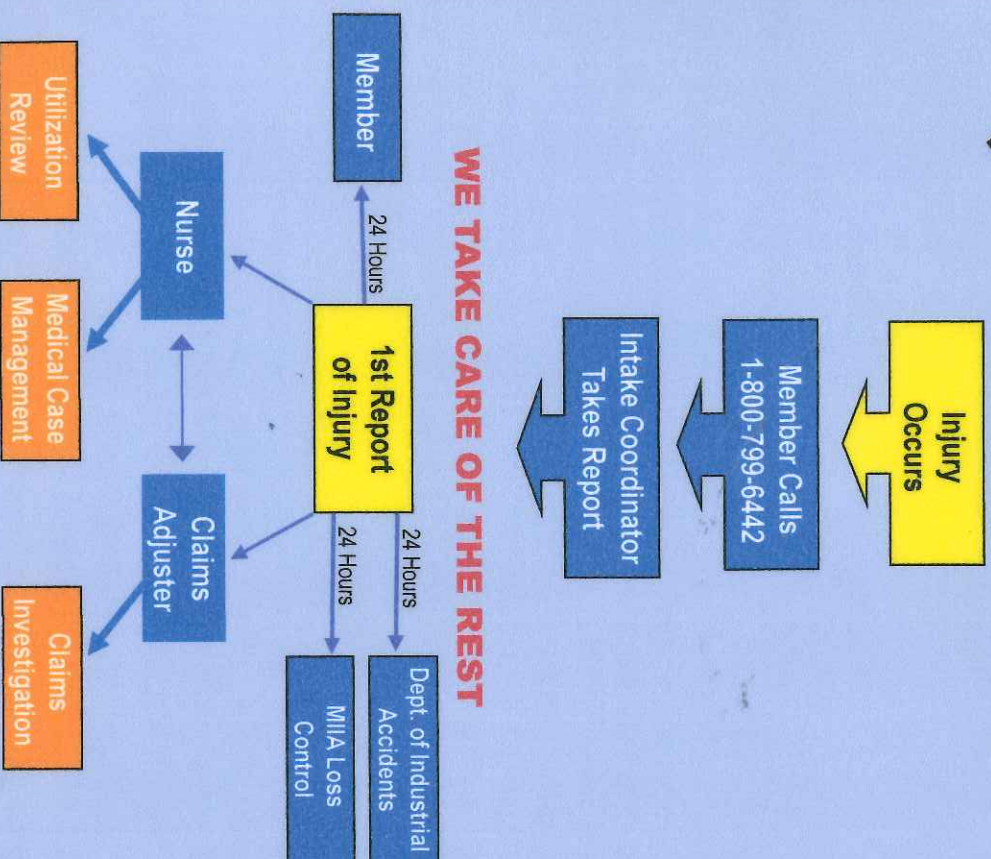


REPORT WORKERS' COMPENSATION CLAIMS BY PHONE

Call 1 800 799 6442 (MIIA)



How does the program work?



WE TAKE CARE OF THE REST

When reporting a claim, what information will I need to tell the Intake Coordinator?

Employer's Name

Federal Tax ID*

Employee's Information

Name

Social Security Number

Home Address

Marital Status*

Number of Dependents*

Date of Hire*

Date of Birth

Average Weekly Wage*

Occupation

Injury Information

Location of employee, when injured

Source of injury

Describe how injury occurred

To whom was injury reported/their position

Date injury reported

Date injury reported as work related

Description of body part injured

Witness(es) to injury, if any

Employee Work Status

Has employee returned to work?

Date of return to work

*If available

06/11