

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