

SUPPLEMENTAL REPORT

Insured: _____ **Claimant(s):** _____
Your claim no.: _____ SNCC claim no.: _____ Date of Loss: _____
NCCI Job Class Code: _____ Job Description: _____

AWW: \$ _____ TT: \$ _____ PPD: \$ _____ PT: \$ _____
Supplemental/Cola: \$ _____

Offsets? Y N Maybe Type: _____ Amount: \$ _____

Actual or estimated RTW Date: _____ Full? _____ Modified? _____ Same Employer? _____

<u>Attach computer printout</u>	Paid to Date	Future Estimate	Total
Indemnity:	\$ _____	\$ _____	\$ _____
Medical:	\$ _____	\$ _____	\$ _____
Rehab:	\$ _____	\$ _____	\$ _____
Legal/Expenses:	\$ _____	\$ _____	\$ _____
Total:	\$ _____	\$ _____	\$ _____

Interest/Penalties paid? Y N If yes, please explain: _____

Are PT/Death claims discounted to present value? Y N

Please comment on changes in medical status, disputes/legal issues, subrogation, and Second Injury Fund. (Attach additional page if needed):

Settlement? Y N Maybe Amount \$ _____ Demand \$ _____ Offer \$ _____

Please comment on current status, settlement and disposition plans. (Attach additional page if needed):

Do you expect this claim to exceed the SIR? _____ **Expected closure date:** _____

Please attach all pertinent file material.

Form completed by: _____ Date completed: _____
Company: _____ Address: _____
Phone: _____ Fax: _____ Email: _____