# TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
# EMPLOYER'S FIRST REPORT OF WORK INJURY OR ILLNESS

**CLAIMS ADM/CARRIER**

JURISDICTION CLAIM # (STATE FILE #)

CLAIMS ADM CLAIM # (INSURER CLAIM #)

OSHA LOG CASE #

CLAIM TYPE CODE
- ☐ MED ONLY
- ☐ INDEMNITY
- ☐ BECAME LOST TIME
- ☐ BECAME MED ONLY
- ☐ NOTIFY ONLY
- ☐ TRANSFER

NAME OF INSURANCE CARRIER

CARRIER FEIN

CLAIMS ADMIN FIRM NAME (IF DIFFERENT FROM CARRIER)

FEIN OF CLMS ADM

CLAIMS ADJUSTER NAME

CLMS ADJ PHONE #

THE USE OF THIS FORM IS REQUIRED UNDER THE PROVISIONS OF THE TENNESSEE WORKERS' COMPENSATION LAW AND MUST BE COMPLETED AND FILED WITH YOUR INSURANCE CARRIER IMMEDIATELY AFTER NOTICE OF INJURY.

IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO ANY PARTY TO A WORKERS' COMPENSATION TRANSACTION FOR THE PURPOSE OF COMMITTING FRAUD. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

IF YOU HAVE QUESTIONS, THE STATE NOW HAS A BENEFIT REVIEW SYSTEM WHERE A WORKERS' COMPENSATION SPECIALIST CAN PROVIDE ASSISTANCE. CALL 1-800-332-2667 (TDD).

CLAIM HANDLING OFFICE ADDRESS LINE 1 AND LINE 2

CITY | STATE | ZIP

**EMPLOYER**

EMPLOYER NAME

EMPLOYER FEIN

SIC CODE

PHONE NUMBER

EMPLOYER ADDRESS LINE 1 AND LINE 2

NATURE OF BUSINESS

CITY | STATE | ZIP

INSURED REPORT #

EMPLOYER LOCATION

**POLICY**

INSURED NAME (PARENT CO. IF DIFFERENT THAN EMPLOYER)

POLICY NUMBER

SELF INSURED? ☐ YES ☐ NO

EFF DATE

EXP DATE

**EMPLOYMENT STATUS CODE**
- ☐ FULL TIME/REGULAR
- ☐ PART TIME
- ☐ PIECE WORKER
- ☐ SEASONAL
- ☐ VOLUNTEER
- ☐ APPRENTICE FULL TIME
- ☐ APPRENTICE PART TIME

**EMPLOYEE**

EMPLOYEE LAST NAME

PHONE INCL AREA CODE

FIRST | MI

DEPARTMENT REGULARLY WORKED

GENDER
- ☐ MALE
- ☐ FEMALE
- ☐ UNKNOWN

ADRRESS LINE 1 & 2

OCCUPATION DESCRIPTION

CITY | STATE | ZIP

MARITAL STATUS
- ☐ UNMARRIED, SINGLE, DIVORCED
- ☐ MARRIED
- ☐ SEPARATED
- ☐ UNKNOWN

NCCI CLASS CODE

SSN | DATE OF BIRTH | DATE OF HIRE

**WAGE**

WAGE $

PERIOD
- ☐ HOURLY
- ☐ DAILY
- ☐ WEEKLY
- ☐ BI-WEEKLY
- ☐ MONTHLY

NUMBER OF DAYS WORKED PER WEEK

SALARY CONTINUED IN LIEU OF COMPENSATION ☐ YES ☐ NO

FULL WAGES PAID FOR DATE OF INJURY ☐ YES ☐ NO

**ACCIDENT/INJURY**

DATE OF INJURY

TIME OF INJURY ☐ AM ☐ PM ☐ COULD NOT BE DETERMINED

TIME EMPLOYEE BEGAN WORK ON INJURY DATE ☐ AM ☐ PM

DATE EMPLOYER NOTIFIED OF INJURY

BODY PART AFFECTED CODE

NATURE OF INJURY CODE

CAUSE OF INJURY CODE

DATE CLAIM ADM NOTIFIED OF INJURY

HOW INJURY OR ILLNESS OCCURRED. DESCRIBE THE INCIDENT INCLUDING WHAT THE EMPLOYEE WAS DOING JUST BEFORE, THE PART OF THE BODY AFFECTED AND HOW, AND OBJECT OR SUBSTANCE THAT DIRECTLY HARMED THE EMPLOYEE.

DATE LAST DAY WORKED

DATE DISABILITY BEGAN

RETURN TO WORK DATE (IF APPLICABLE)

DATE OF DEATH (IF APPLICABLE)

IF DEATH CLAIM, GIVE # DEPENDENTS FOR EACH RELATIONSHIP
- ☐ WIDOW
- ☐ WIDOWER
- ☐ MOTHER
- ☐ FATHER
- ____ DAUGHTER
- ____ SON
- ____ SISTER
- ____ BROTHER
- ____ HANDICAPPED CHILD

TOTAL # DEPENDENTS

DID INJURY/ILLNESS OCCUR ON EMPLOYER'S PREMISES? ☐ YES ☐ NO

ADDRESS WHERE INJURY OCCURRED (IF OTHER THAN EMPLOYER'S PREMISES)

CITY | STATE | ZIP

COUNTY OF INJURY

**TREATMENT**

PHYSICIAN NAME

HOSPITAL OR OFF SITE TREATMENT NAME

ADDRESS LINE 1 AND 2

ADDRESS LINE 1 AND 2

CITY | STATE | ZIP

CITY | STATE | ZIP

INITIAL TREATMENT
- ☐ NO MEDICAL TREATMENT
- ☐ MINOR BY EMPLOYER
- ☐ MINOR BY CLINIC/HOSPITAL
- ☐ HOSPITALIZED > 24 HRS
- ☐ EMERGENCY CARE
- ☐ FUTURE MAJOR MEDICAL/LOST TIME ANTICIPATED

**OTHER**

DATE PREPARED

PREPARER'S NAME & TITLE

PREPARER'S COMPANY NAME

PHONE NUMBER

# TENNESSEE WORKERS' COMPENSATION INSURANCE POSTING NOTICE

***The law requires this notice to be posted at the employer's place of business so all employees have access to it.***

## WHICH EMPLOYERS ARE COVERED BY THE TENNESSEE WORKERS' COMPENSATION ACT?

All employers with five (5) or more full or part-time employees, except as indicated below.
All employers engaged in the mining and production of coal with one (1) or more employees.
All workers in the construction industry unless they are specifically exempted.

## WHAT SHOULD AN EMPLOYEE DO IF INJURED AT WORK?

1 . Report the injury to the employer immediately;

2. Select a treating physician from a panel provided by the employer on the form described below. To report an injury contact:

_____

Name of employer representative to notify in event of a work related injury

_____

Telephone number of employer representative to notify in event of a work related injury

_____

Address of employer representative to notify in event of a work related injury

3. If you have questions or problems, contact the Bureau as indicated below.

## WHAT SHOULD AN EMPLOYER DO WHEN AN INJURY IS REPORTED?

1. Immediately complete a First Report of Work Injury form and send it to the workers' compensation insurance company or the third party administrator;
   AND,
2. Offer the employee a panel of physicians. The physicians must be provided on the official state form, which is the "AGREEMENT BETWEEN EMPLOYER/EMPLOYEE CHOICE OF PHYSICIAN —Form C-42." Additional instructions are available on the form. The form is available at:
   http://www.tn.gov/assets/entities/labor/attachments/c42.pdf

The Tennessee Bureau of Workers' Compensation has staff available to help both employees and employers. For more information contact:

**TENNESSEE BUREAU OF WORKERS' COMPENSATION**
**220 FRENCH LANDING DRIVE, 1-B**
**NASHVILLE, TENNESSEE 37243-1002**
**615-532-4812 OR TOLL FREE 800-332-2667**
**800-332-2257 (TDD)**

http://www.tn.gov/workforce/section/injuries-at-work

LB-0922 (REV. 7/15) Authorization No. 337545 RDA 10183

# AVISO DE SEGURO DE COMPENSACIÓN DE TRABAJADORES DE TENNESSEE

***La ley exige que se ponga este aviso en un lugar del negocio del empleador para que todos los empleados tengan acceso al mismo.***

## ¿QUÉ EMPLEADORES ESTÁN CUBIERTOS POR LA LEY DE COMPENSACIÓN AL TRABAJADOR DE TENNESSEE?

Todo empleador que tenga cinco (5) o más de cinco empleados de tiempo completo o tiempo parcial, except como se indica a continuación.
Todo empleador que se dedique a la explotación de minas y la producción de carbón que tenga uno (1) o más de un empleado.
Todos los trabajadores de la industria de la construcción a menos que específicamente esten exentos.

## ¿QUÉ DEBE HACER UN EMPLEADO SI SE LESIONA EN EL TRABAJO?

1. Notificar al empleador de la lesión inmediatamente;

2. Escoger a un médico que le atienda de la lista que le dé el empleador en el formulario descrito abajo. Para notificar una lesión contacte a:

_____
Nombre del representante del empleador para notificar en caso de una lesión relacionada con el trabajo

_____
Número de teléfono del representante del empleador en caso de una lesión relacionada con el trabajo

_____
Dirección del representante del empleador en caso de una lesión relacionada con el trabajo

3. Si tiene alguna pregunta o un problema, contacte a la Oficina como se indica a continuación.

## ¿QUÉ DEBE HACER EL EMPLEADOR CUANDO SE LE NOTIFICA DE UNA LESIÓN?

1. Llenar inmediatamente el formulario Primera Notificación de Accidente de Trabajo y enviarlo a la compañía de seguro de accidentes de trabajo o al administrador del seguro contra tercera persona; Y
2. Ofrecer al empleado una lista de médicos. Los médicos tienen que ser proporcionados en el formulario oficial del estado, que es el ACUERDO ENTRE EL EMPLEADOR / ELECCIÓN DE MÉDICO DEL EMPLEADO -Forma C -42 . Instrucciones adicionales están disponibles en el formulario. El formulario está disponible en: http://www.tn.gov/assets/entities/labor/attachments/c42.pdf

La Oficina de Compensación de Trabajadores de Tennessee tiene personal disponible para ayudar tanto a los empleados como al empleador. Para mayor información, contacte al:

**TENNESSEE BUREAU OF WORKERS´COMPENSATION**
**220 FRENCH LANDING DRIVE, 1-B**
**NASHVILLE, TENNESSEE 37243-1002**
**615-532-4812 O LLAME GRATIS AL 800-332-2667**
**800-332-2257 (TDD)**

http://www.tn.gov/workforce/section/injuries-at-work

LB-0922SP (REV. 7/15)

# UNEMPLOYMENT INSURANCE POSTER FOR EMPLOYEES

Your employer provides insurance to help protect you when you become unemployed through no fault of your own. Tennessee employers pay the full cost of unemployment insurance for their employees. Nothing is deducted from your pay to cover the cost of this insurance nor does any money come from State of Tennessee funds.

To be eligible for benefits you must

- Be separated from employment through no fault of your own.
- Have qualifying wages in the base period.
- Be able and available for work.
- Search for work by making a minimum of three tangible job contacts each week and document each work search on a TUC Work Search Log. You may log in to www.Jobs4tn.gov to search for work online.
- Keep a record of your weekly work searches on your TUC Work Search Log and keep a snapshot or copy of your "Sent Items" in your email account; a copy of the confirmation page from an application sent electronically; a confirmation from an employer on company letterhead showing that the application or résumé was received.

Failure to make three weekly work searches will result in a loss of benefits unless you are job attached, a member of a hiring union, or attending training approved by the Commissioner.

If you become unemployed you may file for benefits through the Department of Labor and Workforce Development's Claims Operations.

Unemployment insurance claims may be filed by telephone (877-813-0950) or online at https://www.tn.gov/workforce/topic/unemployment-online-application.

Before beginning the claim filing process, you should have your

- Social Security Number
- Telephone Number
- Address
- Name of county of residence
- Employment data for the last 18 months including employer name and address, and
- Bank routing number and bank account number if you elect to receive benefits by direct deposit; otherwise, you will receive benefits on the Tennessee Automated Payment VISA Card provided by Chase Bank.

**You must keep your address current with the Department of Labor and Workforce Development.**

Go to https://ui.tn.gov/ to apply for unemployment benefits, to file a wage protest, to file an appeal of an agency decision, to view/update information, and to view and update your choice of type of unemployment benefit payment.

## www.Jobs4tn.gov

You may log in to www.Jobs4tn.gov to register and search for work by using services offered by our Tennessee American Job Centers. The Tennessee Department of Labor and Workforce Development has staff available to help you find a job or pursue training opportunities.

You may go to the Department's website at http://www.tn.gov/workforce/topic/find-local-help to find the location of the most convenient Tennessee American Job Center.

## Partial Unemployment

If you are still employed, but working less than full-time because your employer schedules you for fewer hours of work in a week, you may be eligible for partial unemployment benefits. Ask your employer to file a claim for you. If your employer cannot file a claim for you, contact Labor and Workforce Development Claims Operations at 877-813-0950.

***Please post in a conspicuous place.***

*The TN Department of Labor and Workforce Development is committed to principles of equal opportunity, equal access, and affirmative action. Auxiliary aids and services are available upon request to individuals with disabilities. Tennessee Relay Service is 711.*

(REV. 7/15) Authorization. No. 337386.