HM WORKERS' COMPENSATION
AN HM INSURANCE GROUP PRODUCT

P.O. Box 2738
Pittsburgh, PA 15230
Tel: 800-880-7963
Fax: 800-749-9826
hmig.com

Occupational Injury/Disease Report

Print in blue or black ink.

COMPANY INFORMATION

Company Name	Location
Department	Policy Number

EMPLOYEE INFORMATION

Last Name	First Name	☐ Male ☐ Female

Home Address	City	State	ZIP Code

Home Telephone Number	Work Telephone Number	Date of Birth

Social Security No.	Marital Status ☐ Single ☐ Married ☐ Other	Hire Date	Job Classification

Job Title	☐ Full-time ☐ Part-time	☐ Salaried ☐ Hourly	Start time	Jurisdiction State

Work Address	City	State	ZIP Code

ACCIDENT DETAILS (Attach additional pages if necessary)

Date	Time ☐ AM ☐ PM	Date employee reported accident

Place of accident

Loss Type ☐ Incident Only ☐ Medical Only ☐ Modified Duty ☐ Off Work	If off work, what was the first date

If the employee did miss work, has he/she returned to work? ☐ Yes ☐ No	If yes, date he/she returned to work

Type of Injury	Cause of Injury

Body Part ☐ Left ☐ Right ☐ Unspecified

Nature of injury (describe how the injury occurred)

MEDICAL INFORMATION

Treating Physician

Last Name	First Name	Telephone Number

Address	City	State	ZIP Code

Family Physician			
Last Name	First Name		Telephone Number
Address	City	State	ZIP Code

External Medical Facility			
Organization Name			Telephone Number
Address	City	State	ZIP Code

WITNESS(ES) TO ACCIDENT (Attach additional pages if necessary)			
Last Name	First Name		
Address	City	State	ZIP Code
Home Telephone Number	Work Telephone Number	Job Title	
Last Name	First Name		
Address	City	State	ZIP Code
Home Telephone Number	Work Telephone Number	Job Title	

REPORT SUBMITTED BY	
Name	Date
Job Title	Work Telephone

INFORMATION RECEIVED BY		
Signature	Date	Time

FRAUD NOTICE

In New Jersey, any person who includes any false or misleading information on an application for insurance is subject to criminal and civil penalties.

In Pennsylvania, any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.