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 WORKPLACE INJURY MODULE INSTRUCTION GUIDE.pdf

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

HANOVER Work Comp - PM Checklist.pdf

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 & Return to Work Form**

Workers' Comp Resource Guide

Work Comp - Injured Employee Worksheet & RTW Form - Fillable

Hanover Resource Guide.pdf

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**	Witness Statement- Fillable.pdf
Step 7	**Supervisor to complete the Incident Investigation Report**	Work Comp Supervisor Investigation Report.pdf
Step 8	**Submit all completed documentation to Hanover.**	**Hanover – Contact Information** Phone: 800-628-0250 Fax: 800-762-7788 Email: WCNewLosses@Hanover.com **WellHaven Policy # WZCM519678**
Step 9	**Complete the OSHA Module in Paycom for ALL reportable injuries**	PAYCOM WORKPLACE INJURY MODULE INSTRUCTION GUIDE.pdf

Examples

For additional help:

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

Work Comp - Examples of Completed Documents.pdf