

# Workers' Compensation Guidance & Forms

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## Ensure you review the correct information for your state.

Direct any questions to [hr@wellhaven.com](mailto: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

[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](mailto:WCNewLosses@Hanover.com)

**WellHaven Policy # WZ2M13758900**

## 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](mailto:HR@wellhaven.com)

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

