



## HEALTH & WELFARE INTAKE FORM

***FORM 720 Rev 09-23***

**Environmental Police Benevolent Association Est. 2019**

*To Have Fought, and Fight For US!*

**PLEASE SUBMIT OR PDF FORM AND SEND BACK TO  
[PBAADMIN@EPBA.US](mailto:PBAADMIN@EPBA.US)**

**PLEASE CALL US IF YOU HAVE ANY FURTHER QUESTIONS**

**845-202-0372**

**M-F 9 am – 5 pm**



# HEALTH AND WELFARE INTAKE FORM

ENROLLMENT DATE	MEMBER ID	MEMBER STATUS	DELEGATE ASSIGNED	REFERRED BY

(PBA Labor Associate Use)

## MEMBER INFORMATION

FIRST NAME		LAST NAME		MI	
(P) MOBILE NUMBER		(W) MOBILE NUMBER			
PERSONAL EMAIL		WORK EMAIL			
EMERGENCY CONTACT NAME		EMERGENCY CONTACT PHONE NUMBER			
Can we Email You Your Legal Information?    YES    NO		If NO, please tell us where.?			

## EMPLOYER INFORMATION

PCT. OR DIVISION	PCT. OR DIVISON PHONE NUMBER	TOUR
SUPERVISOR NAME	SUPERVISOR PHONE NUMBER	
CURRENT ASSIGNMENT	YEARS OF EMPLOYMENT?	



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### INCIDENT INFORMATION

INCIDENT OR SJS #	IS THIS WPV RELATED? YES NO		
DATE OF ACCIDENT / INJURY	TIME OF ACCIDENT (Approximately)		
ACCIDENT / INJURY DOCUMENTED ON THE RUN SHEET?  YES NO	SUPERIOR NOTIFIED  YES NO	IF SO, WHEN?  DATE: TIME:	
WAS THE ACCIDENT ON THE EMPLOYER'S PREMISES?  YES NO	DID THE ACCIDENT OCCUR DURING WORK HOURS?  YES NO		
DID THE ACCIDENT OCCUR DURING LUNCH BREAK?  YES NO	WAS THE EMPLOYEE TRAVELING TO / FROM WORK?  YES NO		
WAS THE EMPLOYEE TRAVELING BETWEEN WORK SITES?  YES NO	DID THE ACCIDENT OCCUR AT A NORMAL WORK SITE LOCATION?  YES NO		
WAS THE EMPLOYEE ON SPECIAL OR WORK-RELATED FIELD ASSIGNMENT?  YES NO	WAS THE INJURY WITNESSED BY THE SUPERVISOR?  YES NO		
<b><u>WORKERS COMP FORMS</u></b>  FORM DP2002  WCS ASSIGNMENT AGREEMENT  WCS FORM SUPERVISOR REPORT OF INJURY  WCS-100 ACCIDENT DESCRIPTION  WCS-110 EMPLOYEE STATEMENT  WCS-120 FORM WITNESS STATEMENT	<b><u>IN-PROGRESS</u></b>	<b><u>COMPLETED</u></b>	<b><u>NOT APPLICABLE</u></b>
<b><u>ADDITIONAL INFORMATION:</u></b>			
<b><u>MEMBER DESIRED OUTCOME:</u></b>			



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**/////NOTHING ELSE FURTHER/////**

CONFIDENTIAL