

PROCEDURE FOR FILING A CLAIM

1. Complete the Employee section.
2. Have your employer complete Employer section.
3. Have your doctor complete the Attending Physician's Section for each disability.
4. Mail completed claim form to:

**Northwest Ironworkers Health and Security Fund
PO Box 34464
Seattle, WA 98124-1464**

Phone: (206) 441-7226 or (866) 986-1515