



Operating Engineers Local 825 Fund Service Facilities

65 Springfield Avenue, Second Floor
Springfield, New Jersey 07081
(973) 671-6800

Pre-Cert and PPO
(800) 677-3237

EMPLOYER TRUSTEES

JACK KOCSIS, JR., CO-CHAIRMAN
BRENDAN MANNING
DAVID MURAWSKI
EDWARD M. LEE

SHERRY VISO
ADMINISTRATOR



UNION TRUSTEES

GREGORY LALEVIE, CO-CHAIRMAN
JOSEPH A. GRACE, JR.
ALEX KOLBASOWSKI
JOHN WOOD

Date: _____

I.D# _____

Member: _____

Dependent Name: _____

Date of service: _____

Precert: _____

From: _____

(Claims Department)

Dear Member:

Regarding _____ on the line space provided below, briefly explain how, when and where the accident and/or injury occurred. Consideration of your claim will resume when we receive this information from you. Your cooperation in complying with this request is appreciated in order to expedite the handling of your claim.

How: _____

When: _____

Where: _____

Member's signature _____