|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***EMPLOYEE INFORMATION*** | | | | | | | | | |
| Employee Name (First & Last) | | | Gender | | Hired Date | | | | Hired in NH |
|  | | |  | |  | | | |  |
| ID Type - Employee ID | Date of Birth | Age | | Occupation when Injured | | | | | |
| **-** |  |  | |  | | | | | |
| Employee Address | Telephone | Wages per Hour | | | | Hrs per Day | Days per Week | Average Weekly Earnings | |
|  |  |  | | | |  |  |  | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***INJURY INFORMATION*** | | | | | | | | | |
| Injury Date / Time | | Date Employer Notified of Injury | | | Location/Jobsite & Business Name where accident occurred | | | | |
|  | |  | | |  | | | | |
| Disability Began | Claim Type Code | | | |  | | | | |
|  |  | | | |  | | | | |
| Accident Description | | | | | | | | | |
|  | | | | | | | | | |
| Body part Injured | | | | | Cause of Injury | | | | |
|  | | | | |  | | | | |
| Nature of Injury | | | | | Witness Name | | | | Witness Phone |
|  | | | | |  | | | |  |
| Returned to work? | If so, what date? | | If so, at what occupation? | | | If so, at what duty status? | | | |
|  |  | |  | | |  | | | |
| Initial Treatment | | | | | | | Initial Treatment Date | | |
|  | | | | | | |  | | |
| Name of Treating Physician | | | | Name of Treating Hospital | | | | Has injured died? If so, what date | |
|  | | | |  | | | |  | |

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| ***EMPLOYER INFORMATION*** | | | | |
| Employer Name | | | Employer FEIN | Industry Code |
|  | | |  |  |
| Employer Contact Name | Contact Phone Number | Employer Business Address | | |
|  |  |  | | |
| Managed Care Organization | |  | | |
|  | |  | | |
| Leased Employee? Client Company | | OCIP/Wrap-Up Policy? Name of policy holder | | |
|  | |  | | |

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| --- | --- | --- | --- |
| ***INSURER INFORMATION*** | | | |
| Insurance Carrier | Insurer Type | Policy Number | Telephone Number |
|  |  |  |  |

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| --- | --- | --- | --- |
| ***SUBMITTER INFORMATION*** | | | |
| Submitter Name | Title of Submitter | Represents | Telephone Number |
|  |  |  |  |