

Worker

Form for Worker information including Last Name, First Name, M.I., Date of Birth, Social Security Number, Mailing Address, City, State, Postal Code, Phone Number, Education, Gender, Marital Status, and Number of Dependents.

Wages

Form for Wages information including Date Hired, Gross Earnings for four pay periods preceding the injury, Employment Status, Number of Days Worked per Week, Wage, Wage Period, and other details.

Accident Description

Form for Accident Description including Job Title, Description of Accident, Cause of Injury, Cause Code, Part of Body, Nature of Injury, Date of Injury, and Time of Injury.

Medical

Form for Medical information including Attending Physician's Name, Address, State, Postal Code, Phone Number, Hospital Name, and Type of Initial Medical Treatment Received.

Signature

Signature area containing a legal disclaimer: "This is my claim for workers' compensation benefits due to the on-the-job injury, occupational disease, or death of the above named worker. I understand that signing this claim for compensation authorizes the release to the workers' compensation insurer (and its agents) and to the Montana Uninsured Employers' Fund of Social Security records; rehabilitation records; and all health care information (medical records, pursuant to HIPAA, Public Law 104-191, 42 USC section 1301, et. seq., and section 39-71-604, MCA), that are directly relevant to the claimed injury, disease, or death. I also understand that if I obtain or exert unauthorized control over workers' compensation benefits to which I am not entitled, I may be prosecuted for theft."

Employer

Form for Employer information including Employer Name, Doing Business As, Federal Employer Identification Number (Tax ID), Mailing Address, City, State, Postal Code, Phone Number, Location of Operation, Nature of Business, and other details.

Insurer

Form for Insurer information including Claim Administrator Claim Number, Date Reported to Claim Administrator, Insurer Name, Insurer FEIN, Policy Number, Policy Effective Date, and Policy Expiration Date.