IA-2 WORKERS COMPENSATION - SUBSEQUENT REPORT

EMPLOYEE NAME (LAST, FIRST, MIDDLE)	SOC. SECURITY NUMBER	DATE OF INJURY	REPORT EFFECTIVE DATE	JURISDICTION

DATE DISABILITY BEGAN	PRE-EXISTING DISABLITY? ☐ YES ☐ NO	DATE OF REPRESENTATION	DATE OF DEATH	REPORT PURPOSE

RELEASED/RETURNED TO WORK (RTW) DATE	RELEASED/ RTW QUALIFIER		JURISDICTION CLAIM NUMBER
	RTW WITHOUT RESTRICTIONS	☐ RELEASED RTW WITHOUT RESTRICTIONS	
	RTW WITH RESTRICTIONS	☐ RELEASED RTW WITH RESTRICITONS	

# OF DEPENDENTS	DEATH DEPENDENT PAYEE RELATIONSHIP INSERT #	WIDOW ☐	WIDOWER ☐	CHILDREN ☐	SIBLINGS ☐	PARENTS ☐	HANDICAPPED CHILDREN ☐	JURISDICTION FUND ☐	OTHER ☐	DATE OF MAXIMUM MED. IMPRVMNT.
	☐									

PERMANENT IMPAIRMENT	BODY PART	PERCENT	BODY PART	PERCENT	BODY PART	PERCENT

EMPLOYER NAME	FEIN	INSURED REPORT NUMBER

WAGE

WAGE PERIOD	AVERAGE WAGE	EFFECTIVE DATE OF AVERAGE WAGE CHANGE	COMP. RATE	EFFECTIVE DATE OF COMP. RATE CHANGE	# DAYS WORKED PER WEEK	SALARY CONTINUED IN LIEU OF COMP?
☐ WEEKLY ☐ MONTHLY						☐ YES ☐ NO

PAYMENTS

PAYMENT TYPE	WEEKLY PYMT AMOUNT	AMOUNT PAID TO DATE	PAID FROM (MM/DD/YYYY)	PAID THROUGH (MM/DD/YYYY)	# WEEKS PAID	# DAYS PAID

BENEFIT ADJUSTMENTS

BENEFIT ADJUSTMENT TYPE	WEEKLY AMOUNT (+ OR -)	START DATE	BENEFIT ADJUSTMENT TYPE	WEEKLY AMOUNT (+ OR -)	START DATE

PAID-TO-DATE

PAID-TO-DATE (PTD) TYPE	PTD AMOUNT	ACTUAL/ DEEMED	WK #	WEEKLY EARNINGS	ACTUAL/ DEEMED	WEEKLY EARNINGS

PAID-TO-DATE

RECOVERY TYPE	RECOVERY AMOUNT

CLAIM ADMINISTRATION

INSURER NAME	FEIN	CLAIM STATUS			
		☐ OPEN	☐ REOPENED		
		☐ CLOSED	☐ REOPENED/CLOSED		

THIRD PARTY ADMINISTRATOR NAME	FEIN	CLAIM TYPE					
		☐ MEDICAL ONLY	☐ NOTIFICATION ONLY	☐ BECAME LOST TIME			
		☐ INDEMNITY	☐ BECAME MED ONLY	☐ TRANSFER			

CLAIM ADMINISTRATOR CLAIM NUMBER	AGREEMENT TO COMPENSATE	
	☐	WITHOUT LIABILITY
	☐	WITH LIABILITY

CLAIM ADMINISTRATOR ADDRESS (Include city, state, postal code, and phone number)	LATE REASON	
	DATE PREPARED	PAGE _____OF_____