

EMPLOYEE REPORT

PLEASE FILL OUT THIS FORM IN DETAIL. ANSWERING ALL QUESTIONS ASSURES PROMPT HANDLING OF YOUR CLAIM.

Name _____ Age _____ Phone No. _____

Address _____ Social Security No. _____

List all dependents (Full names, ages, relationship and birth dates) _____

Name of Employer _____ Name of Supervisor _____

How many hours a day do you work? _____ How many days a week? _____

What are your wages per hour? _____ Per day? _____ Per week? _____

Describe fully your physical trouble or disability _____

Date and hour trouble first started _____ 20____ a.m./p.m.

Explain fully and exactly what happened to you, or how your physical trouble or disability first started. (You can help us give your case prompt and proper attention if you will answer this question completely. The following is an illustration of the way to answer this question: A piece of wood about two inches square was thrown a distance of six feet by a power saw, striking the outer surface of my right leg about five inches above the knee.)

(IF YOU NEED MORE SPACE, PLEASE USE REVERSE SIDE OF THIS FORM.)

Who witnessed the start of your trouble? Give names, addresses and phone numbers.

If your disability was caused by another person, please give his name and address _____

Give date and hour on which you first started to lose time from work _____ a.m./p.m.

When were you able to return to work? _____ Are you fully recovered now? _____

If you are still having trouble, explain fully your present condition and what parts of your body are affected:

Date on which you first saw doctor _____

Give names and addresses of all doctors you have seen _____

_____ Are you still receiving treatment? _____

Have you had this or any other injuries at any time in the past? _____

If so, explain the nature of that trouble and approximate date it happened _____

Give name and address of employer for whom you were working at time of your previous trouble _____

Give name and address of doctor who saw you for previous trouble _____

Dated _____ Signed _____

PLEASE SIGN THE ABOVE AND FORWARD PROMPTLY. USE OTHER SIDE OF THE FORM TO PROVIDE ADDITIONAL INFORMATION.