

## NEW CLAIM CHECKLIST

FORM	DATE COMPLETED
<b>Employee Incident Report:</b> To be completed by the injured employee immediately.	
<b>Authorization for Release of Medical Information:</b> To be signed by the injured employee immediately.	
<b>Employee Medical Absence Form:</b> This form should be given to any injured employee seeking outside medical treatment. The form should be completed by the provider and returned to the Employer before injured employee returns to work.	
<b>Supervisors Report of Incident:</b> To be completed by the employee's supervisor after initial investigation.	
<b>Witness Statement:</b> To be completed by all individuals who were witnesses to the incident.	
<b>BWC First Report of Injury (FROI-1):</b> To be forwarded to WHPCB and your MCO upon receipt.	
<b>ALL OF THE ABOVE INFORMATION FORWARDED TO WHPCB AND MCO.</b>	