



Third Party Liability Statement Form and Instructions

The Motion Picture Industry Health Plan has received a claim indicating that the Patient has an illness or injury that may have been caused by a third party. In order to process the claim you must complete the attached "Third Party Liability Statement Form." If you do not return the completed form within 30 days from the date of the injury or illness, any claims for treatment related to the injury or illness will be denied. A separate "Third Party Liability Statement Form" must be completed for each patient and each incident. It is recommended that you take time to review the sections of the Summary Plan Description discussing "Claims Involving Third Party Liability" and "Workers' Compensation," and that you not settle any personal injury claim without first notifying the Plan Office.

You must provide all the following information on the form and provide any requested documents, otherwise the Plan cannot accept the form:

SECTION I – GENERAL INFORMATION

- Box 1, 2, 2a **Participant Name, Participant's I.D., Date of Birth** – Print Participant Name.
- Box 3 **Participant Address and Telephone No.** – Your entire address currently on record must be entered.
- Box 4 **Patient Name** – Enter the complete name of the injured person.
- Box 5 **Date of Injury** – Enter the date of the injury or onset of symptoms or illness.
- Box 6 **Injury Details** – Specify how, where (home, auto, store, etc.) and when the injury occurred and the specific injured body area(s) and nature of the injury. (Attach additional sheets if necessary.)

SECTION II – TYPE AND CAUSE OF INJURY

- BOX 7 A, B, C, D, E **Traffic Accident** – In this section, you will provide: 1) all Third Party insurance information, and 2) your own insurance information. Attach a copy of the Police Report. You must also indicate the status of your claim. If your case has settled, a copy of the settlement documents is required.
- Box 8 **Other Type or Cause of Injury or Illness** – Describe any other type or cause of personal injury you may have had, such as medical malpractice, slip-and-fall, dog-bite, etc. Indicate the specific injured body area(s).
- Box 9 **Third Party Lien** – Requires the Participant's signature **and** the signature of the claimant and/or legal guardian. Signature and contact information for your Legal Representative is requested. *Any alterations of the lien will indicate you are not in agreement with the terms of the Plan, and will result in the denial of related injury claims.*

SECTION III – ON-THE-JOB INJURY (YOU MUST COMPLETE THIS SECTION IF YOU WERE INJURED AT WORK)

- Box 10 A, B, C, D, E **On-the-job Injury** – In this section you provide all the Employer information requested, including the name of the Workers' Compensation Liability Carrier. A copy of the Employer's Accident report (DWC1) is requested and you must indicate the status of your claim. If your case has settled, a copy of the settlement documents is required.

SECTION IV – CONFIRMATION SIGNATURE

- Box 11 **Confirmation Signature** – You must complete or the form will not be accepted

Any Participant or dependent who submits any false or fraudulent claims or information to the Plan may be subject to criminal penalties including a fine, imprisonment, or both, as well as damages in a civil action under California or federal law. Furthermore, the Board of Directors reserves the right to impose such restrictions upon the payment of future benefits to any such participant or dependent as may be necessary to protect the Plan, including the deduction from such future benefits of amounts owed to the Plan because of payment of any false or fraudulent claim.

The Motion Picture Industry Health Plan is not an insurance company but a self-insured employee welfare benefit plan. As such, it is regulated exclusively by federal law under the Employee Retirement Income Security Act of 1974 ("ERISA"). State law, including, but not limited to, state insurance law, is completely preempted by ERISA.

Please contact the Plan Office at (818) 769-0007, Ext. 106 between 8:00 a.m. to 3:30 p.m. PST to discuss any questions or concerns related to this form.

