

**QUAL-LYNX
WORKERS' COMPENSATION CLAIM TRANSMITTAL FORM**

TO:	Qual-Lynx 100 Decadon Drive Egg Harbor Township, NJ 08234
PHONE:	888-342-3839
FAX NUMBER: (Only for Workers' Compensation)	609-926-3169
NUMBER OF PAGES SENT (#)	

FROM: <i>(Name of Claim Coordinator)</i>	
<i>(Name of District)</i>	

This is a: ___ New Claim
 ___ Additional Information on Existing Claim

(Claim Number, if known) _____

Date of Loss: _____

Claimant Name: _____

Always complete this form whenever transmitting Workers' Compensation Claims to Qual-Lynx