

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	Social Security: _____	Gender: M / F
Address: _____	Date of Injury: _____	
City: _____	State: _____	Employer: _____
Primary Phone Number: _____	Job Title: _____	
Secondary Phone Number: _____	Work Schedule: _____	
Email address: _____		