



TALENT GROUP

CLAIMS REPORTING PROCEDURES

Mighty Talent Group LLC is dedicated to providing the best possible service to our clients. The Claims Department works diligently with our insurance companies to guarantee proper handling of claims and best treatment for injured employees. Workers' Compensation fraud is always a concern, and Mighty Talent Group will work with our insurance carriers to properly investigate questionable claims. Any employee found to be making false reports in order to obtain benefits is subject to prosecution.

Proper claims handling starts with you. It is crucial that all claims are reported to Mighty Talent Group within 24 hours of knowledge of the claim, no matter how minor the incident. In the event of a workers' compensation injury, please follow the reporting procedures below:

REPORTS OF INJURY

1. **SUPERVISOR'S REPORT OF INJURY:** All supervisors must have access and know the procedures for completing this form and submitting it to the right person.
2. **EMPLOYEE'S REPORT OF INJURY:** All injuries, no matter how minor the injury, must be reported by the employee to their respective supervisor using this form.

The Report of Injury forms must be completed immediately and sent to Mighty Talent Group via email. Our email address is: tempsupport@mightytalentgroup.com

If you have any questions or concerns, please feel free to call Mighty Talent Group at 925-266-5883.

Please complete this form with the appropriate information and submit to Mighty Talent Group via email: tempsupport@mightytalentgroup.com

EMPLOYEE:

Last Name: _____ First Name: _____ M.I. _____
Street Address: _____ Apt: _____
City/State/Zip: _____ Date of Birth: _____

HISTORY OF CLAIMS:

Does Employee have any previous Work Comp Claims? YES _____ NO _____ If Yes, please provide details below such as date of claim and type of injury:

SUPERVISOR:

Current Supervisor Name: _____ Title: _____

Department: _____

Contact Email: _____ Phone: _____

Did the Supervisor witness the incident? YES _____ NO _____ If Yes, please provide Supervisor's witness account of the incident: _____

INCIDENT REPORT:

Date of Incident: _____ Time: _____ AM _____ PM _____

Date of Notification of Incident: _____

Last Date Worked: _____

Date Returned to Work: _____

Employee's Title When Incident Occurred: _____

Employee's Department: _____

Can a light duty position be accommodated? YES _____ NO _____

Description of Incident: _____

Did Incident Occur at assigned worksite? YES _____ NO _____ If No, provide description/address of where incident occurred: _____

Time Employee began work on day of incident: _____ AM _____ PM _____

Is substance use suspected? YES _____ NO _____ Reason for suspicion: _____

Who witnessed the incident? _____

Was the incident cause by someone else? YES _____ NO _____ If yes, please provide details: _____

Was anyone else involved in the incident? YES _____ NO _____ If so, please provide details, name, and contact information below of others involved in the incident: _____

Did the incident involve employees or equipment from another company? YES _____ NO _____ If yes, please provide details: _____

What (if any) safety procedures were violated? _____

TREATMENT

Describe treatment that employee has received: _____

If Medical Treatment is required, provide description/address and contact information of treatment facility: _____

Clinic/Hospital Name: _____ City/State: _____

Phone: _____ Fax: _____

Was 911/Emergency Number Called?: YES _____ NO _____

Emergency Transportation/Ambulance Transportation? YES _____ NO _____

Was Employee conscious and able to provide injury details at time of incident? YES _____ NO _____

INCIDENT FOLLOW UP

Have there been similar incidents in the past year? YES _____ NO _____ If yes, please describe date and nature of similar incidents: _____

What actions have been taken to ensure incident will not happen again? _____

Note: Any person who knowingly provides false, incomplete, or misleading information to any party for the purpose of obtaining or denying benefits, is guilty of a felony and may be subject to imprisonment, fines and denial of insurance benefits.

Supervisor Name (Print):

Supervisor Signature:

Date: _____

Name of person completing this form:

Signature of person completing this form:

Date: _____

Scan and email form to Mighty Talent Group tempsupport@mightytalentgroup.com

If you have any questions or need assistance in completing the form please call Mighty Talent Group at 925-266-5883.