

If we receive a First Report of Injury form that is incomplete (all required information not on the form) we will make multiple attempts to reach you within a 48hr time frame to obtain missing information. If we are unsuccessful in retrieving the required information, Claim cannot be set up and all attached information received will be sent back to you to submit again with complete information.

**1** If the injury developed over time, enter the day the worker told you about the injury.

**2** Provide as much information about the injury or illness as you are able.

**3** New Required information (Must have everything to set up Claim number):

**Employer Information**

- Address
- FEIN or Policy Number
- Contact Phone Number and Name

**Injured Worker Information**

- First & Last Name
- Date of Birth
- Social Security Number
- Job Title
- Address and Phone Number
- Date of Injury
- Date employee notified employer of injury.
- Body part injured (include left or right)
- How did injury/illness occur?
- Did they seek medical treatment?

**4** Preferred Information (if at all possible please submit info)

- Date of Hire
- Location the injury occurred
- Type of injury (sprain, strain, contusion, etc.)
- Return to work date
- Where did they seek medical attention?