

**Submission Date:**

**NHDOL# -**

<b>EMPLOYEE INFORMATION</b>					
Employee Name (First & Last)			Gender	Hired Date	Hired in NH
ID Type - Employee ID	Date of Birth	Age	Occupation when Injured		
Employee Address	Telephone	Wages per Hour	Hrs per Day	Days per Week	Average Weekly Earnings

<b>INJURY INFORMATION</b>					
Injury Date / Time		Date Employer Notified of Injury	Location/Jobsite & Business Name where accident occurred		
Disability Began Date					
Claim Type	Full Wages Paid on Injury Date				
Accident Description					
Body part Injured			Cause of Injury		
Nature of Injury			Witness Name	Witness Phone	
Returned to work?	If so, what date?	If so, at what occupation?	If so, at what duty status?		
Initial Treatment				Initial Treatment Date	
Name of Treating Physician	Name of Treating Hospital		Has injured died? If so, what date		

<b>EMPLOYER INFORMATION</b>			
Employer Name		Employer FEIN	Industry Code
Employer Contact Name	Contact Phone Number	Employer Business Address	
Managed Care Organization			
Leased Employee? Client Company	OCIP/Wrap-Up Policy? Name of policy holder		

<b>INSURER INFORMATION</b>			
Insurance Carrier	Insurer Type	Policy Number	Telephone Number

<b>SUBMITTER INFORMATION</b>			
Submitter Name	Title of Submitter	Represents	Telephone Number