

FFVA MUTUAL

THE CHOICE FOR WORKERS' COMPENSATION

IMPORTANT INFORMATION FOR REPORTING INJURIES

Report all Workers' Compensation injuries by telephone (1-800-226-0666) to facilitate prompt assistance and referrals to appropriate providers.

We will always ask for your tax ID number and your policy number. Write those numbers here:

Tax ID # _____

Policy # _____

Employee Information

Social Security Number

Name

Sex

Address

Phone

Marital Status

Date of Birth

Employee Job Information

Date of Hire

Hours worked per day

Average hourly wages

Date disability began

Payroll job class code

Injury Information

Date and Time injury reported to you

Time of day accident occurred

Description of accident

Where accident occurred (address)

County where accident occurred

Work Information

Last day employee worked

Has employee returned to work?

Date employee returned to work

What was employee doing when injured?

Medical Care Information

Did employee request medical care?

Was medical care provided?

Name, address, phone of doctor or
hospital providing initial care

Was medical treatment authorized?

Employer Information

Name

Address

Phone

Date first notified of injury

Tax ID #

Nature of business

Did injury occur due to not using safety
device?

Do you agree with employee's description
of the accident?

PLEASE DO NOT DELAY YOUR CALL FOR LACK OF INFORMATION