

NEW CLAIM SET-UP REQUEST (Workers Compensation)

TO: York Risk Services – froi@yorkrsg.com
FROM: Caddo Parish School Board – Risk Management

DATE: _____ **CLAIMANT:** _____

DATE OF ACCIDENT: _____ **TIME OF ACCIDENT** _____ AM PM

CLAIM TYPE/SUB-LINE: WC - Reporting Purposes Only
 WC - Medical Only
 WC - Indemnity (Lost Time over 7 days)

IS CLAIM DISPUTED: Yes No

DESCRIPTION OF LOSS: _____

LOCATION 1: Code _____ School/Other Department _____

LOCATION 2 (Department): Elementary Schools Middle Schools High Schools
 Administration Transportation Maintenance Warehouse Other Dept

LOCATION 3 (Occupation Category): Teacher Information Technology
 Para Professionals Substitute Teacher
 Cafeteria Worker Maintenance
 Administration Warehouse
 Transportation – Bus Driver Transportation – All Other

OBJECT KEY: _____ **ORIGIN KEY:** _____

ACCOUNT NUMBER: _____

ACCIDENT TYPE (Cause Group): _____

CAUSE OF LOSS (Cause Detail): _____

BODY PART (BI Claim): _____

NATURE OF INJURY: _____

IS THERE VIDEO OF THE ACCIDENT/INCIDENT? (Including video from bus, if applicable) Yes No

MISCELLANEOUS: _____
