

Ahhh ooooo that hurt- A Guide to Workers Comp

So one of your staff got hurt on the job, its ok just follow these steps! Whether or not your staff is going to go to the doctor or will need benefits You MUST file a claim whenever your staff gets hurt, think of a workers comp claim like an accident report for your staff. Remember you (The Site Director) are responsible for filling out the initial claim.

**Step 1:** Go to <http://www.nmmcc.com/>

**Step 2:** Go to the Employer Tab

**Step 3:** On the side bar click on File a Claim

 Then click the red File a Claim button

**Step 4:** Create a user name and password

 You will need the Policy number and FEIN number to create an account

 Policy Number: 24571.117

 FEIN : 74-2829568

**Step 5:** You will go back to the red file a claim tab and continue to fill in the Date of the incident ( YOU MUST FILE A CLAIM WITHIN 24 HOURS OF THE INCIDENT) We will receive a hefty penalty fee if we do not file right away.

**Step 6:** There will be a policy section that you can click on with an effective date and an expiration date, click on the Policy Number-[24571.117](https://www.nmmcc.com/fnol/index.policynumber/24571.117/12/28/2016)

**Step 7:** The form will look like this :

|  |
| --- |
|  |
| Please enter data for the Injured Worker. Remember to complete all required fields. |
| Prefix |  |
| First Name |  |
| Last Name |  |
| Address 1 |  |
| Address 2 |  |
| City |  |
| State |  |
| Zip |  |
| State of Hire |  |
| Primary Phone |  -  -  Type  |
| Optional Phone |  -  -  Type  |
| SSN |  -  -  |
| Date of Birth |  **month**  **day**  **year** |
| Date of Hire https://www.nmmcc.com/fnol/assets/f8627dbd510538ae/ctx/layout/images/favicon.gif |  **month**  **day**  **year** |
| Gender |  Male  Female |
| Marital Status |  |
| Occupation/Job Title https://www.nmmcc.com/fnol/assets/f8627dbd510538ae/ctx/layout/images/favicon.gif |  |
| Department |  |
| Business (if other than insured) |  |
| Gross Weekly Wage |  **example: 1200.00** |
| Full Pay for Day of Injury |  Yes  No |
| Did Salary Continue? https://www.nmmcc.com/fnol/assets/f8627dbd510538ae/ctx/layout/images/favicon.gif |  Yes  No |

Fill out all necessary fields. There will then be a section where you will fill out a summary of the events and doctors information if needed. If you have any questions call (800)788-8851. They are quick to answer. Have the staff member with you when filling out the claim so it will be easier to get the information.

**Step 8:** You will submit all the forms and a claims adjuster might call you f they have any questions. (Make sure you inform your supervisor, Chelsea and Maggz of any incidents that occur.)

YOU DID IT! STAY SAFE AND HEALTHY!