

**OPERATING ENGINEERS LOCAL 139**  
**HEALTH BENEFIT FUND**

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P.O. Box 160 • Pewaukee, WI 53072-0160

Phone: (262) 549-9190  
Toll Free: (800) 242-7018  
Fax: (262) 549-3549

**How, When & Where Injury Form**

Before benefits can be considered on a pended claim, the following information is required. Please either call the Health Fund at 262-549-9190, complete this form and fax to 262-549-3549 or complete and mail this form to P.O. Box 160, Pewaukee WI 53072-0160.

OEF Identification Number: \_\_\_\_\_

The name of the participant or dependent for whom the following information is being provided:

\_\_\_\_\_

Name of Local 139 Member (if not listed above): \_\_\_\_\_

Regarding the accident or injury, please describe:

Date and Time it occurred? \_\_\_\_\_

Where did it happen? \_\_\_\_\_

How did it happen? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was this a work-related accident or injury? Yes  No

Signature \_\_\_\_\_ Date \_\_\_\_\_