

WORKERS COMPENSATION - FIRST REPORT OF INJURY OR ILLNESS

General	Employer (Name & Address incl. zip)				Carrier Administrator Claim Number				Report Purpose Code			
					Jurisdiction		Jurisdiction Claim Number					
					Insured Report Number							
					Employer's Location Address (if different)						Location No.	
	Sic Code		Employer FEIN		Phone No.							
Carrier/Claims Admin	Carrier (Name, Address & Phone Number)				Policy Period		Claims Admin (Name, Address & Phone Number)					
					to							
					<input type="checkbox"/>	Check if self insured						
					Carrier FEIN		Policy Number or Self-Insured Number				Administrator FEIN	
Agent Name & Code Number												
Employee/Injured	Legal Name (Last, First, Middle)			Date of Birth		Social Security Number			Date Hired		State of Hire	
	Address (incl. zip)			Sex		Marital Status		Occupation/Job Title				
				<input type="checkbox"/> Male	<input type="checkbox"/> Unmarried/Single/Div.							
				<input type="checkbox"/> Female	<input type="checkbox"/> Married							
	Phone			<input type="checkbox"/> Unknown		<input type="checkbox"/> Separated		Employment Status				
				No. of Dependents		Unknown						
	Wage Rate			Day		Month		if days involved		Full Pay for Date of		<input type="checkbox"/> Yes <input type="checkbox"/> No
Week				Other		if hrs worked per day		Did Salary Continue?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Time Employee Began Work		<input type="checkbox"/> A <input type="checkbox"/> P	Date of Injury or Illness		Time Occurred		<input type="checkbox"/> A <input type="checkbox"/> P	Last Work Date		Date Employer Notified		
Date Disability Began												
Occurrence	Employer Contact Name/Phone Number				Type of Illness/Injury				Part of Body Affected			
	Did Injury/Illness Exposure Occur on Employer's Premises?				Yes <input type="checkbox"/> No <input type="checkbox"/>		Type of Illness/Injury Code				Part of Body Affected Code	
	Department or location where accident or illness exposure occurred						All Equipment, Materials, or Chemicals Employee was using when accident or illness exposure occurred.					
	Specific Activity the Employee was engaged in when the accident or illness exposure occurred.						Work Process the Employee Was Engaged in when accident or illness exposure occurred.					
	How injury or illness/abnormal health condition occurred. Describe the sequence of events and include any objects or substances that directly injured the employee or made the employee ill.										Cause of Injury Code	
	Date Returned to				if Fatal, Date of Death				Were Safeguards or Safety Equipment Provided? <input type="checkbox"/> Yes <input type="checkbox"/> No			
									Were they used? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Treatment	Physician/Health Care Provider (Name & Address)				Hospital (Name & Address)				Initial Treatment		
								<input type="checkbox"/> 0 No Medical Treatment <input type="checkbox"/> 1 Minor: By Employer <input type="checkbox"/> 2 Minor Clinic/Hosp <input type="checkbox"/> 3 Emergency Care <input type="checkbox"/> 4 Hospitalized > 24 hr. <input type="checkbox"/> 5 Future Major Medical/Lost Time Anticipated				
Other	Witness to Accident (Name & Phone Number)											
	Date Administrator Notified		Date Prepared		Preparer's Name & Title				Preparer's Phone Number			
IA-1 (2/95)				SEE NEXT PAGE FOR IMPORTANT STATE INFORMATION/SIGNATURE								

Kentucky First Report Of Injury Form

J Rink



Kentucky First Report Of Injury Form:

Unveiling the Power of Verbal Beauty: An Psychological Sojourn through **Kentucky First Report Of Injury Form**

In some sort of inundated with screens and the cacophony of fast interaction, the profound power and psychological resonance of verbal art frequently disappear into obscurity, eclipsed by the constant onslaught of sound and distractions. Yet, nestled within the musical pages of **Kentucky First Report Of Injury Form**, a charming function of fictional beauty that pulses with raw thoughts, lies an unforgettable trip waiting to be embarked upon. Published by a virtuoso wordsmith, this exciting opus manuals viewers on a mental odyssey, softly revealing the latent possible and profound affect stuck within the delicate web of language. Within the heart-wrenching expanse of this evocative analysis, we will embark upon an introspective exploration of the book is key styles, dissect their charming writing design, and immerse ourselves in the indelible impact it leaves upon the depths of readers souls.

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