

Employer Information for Workers' Compensation

EMPLOYER INFORMATION		
Name:	Phone:	Fax:
Address:	Website:	
HUMAN RESOURCES CONTACT		
Name:	Phone:	Fax:
Title:	Email:	
WORKERS' COMPENSATION CONTACT		
Name:	Phone:	Fax:
Title:	Email:	
WORKERS' COMPENSATION CARRIER		
Insurance Provider:	Phone:	Fax:
Address:	Website:	
RETURN TO WORK PROGRAM: <input type="checkbox"/> YES <input type="checkbox"/> NO		
Type of light duty available (examples of light duty jobs available in either office or in plant):		
Other pertinent information pertaining to WC Claims:		
Please complete and email this information to: Mike.McPeake@occva.com		