

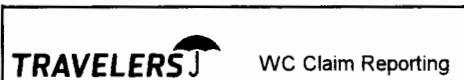
## If Your Employee Is Injured At Work

**Prompt reporting of work-related injuries and illnesses and the use of Travelers national Medical Network Providers can achieve better outcomes and lower your overall workers compensation claim costs!**

Whenever an Employee suffers a work-related injury or illness, the Employer should:

1. Seek appropriate medical care for the Employee.
2. If the injury or illness is acute, the Employer should always send the Employee to the nearest medical emergency department.
3. If the injury or illness is not acute, the Employer may suggest that the Employee seek treatment from the nearest Medical Network Provider. Medical Network Providers understand work-related illnesses and injuries, are credentialed to help assure quality care, and cooperate to achieve a medically appropriate return to work for the Employee. Medical Network Providers (hospitals, initial care clinics, specialists, testing, therapy, etc.) are available in all 50 States and the District of Columbia. Even before an illness or injury occurs, it may be helpful for the Employer to build a relationship with a convenient Medical Network Clinic or Hospital that will provide initial treatment for ill or injured Employees.
4. The Employee's Supervisor should gather pertinent facts about the work-related illness or injury and may use the Worksheet For Workers' Compensation Telephone Reporting provided by Travelers as a guide.
5. As soon as possible, the Employer should report all work-related illnesses or injuries to Travelers by,
  - using Travelers business insurance online reporting web site at [travelers.com](http://travelers.com)
  - dialing our toll free number, 1-800-832-7839. If needed at that time, Travelers Customer Service Representative can provide the name of a convenient Medical Network Provider. Prompt reporting of work-related illnesses and injuries is key in helping to reduce total claim costs. At the conclusion of the phone call, the Travelers Customer Service Representative will provide a claim number that should be retained for the Employer's reference and also provided to the ill or injured Employee.

The card below contains information that may be helpful in reporting work-related illnesses and injuries to Travelers and should be kept in a convenient location for use by the Employer when needed.



- Promptly report your work-related injuries to Travelers:
  - [Travelers.com](http://Travelers.com)
  - 800-832-7839
- Learn about Travelers unique Claim Services and find a convenient medical network provider by logging on to [www.travelers.com](http://www.travelers.com) then *Select*:
  - Claim
  - Workers Compensation claim resources
  - Find a network Medical Provider

## WORKERS' COMPENSATION TELEPHONE REPORTING WORKSHEET

THINGS TO REMEMBER WHEN COMPLETING THE INFORMATION BELOW:

Call the Telephone Reporting Center to quickly and easily report all Workers' Compensation injuries. We will be asking you the following questions, so please have the information handy. We will produce and submit the necessary state forms.

**DO NOT DELAY IN CALLING IF YOU DO NOT HAVE ANSWERS TO ALL THE QUESTIONS.**

### ACCOUNT/ACCIDENT INFORMATION

CALLER'S PHONE NUMBER/EXTENSION (     )	CALLER'S TITLE	CALLER'S NAME	REPORTING STATE
SUBSIDIARY NAME	SUBSIDIARY'S ADDRESS (STREET, CITY, STATE & ZIP)		SUBSIDIARY'S MAILING ADDRESS (STREET, CITY, STATE & ZIP) <input type="checkbox"/> SAME
DID THE ACCIDENT OCCUR AT THE LOCATION ADDRESS? <input type="checkbox"/> YES <input type="checkbox"/> NO   IF NO, ADDRESS WHERE ACCIDENT OCCURRED			
PARENT COMPANY/INSURED'S NAME			
LOCATION CODE	POLICY SYMBOL AND NUMBER	NATURE OF BUSINESS	
DATE OF INJURY	TIME OF INJURY		
ACCIDENT DESCRIPTION			

### EMPLOYEE INFORMATION

INJURED EMPLOYEE'S SOCIAL SECURITY NUMBER	EMPLOYEE'S NAME (FIRST, MI LAST)	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
DATE OF BIRTH	EMPLOYEE'S MAILING ADDRESS	
EMPLOYEE'S HOME PHONE NUMBER (     )	EMPLOYEE'S HOME ADDRESS (IF DIFFERENT FROM MAILING)	

### EMPLOYEE JOB INFORMATION

EMPLOYMENT STATUS CODE <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> OTHER _____	INJURED WORKER TYPE	REGULAR OCCUPATION
OCCUPATION WHEN INJURED		
EMPLOYEE'S WORK SCHEDULE		
REGULAR WORK HOURS	HOURS/DAY	DAYS/WEEK
EMPLOYEE'S WAGE INFORMATION		
\$ _____ /HOUR OR \$ _____ /ANNUAL OR \$ _____ /WEEKLY	OVERTIME \$ _____	ADDITIONAL BENEFITS \$ _____
DATE OF HIRE OR LENGTH OF EMPLOYMENT		
SUPERVISOR'S NAME	SUPERVISOR'S PHONE NUMBER: (     )	BEST HOURS TO CONTACT

### ACCIDENT INFORMATION

DATE CLAIM REPORTED TO EMPLOYER?	DID EMPLOYEE LOSE ANY TIME FROM WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO	IS THE EMPLOYEE BACK AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO   IF YES, DATE RETURNED TO WORK?
RETURN TO WORK STATUS <input type="checkbox"/> LIGHT <input type="checkbox"/> MODIFIED <input type="checkbox"/> REGULAR	DATE EMPLOYEE LAST WORKED	WAS INJURY FATAL? IF YES, DATE OF DEATH <input type="checkbox"/> YES <input type="checkbox"/> NO
CAUSE OF ACCIDENT (E.G., SLIP/FALL, LIFTING, CHEMICAL)		
EQUIPMENT, MATERIAL OR SUBSTANCE INVOLVED		
DO YOU QUESTION THE VALIDITY OF THE CLAIM? <input type="checkbox"/> YES <input type="checkbox"/> NO		
WITNESS INFORMATION/OTHERS INVOLVED NAME (FIRST, MI, LAST)	ADDRESS	PHONE NUMBER

**CONTINUED ON REVERSE SIDE**



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**INJURY INFORMATION**

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PART OF BODY INJURED (E.G. HEAD, NECK, ARM, LEG)

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NATURE OF INJURY (E.G., FRACTURE, SPRAIN, LACERATION)

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PRIOR INJURY OR PRE-EXISTING CONDITION(S) (IF YES, DESCRIBE)

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 YES     NOTREATMENT ("X" ALL THAT APPLY)

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 FIRST AID —TREATMENT AND DATE OF 1<sup>ST</sup> TREATMENT HOSPITAL/  
CLINIC —NAME, ADDRESS, PHONE NUMBER, PHYSICIAN NAME, TREATMENT, DATE OF 1<sup>ST</sup> TREATMENT, LENGTH OF STAY AMBULANCE USED?

WAS EMPLOYEE TREATED IN AN EMERGENCY ROOM?

 YES     NO

WAS EMPLOYEE HOSPITALIZED OVERNIGHT AS AN IN-PATENT?

 YES     NO PHYSICIAN —

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**SEE WORKERS' COMPENSATION - FIRST REPORT OF INJURY - STATE SPECIFIC QUESTIONS FOR YOUR INDIVIDUAL STATE.**

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**CUSTOMER SPECIFIC INFORMATION**

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**ADDITIONAL COMMENTS & INFORMATION**

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**WORKERS COMPENSATION TELEPHONE REPORTING**

Dear Employer,

We would like to take this opportunity to remind you about our toll-free telephone reporting service to report employee injuries.

**The number is 1-800-832-7839.**

As you know, this service has been designed to save you time, reduce paperwork, and reduce the cost of workers compensation insurance. We hope you found this new reporting service to be beneficial by reducing your time and effort involved with the reporting of a claim.

The rising cost of workers compensation insurance is of concern to you and other employers in your state, as it is to Travelers. Travelers has made this service available so that we can better control claim costs and reduce the ever growing costs of the workers compensation system.

If you would like more information about this program or any other services available from The Travelers please contact our Service Center.

Travelers is committed to providing the highest quality of service to their customers insured through the Assigned Risk Plan and appreciates your cooperation in these efforts.

Sincerely,

The Travelers

