

NMCIA
Workers' Compensation Claim Filing Packet
PLEASE COMPLETE THE FOLLOWING FORMS
FOR ANY WORK RELATED INJURY:

1. Notice of Accident (Must be completed & signed by injured worker) – **Required**

2. Employers' First Report of Injury or Illness (Must be typed & completed by Supervisor, Not the injured worker) – **Required**

NOTE: Please ensure the EMPLOYEE section includes employee's home address, personal phone number, date of birth, social security number, date of hire, sex, marital status, job titles and hourly wage. This information is essential for the WC adjuster to correspond with the employee and ensure the appropriate benefits are received.

3. Supervisor's Report of Accident (Completed by Supervisor) -- **Required**

- a. Witness Statement of Accident Form – If applicable
- b. Infectious Disease Exposure Form – If applicable

4. Worker's Authorization for Disclosure of Protected Health Information for Workers' Compensation Purposes (HIPAA COMPLIANT – Completed by injured worker, signed as required) – **Required**

***** Once the claim packet has been completed, you are to submit it to the Workers' Compensation Claim Contact for your county. *****

CLAIM CONTACT:

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