

| ***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 |
| | | | | | |

| ***INJURY INFORMATION*** | | | | | |
|----------------------------|--------------------------------|----------------------------------|--|------------------------------------|--|
| Injury Date / Time | | Date Employer Notified of Injury | Location/Jobsite & Business Name where accident occurred | | |
| Disability Began Date | | | | | |
| Claim Type | Full Wages Paid on Injury Date | | | | |
| 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 | |
| | | | | | |

| ***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 | |
| | | | |

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

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