

SCHOOL POOL FOR EXCESS LIABILITY LIMITS JOINT INSURANCE FUND

REPORTING A WORKERS' COMPENSATION CLAIM

Report Claims Within 24 Hours of Injury

The first step in reporting a Workers' Compensation Claim is to call:

1-888-342-3839 (Qual-Lynx)

24 hours a day, 365 days a year

When placing the phone call, you will need the following information:

- Date, place and time of injury
- How the injury occurred and how it is work related
- Type of injury
- Social Security Number
- Names of witnesses

For Questions or Issues Regarding a Filed Claim:

Qual-Lynx Client Services Manager: Ms. Karen Beatty

1-888-342-3839

Office: 609-653-8400 ext. 3210

Cell: 609-432-4234

Fax: 609-365-4000

Email: kbeatty@qual-lynx.com

Qual-Lynx Nurse Case Manager, Supervisor: Ms. Peggy Holmes, RN

1-888-342-3839

Office: 609-653-8400 ext. 3201

Fax: 609-365-4000

Email: pholmes@qual-lynx.com

Qual-Lynx

100 Decadon Drive

Egg Harbor Township, NJ 08234

Qual-Lynx Workers' Compensation Supervisor: Ms. Tracey Loreaux

Office: 609-653-8400 ext. 2323

Fax: 609-926-3169

Email: tloreaux@qual-lynx.com

Qual-Lynx

100 Decadon Drive

Egg Harbor Township, NJ 08234

These forms are now online fillable forms to make things easier for all of you to navigate, complete and save an electronic copy for any future use.

CLAIM FORMS:

1. Complete or have completed:
 - Incident Reporting Form
 - Employee Report (This form is not a fillable form. It is to be printed and given to the employee to fill out)
 - First Accident Report "FAR"
 - Supervisor Report
2. Forward copies to Qual-Lynx with Claim Transmittal Form:
Qual-Lynx
100 Decadon Drive
Egg Harbor Township, NJ 08234
3. Send a copy of the Supervisor's Report to your Business Administrator and/or Safety Committee Coordinator



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