Accident Fund
INSURANCE COMPANY OF AMERICA
P.O. Box 40790
Lansing, MI 48901-7990

Employee's Report of Injury

(Answer all questions fully)

This form must be completed and signed before further benefits are paid.

Name:_____ Social Security #:_____
First Middle Last

Address:_____
Street # Street Apt # / RR # City State Zip Code

Telephone #: (_____)_____ Age:_____ Date of Birth: _____

Height:_____ Weight:_____ Tax Filing Status:_____ Education Completed: _____

Does your spouse receive any type of Employment Wages, Social Security, Pension, Unemployment, wage continuance, or reimbursement by a Self-Insured plan? ❑ Yes ❑ No If yes, who pays it and how much per month?_____

Dependents: (First, Middle, Last Name)	**Date of birth**	**Relationship to employee**	**Address**	**How much dependent**		
				¼	½	**Total**
		Spouse				

If you pay child support: Through what county(ies)? _____ How much weekly?_____

Employer's Name:_____

Employer's Address:_____

Date of hire:_____ Occupation:_____ Foreman:_____

Weekly wage:_____ Hourly rate:_____ Hours per week:_____

Date of injury:_____ **Time of injury:** _____ **Last day worked:** _____

Explain in detail what caused the injury:_____

_____

What part of your body was injured?_____ Type of injury:_____

Was injury reported to employer?_____ When?_____ Who?_____

Name of witness to injury:_____ Have you had any previous injuries?_____

If so, when and where, and what type of injury?_____

Did you receive any compensation for these injuries?_____ If so, from whom and how much?_____

List names and addresses of doctors that you have been treated by:_____

_____

_____

Have you been hospitalized?_____ Where?_____ How long?_____

Diagnosis from your doctor:_____ Were you given time off?_____

How long? From_____ to _____ Do you have a possible return to work date?_____ When?_____

Next Dr. appt.? _____ Were you working a second job when you were injured for this employer?_____

If you are losing time from that employer, who is it and what are your earnings?_____

_____

Do you receive any type of Social Security, Pension, Unemployment, wage continuance, or reimbursement by a Self-Insured plan? ❑ yes ❑ no

If so, who pays you and how much per month?_____

All wages you earn while receiving benefits from us must be reported to Accident Fund Insurance Company of America.

I certify I have read the information on this sheet and have answered the questions correctly to the best of my knowledge.

Signed:_____ Date:_____