

Workers' Compensation Guidance & Forms

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Ensure you review the correct information for your state.

Direct any questions to hr@wellhaven.com. Examples of completed forms are available below.

For WA State Only

When a workplace injury occurs, a health care provider will determine and certify whether the injury is work-related, and help initiate any processes. Learn more: [WA State Workers' Comp Claim Information](#).

NOTE: Complete the OSHA Module in Paycom for all reportable injuries

[Paycom Guide - OSHA Workplace Injury](#) 

Review L&I FAQs - What to expect

[L&I - What to expect](#) 

WA State – L&I – Contact Information

Phone: 360-902-5800

For ALL other states: Follow the steps below

Step 1

Review the PM/PD Checklist

[Work Comp - PM Checklist](#) 

Step 2

Complete the Injury Claim Form

- [Arizona First Report of Injury Form](#) 
- [Colorado First Report of Injury Form](#)
- [Minnesota First Report of Injury Form](#)
- [Montana First Report of Injury Form](#)
- [Nevada First Report of Injury Form](#) 
- [Oregon Report of Injury Form](#)

Step 3

Print/provide to injured employee:

- [Injured Employee Worksheet & Return to Work Form](#)

[Work Comp - Injured Employee Worksheet & RTW Form - Fillable](#) 

Step 4

Print/provide to injured employee:

- Employee's job description to bring when seeking medical attention

[WellHaven Job Descriptions](#)

Step 5

Print/provide to injured employee:

- Employee's state statutes information

- [Arizona Workers' Compensation Statutes](#) 
- [Colorado Workers' Compensation Statutes](#) 
- [Minnesota Workers' Compensation Statutes](#) 
- [Montana Workers' Compensation Statutes](#) 
- [Nevada Workers' Compensation Statutes](#) 
- [Oregon Workers' Compensation Statutes](#) 


Step 6

Have witness complete the Witness Statement Form

[Work Comp - Witness Statement Form](#) 

Step 7

Supervisor to complete the Incident Investigation Report

[Work Comp - Supervisor Investigation Report](#) 

Step 8

Submit all completed documentation to AmTrust

Amtrust – Contact Information

Phone: 866-272-9267

Fax: 775-908-3724 or 877-669-9740

Email:

WorkersCompClaimReport@amtrustgroup.com

WellHaven Policy # TWC4501788

Step 9

Complete the OSHA Module in Paycom for ALL reportable injuries

[Paycom Guide - OSHA Workplace Injury](#) 

Examples

For additional help:

- Review examples of completed documents or contact HR@wellhaven.com

[Work Comp - Examples of Completed Documents](#) 

