



FIRST Benefits
INSURANCE MUTUAL
WORKERS COMPENSATION

GUIDE TO REPORTING WORKERS' COMPENSATION CLAIMS

SEEK MEDICAL TREATMENT

- When an employee is injured, secure medical treatment first.
- Arrange transportation to your Preferred Medical Provider or in an emergency, dial 911.

REPORT THE CLAIM TO FIRST BENEFITS INSURANCE MUTUAL, INC.

- After appropriate medical treatment has been secured, you (the employer) must complete Claim Form 19 and submit it to First Benefits Insurance Mutual by email or fax.
- You should submit a Form 19 even if the employee prefers not to seek treatment at the time of the accident or injury.
- A claims representative will contact you and your employee within 24 business hours of receiving the completed Form 19.
- We encourage you to complete the Form 19 to report any injury within 24 hours.
- As an employer, North Carolina Workers' Compensation Statute requires that you report an employee injury on a Form 19 within five days of notification of the injury. Failure to do so could result in a fine.

Options for Reporting Claims:

Email: Claims@firstbenefits.org
Fax: 919-977-5844

Promptly reporting a claim provides the opportunity to quickly initiate an investigation. Early intervention utilizing a Preferred Medical Provider results in a less costly resolution for all.

Employers Please Note: The filing of Form 19 is not an admission of employer liability. Report objective information as it was reported to you. Subjective opinions can be reported in a separate coversheet. Whether a Form 19 is submitted by the employer by e-mail or fax, please note that the employee will receive a copy of the form as required by law.

PHONE : 800-360-7867

E-MAIL : CLAIMS@FIRSTBENEFITS.ORG

FAX : 919-977-5844