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800-266-0666 • ffvamutual.com

INFORMATION NEEDED WHEN REPORTING AN INJURY

Immediately report all workplace injuries to our Claims Center at 800-226-0666 for 24-hour assistance and healthcare provider referrals. **Please do not delay your call for lack of information.**

We will always ask for your tax ID number and policy number. Fill in below for quick reference:

Tax ID # _____

Policy # _____

Employee Information

Address and Phone
Date of birth
Gender
Marital status
Name
Social Security Number

Employee Job Information

Average hourly wages
Date disability began
Hire Date
Hours worked per day
Payroll job class code

Employer Information

Date employer first notified of injury
Did injury occur due to not using a safety device?
Do you agree with employee's description of the accident?
Name, address and phone number
Tax ID #
Type of business

Injury Information

Accident description
Date and time injury reported to employer
Time of day accident occurred
Where accident occurred (address and county)

Medical Care Information

Did employee request medical care?
Name, address, phone of doctor or hospital providing initial care
Was medical care provided?
Was medical treatment authorized?

Work Information

Has employee returned to work? (If yes, what date?)
Last day employee worked
What was the employee doing when injured?