

Insert selfinsured employer and insurer name, address, phone number, and service company, if any.

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# Report of Job Injury or Illness

## Workers' compensation claim

### Worker

To make a claim for a work-related injury or illness, fill out the worker portion of this form and give it to your employer. If you intend to file a workers' compensation claim with the insurance company, do not sign the signature line. Your employer will give you a copy

Date of