HIGHMARK.
CASUALTY INSURANCE COMPANY

OCCUPATIONAL INJURY/DISEASE REPORT

Company Name _____
Location _____
Department _____
Policy Number _____

Print in blue or black ink.

EMPLOYEE INFORMATION

Last Name	First Name		☐ Male ☐ Female
Home Address	City	State	ZIP Code
Home Telephone Number	Work Telephone Number	Date of Birth	
Social Security No.	Marital Status ☐ Single ☐ Married ☐ Other	Hire Date	Job Classification
Job Title	☐ Full-time ☐ Part-time / ☐ Salaried ☐ Hourly	Start time	Jurisdiction State
Work Address	City	State	ZIP Code

ACCIDENT DETAILS (Attach additional pages if necessary)

Date	Time ☐ AM ☐ PM	Date employee reported accident
Place of accident		
Loss Type ☐ Incident Only ☐ Medical Only ☐ Modified Duty ☐ Off Work		If off work, what was the first date
If the employee did miss work, has he/she returned to work? ☐ Yes ☐ No		If yes, date he/she returned to work
Type of Injury	Cause of Injury	
Body Part	☐ Left ☐ Right ☐ Unspecified	
Nature of injury (describe how the injury occurred)		

MEDICAL INFORMATION

Treating Physician

Last Name	First Name		Telephone Number
Address	City	State	ZIP Code

Family Physician

Last Name	First Name		Telephone Number
Address	City	State	ZIP Code

External Medical Facility

Organization Name			Telephone Number
Address	City	State	ZIP Code

WITNESS(ES) TO ACCIDENT (Attach additional pages if necessary)

Last Name	First Name		
Address	City	State	ZIP Code
Home Telephone Number	Work Telephone Number	Job Title	
Last Name	First Name		
Address	City	State	ZIP Code
Home Telephone Number	Work Telephone Number	Job Title	

REPORT SUBMITTED BY

Name	Date
Job Title	Work Telephone

INFORMATION RECEIVED BY

Signature	Date	Time

FRAUD NOTICE

In New Jersey, any person who includes any false or misleading information on an application for insurance is subject to criminal and civil penalties.

In Pennsylvania, any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Coverage is underwritten by Highmark Casualty Insurance Company, Pittsburgh, PA, or HM Casualty Insurance Company, Pittsburgh, PA. Highmark Casualty Insurance Company may provide certain administrative and customer support services. The coverage or service requested may not be available in all states.