Claims Representative Information

Use this form to keep a record of how to contact your claims representative.

Insurance Company
(or Self-Insurance Program) Name:_____
Claims Representative's Name: _____

Contacted on: _____ **(date.)**
Claim file Number: _____
Phone: _____
Fax: _____
Email: _____
Address: _____

Instructions from your claims representative

(after first contact, use the NOTES page to record every contact with your representative:)

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ALL PAPERS FROM YOUR CLAIMS REPRESENTATIVE ARE TO BE PLACED IN YOUR WORKERS' COMPENSATION CLAIM FILE.