

EMPLOYEE INFORMATION						
Employee Name (First & Last)			Gender	Hired Date		Hired in NH
ID Type - Employee ID		Date of Birth	Age	Occupation when Injured		
Employee Address		Telephone	Wages per Hour	Hrs per Day	Days per Week	Average Weekly Earnings

INJURY INFORMATION				
Injury Date / Time		Date Employer Notified of Injury	Location/Jobsite & Business Name where accident occurred	
Disability Began Date				
Claim Type		Full Wages Paid on Injury Date		
Accident Description				
Body part Injured		Cause of Injury		
Nature of Injury		Witness Name		Witness Phone
Returned to work?		If so, what date?	If so, at what occupation?	If so, at what duty status?
Initial Treatment		Initial Treatment Date		
Name of Treating Physician		Name of Treating Hospital		Has injured died? If so, what date

EMPLOYER INFORMATION			
Employer Name		Employer FEIN	Industry Code
Employer Contact Name		Contact Phone Number	Employer Business Address
Managed Care Organization			
Leased Employee? Client Company		OCIP/Wrap-Up Policy? Name of policy holder	

INSURER INFORMATION			
Insurance Carrier	Insurer Type	Policy Number	Telephone Number

SUBMITTER INFORMATION			
Submitter Name	Title of Submitter	Represents	Telephone Number