

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: \_\_\_\_\_