

HOW TO REPORT A WORKERS COMPENSATION CLAIM

- Get the facts regarding the incident.
- **Report claims immediately.**
TeleClaim is available 24 hours a day, 365 days a year at 1-800-327-3636.

The more information you have before placing the call, the less time the call will take. Phone reports generally last approximately 15 minutes. Do not delay reporting the claim if you are unable to provide all of the requested information.

The TeleClaim representative will ask you for the following:

POLICY INFORMATION

- Company Federal ID Number: _____
- Parent company name (or program name): _____
- Workers Compensation Policy Number: _____

INJURED WORKER INFORMATION

- Social Security Number: _____
- Age/Sex/Marital Status: _____
- Number of Dependents: _____
- Date of Hire/Years in current position: _____
- Wage Information: _____

INJURY DESCRIPTION

- When/where/how injury occurred: _____

- Type of injury (cut, burn, etc.): _____



- Exact part of body injured: _____
- Names of witnesses: _____
- Name and address of physician or hospital: _____

- Anticipated return to work date: _____

TO EXPEDITE THE CLAIM SETTLEMENT PROCESS

- Note the Claim Number: _____
Claim Office Address: _____
Phone Number: _____
- Contact Berends Hendricks Stuit if you do not receive a call from the Insurance Company Claims Adjustor within 48 hours.

THE BENEFITS OF USING TELECLAIM

- Gathers all necessary information over the phone – eliminating the need for you to complete and submit any claim forms.
- Generates any required First Report of Injury notice according to state guidelines.



HOW TO REPORT A CLAIM

OTHER THAN WORKERS COMPENSATION

- Get the facts regarding the incident.
- **Report claims immediately to Christine Ensley at Berends Hendricks Stuit Insurance Agency at 1-800-350-7676.**
Business Hours: Monday to Friday 8:30 a.m. to 5:00 p.m.
Do not delay reporting the claim if you are unable to provide all of the information.

We will ask for the following information:

POLICY INFORMATION

- ❑ Organization Name _____

INJURED PARTY INFORMATION

- ❑ Location of accident/incident (city, state) _____
- ❑ Name and address of injured person(s) _____
(name)

(address)
- ❑ Type of injury/part of the body _____
- ❑ Name and address of authorities contacted _____
(name)

(address)
- ❑ Name and address of any witnesses _____
(name)

(address)

(city, state, zip)



