

ALASKA FOREST ASSOCIATION
TONGASS TIMBER TRUST
111 STEDMAN STREET, SUITE 200
KETCHIKAN, ALASKA 99901
907-225-6114

Complete this form and return to Tongass Timber Trust at the above address as soon as possible.

Tongass Timber Trust is pending claim dated _____
with the diagnosis of : _____

How, when and where the accident occurred? _____

Is this a work related injury? Yes _____ No _____

Will any other party be responsible for accident/injury? Yes _____ No _____
If you answered yes above - note the name and address of responsible party on back of this form.

Insured name: _____

Patient: _____

Signature of insured: _____ Date _____