**CHECKLIST WORKER'S**

**COMPENSATION CLAIMS**

Many businesses are often faced with situations wherein one or more of their employees or workers experience an injury. During such cases, it is crucial that either the owner of the business or the individual selected as a representative of the owner of the business see to it that all of the appropriate and required information regarding the incident is obtained. Here is a checklist which will provide some guidance regarding such collection of information.

1. **Information to be Collected Regarding the Injured Worker:**
* Full Name
* Maiden Name
* Nicknames and/or Any Previous Name
* Age
* Gender
* Civil Status
* Employment Period
* Immediate Supervisor
* Current Address
* Length of Time the Worker Took Residence at the Current Address
* Previous Address
* Length of Time the Worker Took Residence at the Previous Address
* Contact Numbers
* Current Email Address
* Social Security Number
* Driver’s License Number
* Type of Vehicle (Brand, License Plate, Year, Etc.)
* Immediate Family Member Contact
* Immediate Family Member Contact’s Number
* Any Non-Relative Contact and His/Her Number

**B. Information to be Collected Regarding the Injury:**

* The time of the injury.
* The date of the injury.
* If applicable, the worker’s time and date of death.
* The nature of the injury. (ex. sprain, fracture, blood clot)
* The type of injury. (ex. Crash involving a motor vehicle, over-exertion, fell from the fourth floor of the office building)
* The worker’s body parts that are affected by the injury.
* Any other injuries prior to the current injury.
* The main source or cause of the injury.
* Any and all available witnesses to the incident.
* The work process that was involved in the injury.
* The individual to whom the injury was first reported.
* The time and date when the injury was first reported.
* The location or address where the injury took place.
* The injured worker’s position at the business or company.

**C. Information to be Collected Regarding the Worker’s Compensation Claim:**

* The time when the employer was first informed about the incident.
* The date when the employer was first informed about the incident.
* The individual who first notified the employer of the incident.
* The date and time when the employer was informed of the worker’s compensation claim.
* The date and time when the insurance company or firm was informed regarding the injured worker’s incident and claim.
* The date and time when the state agency was informed regarding the injured worker’s incident.
* The case number.
* The injured employee’s basic monthly salary.
* The injured employee’s average weekly salary.
* The injured employee’s benefit rate.
* The health care providers.
* The general or estimated costs for the health care.
* Any benefits that were lost.
* Any benefits that were received or the injured worker is still eligible to receive.
* The date and time the injury began.
* The date and time of the first payment.
* The estimated date when the worker can return to work in a good working condition.
* The date the case regarding the incident was closed.
* The date and time of maximum medical improvement.
* Any applicable impairment ratings.
* Working days and hours that were lost due to the incident.
* All benefits that were paid.
* Subrogation (Any third parties that were held liable for the incident and the injury?)

**D. Injured Worker’s Oral Statement:**

* The interview is to be conducted in suitable, non-competitive conditions.
* General concern and empathy for the affected employee should be demonstrated.
* The affected employee is permitted to talk freely and should not be rushed.
* The incident is to be re-enacted as closely as possible.
* Any images or video recordings of the incident are to be presented.

**E. Injured Worker’s Written Statement**

* The address or exact location where the statement was written should be noted.
* If possible, the injured employee must write the statement.
* This written statement should be noted immediately after the incident.
* The injured employee’s actions prior to the injury should be specified.
* The injured employee’s actions subsequent to the injury should be specified.
* The written statement should be signed by the injured employee.
* The written statement should be signed by the witnesses.
* The injured employee should be the first to initiate any changes or modifications to the written statement.
* A copy of the written statement should be made for the employee for convenience and future reference.
* The time of the written statement should be noted.
* The date of the written statement should be noted.

**F. The Witness’s Oral Statement**

* Take note of where exactly the witness was during the time of the incident.
* Take note of how the witness is related to the injured employee.
* If there is more than one witness, they should be interviewed individually.
* The witness or witnesses should not be rushed when they are asked to give their testimonies of the incident.
* The statements or testimonies of the witness or witnesses should flow freely and naturally.

**G. The Witness’s Written Statement**

* See to it that the witness writes his or her testimony in ink.
* This testimony should be noted immediately after the incident.
* Request the witness to record his or her actions prior, during, and subsequent to the time the incident occurred.
* Request the witness to sign the statement.
* Request the witness to initiate any changes or modifications to be made to the written statement.
* The time and date of the written statement should be noted.
* The witness or witnesses should be given copies of the written statement for convenience and future reference.

**H. In The Event of Any Form of Litigation**

* Law firm
* Legal Defense Attorney
* Legal Claimant Attorney
* Legal Judge
* Determine the probable costs that will be incurred for the litigation.
* History of any and all conflicts or disputes.