THE UNIVERSITY OF ALABAMA IN HUNTSVILLE
EMPLOYEE OCCUPATIONAL INJURY CLAIM

General Information

Name: _____

Home Address: _____

_____

Home Phone: (_____)_____-_____ Work Phone: (_____)_____-_____

Work Address: _____ Supervisor: _____

Health Insurance Carrier: _____

Health Insurance Contract Number: _____Group Number: _____

Were claims filed with your health insurance provider for all eligible expenses for the treatment of the injuries sustained? ____ Yes ____ No Date of Birth: _____ Social Security No.: _____

Accident Information

Date of Accident: _____ Time of Accident: _____:_____ ____ A.M. ____ P.M.

Location of Accident: _____

Witnesses to Accident: _____

_____

Activity engaged in when accident occurred: _____

_____

_____

Summarize how accident occurred: _____

_____

_____

_____

_____

_____

_____

_____

Injuries sustained in the accident: _____

_____

_____

Medical Treatment Information

Date you first obtained medical assistance for the injuries sustained: _____

_____

Names and locations of medical facilities from which you obtained medical assistance (Physician/Clinic/Hospital):

1. _____
2. _____
3. _____
4. _____
5. _____

Were any orthotics or prosthetics prescribed for the injuries sustained? ____ Yes ____ No

Name and location of orthotics and/or prosthetics provider:

_____

Were any pharmaceutical expenses accrued due to the injuries sustained? ____ Yes ____ No

Pharmacy and location used to fill prescriptions: _____

_____

Work Absence - Election

Did your injuries cause you to be absent from work? ____ Yes ____ No

Do you wish to charge the time absent from work to: ____ Annual Leave ____ Sick Leave ____ Lost Wage Benefits

(Lost Wage Benefits equate to 66 2/3 of your regular salary)

I hereby certify that the facts and circumstances stated above regarding my occupational injury are true and correct to the best of my knowledge and that all medical and drug expenses for which I am claiming reimbursements were incurred by me in connection with treatment of such injury.

Claimant: _____ Date: _____

STATE OF ALABAMA)
)
MADISON COUNTY)

Sworn to before me and subscribed in my presence this _____ day of _____, 20_____.

_____

NOTARY PUBLIC

MY COMMISSION EXPIRES: _____