

Dear Employee:

We have received a report that you were injured in the course of your employment. To process your claim efficiently, please fill in all lines completely and print legibly.

Name: _____
 Last First MI Maiden

Address: _____

City: _____ State: _____

Primary Phone Number: _____

Secondary Phone Number: _____

Email address: _____

Social Security: _____ Gender: M / F

Date of Injury: _____

Employer: _____

Job Title: _____

Work Schedule: _____