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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| \*Blackboard Customer Care on behalf of Argo | | | | | | | | | | | | | | \***Contract Number: *9369*** | | | | | | | | | | | | | | | | | | | | | | | |
| ***Reporter Information*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*First Name: | | | | | | | | | | | | | | | | | | | | | | | | \*Last Name: | | | | | | | | | | | | | |
| Title: | | | | | | | | | | | \*Phone: | | | | | | | | | | | | | | | | | | | | | Ext: | | | | | |
| ***Location Information*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*Insured Name: | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Street Address: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City: | | | | | | | | | | | | State: | | | | | | | | | | | | | | | | | | | | | Zip Code: | | | | |
| Phone Number | | | | | | | | | | Email: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is this for reporting purposes only? Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*Is this the Loss Location? Yes  No | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Did the incident occur on Employer’s premises? Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Loss Location (If different from above)*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*Loss Location Name: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Street Address: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City:       State:       Zip Code: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone Number: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Claimant Information*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employee ID #: | | \*First Name: | | | | | | | | | | | | | | | MI: | | | | | | | | | | | | | | \*Last Name: | | | | | | |
| Home Phone: | | | | | | | | | | | | | | | | | Work Phone: | | | | | | | | | | | | | | Ext: | | | | | | |
| Home Address: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City: | | | | | | | | | | | State: | | | | | | | | | | | | | | | | | | | | | Zip Code: | | | | | |
| Email Address: | | | | | | | | | | | | | | | | SSN: | | | | | | | | | | | | | | | | | | Primary Language: | | | |
| Date of Birth: | | | | | | Marital Status: | | | | | | | | | |  | | | | | | | | | | | Gender: | | | | | | | | | | |
| ***Claimant Employment Information*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employee Title: | | | | | | | | Department: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Status: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full/Part Time: Full Time  Part Time | | | | | | | | | | | | | | | | | | | Date of Hire: | | | | | | | | | | | | | | | | Date of Termination: | | |
| Wage Amount: | | | | | Frequency: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hours Per Day: | Mon | | Tue | | | | | | | | | | Wed | | | | | | | | | Thur | | | | | | Fri | | | | | | | | Sat | Sun |
| ***Claimant Supervisor Information*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First Name: | | | | | | | | | | | MI: | | | | | | | | | | | Last Name: | | | | | | | | | | | | | | | |
| Title: | | | | | | | | | | | | | | | | | | Email Address: | | | | | | | | | | | | | | | | | | | |
| Phone: | | | | | | | | | | | | | | | | | | Ext: | | | | | | | | | | | | | | | | | | | |
| Do you question the validity of this claim? Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Incident Information*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*Date of Incident: | | \*Time of Incident: | | | | | | | | | | | | | | | AM | | | | | | | | | PM | | \*Date Employer Notified: | | | | | | | | | |
| Department Where Injury Occurred: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*Incident Description: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Safeguards/Safety Equipment Provided? Yes  No | | | | | | | | | | | | | | | | | | | | | | Safeguards/Safety Equipment Used? Yes  No | | | | | | | | | | | | | | | |
| Cause: Choose an item. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Body Part: Choose an item. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nature: Choose an item. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Medical Information*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Facility Name: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Street Address: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City: | | | | | | | | | | | State: | | | | | | | | | | | | | | | | | | | | | Zip Code: | | | | | |
| Phone: | | | | | | | | | | | | | | | | | | | | | | | | Ext: | | | | | | | | | | | | | |
| Initial Treatment: | | | Plan to seek future medical treatment? Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Transportation Type: | | | | | | | | | | | | | | | | | | Date admitted to hospital: | | | | | | | | | | | | | | | | | | | |
| Physician Name: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Street Address: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City: | | | | | | | | | | | State: | | | | | | | | | | | | | | | | | | | | | Zip Code: | | | | | |
| Phone: | | | | | | | | | | | | | | | | | | | | | | | | | Ext: | | | | | | | | | | | | |
| ***Witness Information*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Street Address: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City: | | | | | | | | | State: | | | | | | | | | | | | | | | | | | | | | Zip Code: | | | | | | | |
| Phone: | | | | | | | | | | | | | | | | | | | | | Ext: | | | | | | | | | | | | | | | | |
| ***Lost Time Information*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Will Claimant Miss Work Beyond Date of Injury? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Date Worked: | | | | | | | | | | | | | | | | | | | | Returned to Work Date: | | | | | | | | | | | | | | | | | |
| If Employee did not return to work, anticipated Return to Work Date: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Salary Continued: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Escalation:*** Choose an item. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Contact Information*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*First Name: | | | | | | | MI: | | | | | | | | | | | | | | | | | | | | | | \*Last Name: | | | | | | | | |
| \*Phone: | | | | Ext: | | | | | | | | | | | Email Address: | | | | | | | | | | | | | | | | | | | | | | |
| ***Comments/Remarks:*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

\*Indicates mandatory fields that must be completed in order accept a claim. However, in order to best process your request, please provide as much information as possible.