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**Claims Administrator**

Company Name \_\_\_\_\_

Address1/PO Box (Please leave blank spaces between numbers, name or words) \_\_\_\_\_

Address2/PO Box (Please leave blank spaces between numbers, name or words) \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Claim Number 1 \_\_\_\_\_

Claim Number 2 \_\_\_\_\_

Claim Number 3 \_\_\_\_\_

Claim Number 4 \_\_\_\_\_

Claim Number 5 \_\_\_\_\_

Phone No. \_\_\_\_\_

Adjustor \_\_\_\_\_

Employer \_\_\_\_\_

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**Employee**

First Name \_\_\_\_\_

MI \_\_\_\_\_

Last Name \_\_\_\_\_

Address 1/PO Box (Please leave blank spaces between numbers, name or words) \_\_\_\_\_

Address 2/PO Box (Please leave blank spaces between numbers, name or words) \_\_\_\_\_

International Address /PO Box (Please leave blank spaces between numbers, name or words) \_\_\_\_\_