



**CLAIM INFORMATION**

Initial Date Employer Had Knowledge of Date of Disability 09/10/2020 Employment Status 1 - Regular/Full-time Employee  
 Current Date Employer Had Knowledge of Current Date of Disability 09/10/2020 Work Week Type S - Standard Work Week  
 Work Days Scheduled (S-Scheduled N-Non Scheduled) S M T W T F S Wage Period 01 - Weekly  
 Calculated Wage \$1,200.00 Anticipated Wage Loss \_\_\_\_\_  
 Calculated Weekly Compensation Amount \$1,000.00  
 Employer Paid Salary Prior To Acquisition \_\_\_\_\_  
 Date Claim Administrator Notified of Employee Representation \_\_\_\_\_

**EMPLOYEE INJURY**

Full Wages Paid for Date of Injury Yes  
 Type of Loss 01 - Traumatic Injury Date of Maximum Medical Improvement \_\_\_\_\_

**PERMANENT IMPAIRMENT**

Impairment Percentage	Body Part Location	Body Part

Death Result of Injury \_\_\_\_\_ Date of Death \_\_\_\_\_ Number of Dependents \_\_\_\_\_

**WORK STATUS**

Initial Date Disability Began 09/10/2020  
 Initial RTW Date \_\_\_\_\_ Latest RTW/Status Date \_\_\_\_\_  
 Initial RTW Type Code \_\_\_\_\_ Latest RTW Type Code \_\_\_\_\_  
 Initial RTW Physical Restrictions \_\_\_\_\_ Latest RTW Physical Restrictions \_\_\_\_\_  
 Initial RTW With Same Employer \_\_\_\_\_ Latest RTW With Same Employer \_\_\_\_\_

**BENEFITS**

Reduced Benefit Amount \_\_\_\_\_  
 Estimated Gross Weekly Amt. \_\_\_\_\_  
 Overpayment Amount - Current \_\_\_\_\_  
 Jurisdiction Claim Number - Related \_\_\_\_\_  
 Acquired Claim Last Known Indemnity Through Date \_\_\_\_\_

**Benefits**

Benefit Types										
Benefit Type Code	Start Date	Through Date	Claim Weeks	Claim Days	Weekly Gross		Weekly Net		Benefit Payment Issue Date	Amount Paid
					Effective Date	Amount	Effective Date	Amount		

**Other Benefits**

Other Benefit Type	Amount

**PAYMENTS**

Award/Order Date \_\_\_\_\_

**Recoveries**

Recovery Type	Amount

**EMPLOYER / INSURED INFORMATION**

Employer FEIN xxxxx7766

Insured FEIN xxxxx7766

**CONCURRENT EMPLOYER INFORMATION**

Name \_\_\_\_\_ Contact Business Phone \_\_\_\_\_ Wage \_\_\_\_\_