



# Guide To Reporting Workers' Compensation Claims

REPORT WORKERS' COMPENSATION CLAIMS BY: FAX, EMAIL OR PHONE	Fax	Email	Phone
	(704) 752-4854	claims@firstbenefits.org (copies available on our website: www.firstbenefits.org)	1-800-360-7867

Promptly reporting the claim provides the opportunity to quickly initiate an investigation. Early intervention utilizing a **Designated Medical Provider** and prompt claims-filing results in a less costly resolution for all concerned.

## **WHEN AN EMPLOYEE IS INJURED, FIRST SECURE MEDICAL TREATMENT**

- Arrange transportation to your Designated Medical Provider or in an emergency, dial 911.
- As soon after appropriate medical treatment has been secured, file the Claim **Form 19** (copy in this file) by phone, fax or email.
- Work-related injury/illness **not** requiring emergency services (i.e. back pain, sprained ankle, etc.) also requires a Form 18 for the employee and a **Form 19** to First Benefits Insurance.
- The employer should file a **Form 19** **even** if the employee prefers **not** to see a physician.
- Provide the employee with a copy of the **Form 18** (copy in this file).

## **CLAIMS REPORTING INSTRUCTIONS BY FAX OR EMAIL:**

First Benefits Insurance encourages the employer to report any injury within 24 hours.

As an employer, the law requires that you report an employee injury within five days of notification; failure to do so could result in a fine.

Proper reporting will expedite payment. Use **Form 19, Employer's Report of Injury to Employee**.

## **CLAIMS REPORTING INSTRUCTIONS BY PHONE:      1-800-360-7867**

When reporting by phone, review the enclosed Form 19 and **gather the facts**, including the employee's **name**, **social security number**, and a **description of the accident**. Don't worry if you do not have the answer to each and every question on the form.

You will be greeted on the telephone by a Claims Reporting Representative, who will complete the report of injury form by asking key questions.

The questions on Form 19 (in your policy jacket) are grouped into six sections:

- Employer Information
- Employee Information
- Time and Place of Injury
- Cause of Injury
- Nature of Injury
- Fatal Cases

**EMPLOYERS PLEASE NOTE:** The filing of this form is **not** an admission of employer liability, report objective information as it was reported to you, subjective opinions can be reported in a separate coversheet.

Whether a Form 19 is sent by the employer (by email or fax), or is communicated by phone to an FBI Claims Representative, please note that the employee **will receive** a copy of the Claims Report (Form 19) as **required by law**.