



P.O. Box 620
 Howell, MI 48844-0620
 Phone: 800-533-9366
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Report of an Injury to Employee
 (for less than 7 days disability)

COMPLETE AT ONCE

If the injured employee returns to work on or before the seventh day, no further report is required. If he/she is disabled seven days or more, use Form 100. Forward Form 100 to branch claims office for the handling and referral to the Workers' Compensation Department in Lansing, Michigan. Give the employee a copy of Form 100. Form 100 reports must also be filed in case of death, amputation, loss of vision or member. If in doubt regarding disability, send completed Form 100 to Citizens Management Inc.

Client Name or Individual Self-Insured Account Name		Client No.
Location/Department No.	WC Job Class NCCI Code	

Employer Name		Nature of Business		
Office Address	City	State	Zip	Phone (include area code)
Location of Injury if Different	City	State	Zip	

Employee Name (First, Middle, Last)		Phone No. (w/ area code)	Social Security No.	
Date of Birth	Male <input type="checkbox"/> Female <input type="checkbox"/>	Hire Date	Termination Date	
Address	City	State	Zip	
Employee's Occupation	If employee is under 18 years old, date working permit was issued		Employee's Supervisor	

Injury or Industrial Illness			
Date of Injury	Time	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Date Employee First Saw Doctor
Was Employee Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did employee die from a work-related injury? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Return To Work
Location of Injury (area of facility/department)		Was the place of the accident or exposure on the employer's premises? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Nature of Illness or Injury			
Describe How Illness or Injury Occurred			
Any Witnesses			
Doctor's Name and Address of Hospital			
If Hospitalized, Name and Address of Hospital			
Date of Report	Made Out By	Title	

Please include a copy of the supervisor and/or employee report of the accident, if available.

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