WCF INSURANCE

DESCRIPTION OF FIELDS ON THE EMPLOYER'S FIRST REPORT OF INJURY FORM

General Section

Carrier/Administrator Claim Number: Identifies a specific claim within a claims administrator's claims processing system.

Report Purpose Code: Code identifying purpose of the filing. (Examples: original filing, delete, change, etc.)

Jurisdiction (state): The governing body who will administer the claim and whose statutes will apply to the claim adjustment process.

Jurisdiction Claim Number: The number assigned by the Commission to identify a specific claim.

Insured Report Number: A number used by the insured to identify a specific claim.

Employer's Location Address (if different): The address of the employer's facility where the claimant was employed at the time of injury if not listed above.

Location Number: A code defined by the employer which is used to identify the employer's location of the accident (for insured loss prevention program management).

SIC Code: This code represents the nature of the employer's business which is contained in the Standard Industrial Classification Manual published by the Federal Office of Management and Budget.

Employer FEIN: The employer's Federal Employer's Identification Number.

Carrier Claims Administration Section

Carrier (name, address and phone number): The employer's workers compensation insurance carrier.

Policy Period: The effective date and expiration date of the workers compensation policy under which the claim occurred.

Claims Administrator (name, address and phone number): Carrier or self-insured financially responsible for the claim.

Carrier FEIN: The FEIN of the carrier or self-insured assuming the employer's financial responsibility for workers compensation claims.

Policy/Self-Insured Number: The number assigned to the workers compensation policy for the employer (self-insureds currently are not assigned a number).

Administrator FEIN: The FEIN of the claims administrator.

Agent Name and Code Number: Name of the insurance agent (broker) who wrote the policy and the number assigned to the agent.

Employee Section

NCCI Class Code: A code which corresponds to the primary occupation in which the claimant was engaged at the time of accident or injurious exposure. The code is according to the Basic Manual for Workers Compensation and Employers Liability Insurance, and can be found on the policy Information Page.

Wage Section

Rate: Claimant's rate of pay - check one of the following: day, week, month, other. If other is checked, specify.

Occurrence Section

Date of Injury/Illness: For injuries, the date on which the accident occurred. For occupational illnesses or cumulative injuries, the date of injury is the date of last injurious exposure to the cause or substance creating the condition as determined by the date when the illness or cumulative injury was diagnosed. As a last resort, use the date reported to the employer.

Last Work Date: The date the employee last worked.

Date Employer Notified: The date that the claimant reported the injury/illness to a representative of the employer.

Date Disability Began: The first day on which the claimant originally lost time from work due to the occupational injury or illness.

Type of Injury/Illness: The type of accident or exposure classification identifies the event which directly resulted in the injury or illness. (Examples: fall, overexertion, struck by, etc.)

Type of Injury Illness Code: Detailed claims information (DCI) codes.

Part of Body Affected Code: Detailed claims information (DCI) codes.

Department or Location where Accident or Illness Exposure Occurred: If occurrence was on employer's premises, note department. If occurrence was off site, note location along with city and state.

Cause of Injury Code: Detailed claims information (DCI) codes.

Date Return(ed) to Work: Date employee returned to work after the injury or illness.

Other Section

Witnesses (name and phone number): List witnesses' names and telephone numbers.

Date Administrator Notified: The date notification of the occurrence is received by the carrier, third party administrator or self-insured that is financially responsible for the claim.

WCF Insurance Section

Office/Partner: An indicator to denote whether the injured worker is a corporate officer or a partner in the company. Check YES or NO. If yes, give the title of the officer/partner. (Examples: president, owner, etc.)

Did injury happen during performance or regular duties: An indicator to denote whether the injured worker was engaged in the performance of his/her usual duties at the time injury/illness occurred. Check YES, NO, or UNKNOWN.

Policy Department Code: This field is for employers who are reporting their injuries at the department level. If this applies to your company, enter the policy department code corresponding to the department in which the injury occurred.

Accident Cause Code: This field is for employers who are reporting an extra level of details about how the accident occurred. If this applies to your company, enter the accident cause code corresponding to what caused the injury. (Examples: ice, liquid on the floor, power hand tool, etc.)

Was accident caused by failure of a machine or product? If yes, explain. An indicator to denote whether the accident may have been caused by the malfunction of a machine or product. Check YES or NO. If yes, briefly describe the machine and how it may have malfunctioned.