



IMPORTANT INFORMATION FOR REPORTING INJURIES

Report all workers' compensation injuries to FFVA Mutual at (800) 226-0666 to facilitate prompt assistance and referrals to appropriate providers.

PLEASE DO NOT DELAY YOUR CALL FOR LACK OF INFORMATION

We will always ask for your tax ID number and your policy number. Write those numbers here:

Tax ID # _____

Policy # _____

Employee Information

Social Security Number
Name
Sex
Address
Phone
Marital Status
Date of Birth

Work Information

Last day employee worked
Has employee returned to work?
Date employee returned to work
What was employee doing when injured?

Employee Job Information

Date of Hire
Hours worked per day
Average hourly wages
Date disability began
Payroll job class code

Medical Care Information

Did employee request medical care?
Was medical care provided?
Name, address, phone of doctor or hospital providing initial care
Was medical treatment authorized?

Injury Information

Date and Time injury reported to you
Time of day accident occurred
Description of accident
Where accident occurred (address)
County where accident occurred

Employer Information

Name
Address
Phone
Date first notified of injury
Tax ID #
Nature of business
Did injury occur due to not using safety device?
Do you agree with employee's description of the accident?