
(Insured)

(Policy Effective Date)

Workers' Compensation Injury Reporting Procedures

ALASKA STATE ACT CLAIMS

- 1) **Employee Report of Occupational Injury or Illness to Employer (Form 07-6100).** Every employee who suffers a work related injury should promptly and fully complete this form and submit it to their employer within 30 days of an injury.
 - i) Original is turned in to the employer.
 - ii) Copy is given to the employee for their records along with an "Attending Physician Return to Work Recommendations" and an "Injured Worker's First Fill Prescription Form".
 - iii) Copy is sent to Alaska National Insurance Company.

- 2) **Employer Report of Occupational Injury or Illness to Alaska Division of Workers' Compensation (Form 07-6101).**
 - i) Complete this form within 5 days of receiving the Employee's report (Form 07-6100).
 - ii) Complete all fields *to the best of your ability* (Alaska National will review and contact you regarding any missing information). Print, sign and either fax, e-mail or mail a copy of this report to Alaska National Insurance Company with a copy of the Employee's report (Form 07-6100).

Note that despite the form name, you will not send this form to the Alaska Workers' Compensation Division, instead you will provide it to Alaska National Insurance and it will be transmitted to them via Electronic Data Interchange (EDI). Be sure to include a copy of the Employee Report of Occupational Injury.

- 3) Please ensure that Witness Statements are completed by each employee with information concerning an accident causing injury.
- 4) If an employee is disabled for three (3) or more calendar days, please call or fax your claim team at Alaska National Insurance Company.

For additional forms and information, please visit the Alaska Department of Labor Website at www.labor.state.ak.us, or contact Alaska National Insurance Company at (907) 266-9227 or toll-free at (877) 248-2642 or by email at anchorage@alaskanational.com.