



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		
				1/4	1/2	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: _____