with the Claim Form.

Your claim must be submitted within twelve (12) months of the accidental injury date in order for reimbursement to be considered.

(Expenses not eligible under this benefit may be considered under the Medical Benefits of the Plan.)



Timber Products Manufacturers Trust
951 East Third Avenue, Spokane, WA 99202

ACCIDENTAL INJURY BENEFIT CLAIM FORM

Submit this form with supporting documentation to: TPM Trust, 951 East Third Avenue, Spokane, WA 99202

EMPLOYEE INFORMATION:

Name: _____	Birthdate: _____	Subscriber ID Number: _____
Address: _____		
City: _____	State: _____	Zip: _____ <input type="checkbox"/> Check here if this is a new address
Employer Name _____	Phone: _____	

PATIENT INFORMATION (IF OTHER THAN EMPLOYEE):

Name: _____	Birthdate: _____	Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child
Mailing Address (if different than above): _____		
City: _____	State: _____	Zip: _____

ACCIDENTAL INJURY / THIRD PARTY LIABILITY:

Is this claim the result of an accidental injury for which another party may be responsible: Yes No

If NO, please provide an explanation for the injury(s) sustained below.

If YES, you will need to complete and return the full accident questionnaire. This questionnaire will be mailed to you and is also available online at <https://www.timberassociation.com/tpm-trust-forms/>.

If this is a work related injury, please file your claim with your employer's workers' compensation carrier.

EXPLANATION OF INJURY:

Include date of injury, part of body injured, where injury occurred.

PAYMENT AND DOCUMENTATION INFORMATION:

A copy of Primary and/or Secondary Explanation of Benefits is required for payment of the Accidental Injury Benefit.
Failure to complete this form and provide the necessary documentation could delay the processing and payment of your claim.

Signature

Date