



# Workers' Compensation Incident Checklist

We have compiled a list of items to review and information to gather when a Workers' Compensation incident occurs, involving you or an employee of your DSP business.

**Pro tip: print this out and provide a copy to your employees so they can have it on hand. The second page provides an area for details to be collected and reported right away, rather than trying to remember everything after the incident occurred.**

## Things to keep in mind when an incident occurs:

*(Take notes on the back of this page to ensure you have all the details!)*

- Gather all incident details, what happened, who was involved, where it happened
- Gather employee details
- Gather witness contact information

## To report DSP WC claims you will need to provide the following information:

- Reporter name (first/last)
- DSP company information (company name, address, policy number)
- Station information (station ID, station address)
- Employee information (name, address, phone, SSN, date of birth)
- Employment information (date of hire, employment status, state of payroll)
- Incident information (date employer notified, incident details)
- Injury information
- Witness details (name, phone, address)
- Contact information (client contact at the DSP)
- Medical treatment details (date of first treatment, name, provider phone number)

## How to submit a DSP WC claim:

Upload available documents pertaining to the incident (police reports, pictures, estimates, medical documents, work status, etc.)

- Review all the intake details
- Submit your WC claim to Sedgwick — the reporter and client contact will receive the claim number upon submission

## What to expect next:

- The claim will be automatically routed to the Sedgwick claim team and uploaded into our claims system
- A claim submission notification will be emailed to the reporter and best contact.
- The Sedgwick examiner will contact you to review the claim details.

## How long does this process take?

Please allow two business hours for the claim to be uploaded in the Sedgwick system and be available for review by the examiner. You may contact Sedgwick directly with any questions, call (844) 855-3765.

This information is being provided as general guidance only and is not meant to be exclusive or to constitute insurance advice or legal advice. Check the specific policy language for coverage terms and exclusions. Compliance with the checklist does not guarantee coverage in the event of a claim.

COPYRIGHT 2021, MARSH LLC. ALL RIGHTS RESERVED. MARSH USA INC. IN CA, DBA MARSH RISK & INSURANCE SERVICES; CA INS LIC. #0437153. 738304558

## Information to collect at the incident of a Workers' Compensation claim

<b>Reporter Name (first / last)</b>	
<b>DSP Company Information</b>	Company Name
	Address
	Policy #
<b>Station Information</b>	Station ID
	Station Address
<b>Employee Information</b>	Employee Name
	Employee Address
	Employee Phone #
	Employee SSN
	Employee DOB
<b>Employment Information</b>	Date of hire
	Employment Status
	State of payroll
<b>Incident Information</b>	Date of notification
	Date of loss
	Incident Details
<b>Injury Information</b>	Please list in detail any injuries that have occurred
<b>Witness Details</b>	Witness Name
	Witness Phone #
	Witness Address
<b>Treatment Information</b>	Provider/Clinic Name
	Phone Number