C-20

TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
TENNESSEE EMPLOYER'S FIRST REPORT OF WORK INJURY

CLAIMS ADM/CARRIER

JURISDICTION CLAIM # (State File#)

CLAIMS ADM # (Insurer Claim#)

OSHA CASE LOG #

CLAIM TYPE CODE
☐ MED ONLY
☐ INDEMNITY
☐ BECAME LOST TIME
☐ BECAME MED ONLY
☐ NOTIFY ONLY
☐ TRANSFER

The Use of this Form is Required Under the Provisions of the Tennessee Workers' Compensation Law and Must be Completed and Filed With Your Insurance Carrier Immediately After Notice of Injury.
It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers' compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.
If you have questions, the State now has a benefit review system where a Tennessee Department of Labor Workers' Compensation Specialist can provide assistance. Call 1-800-332-2667 (TDD).

NAME OF INSURANCE CARRIER: **TML Risk Management Pool**

CARRIER FEIN: 62-1074045

CLAIMS ADMIN FIRM NAME (If different from carrier): **TML Pool Claims**

FEIN OF CLAIMS ADM: 59-2863407

CLAIMS ADJUSTER NAME Fax: **1-877/469-7611**

CLMS ADJ PHONE #: **615/370-4180 800/288-0829**

CLAIMS HANDLING OFFICE ADDRESS LINE 1 AND LINE 2	CITY	STATE	ZIP
5100 Maryland Way	**Brentwood,**	**TN**	**37027**

EMPLOYER

EMPLOYER NAME	EMPLOYER FEIN	SIC CODE	PHONE NUMBER

EMPLOYER ADDRESS LINE 1 AND LINE 2	NATURE OF BUSINESS

CITY	STATE	ZIP	INSURED REPORT NUMBER	EMPLOYER LOCATION #

POLICY

INSURED NAME (parent co. if different than employer)

POLICY NUMBER

SELF INSURED? ☐ YES ☐ NO

EFF DATE

EXP DATE

EMPLOYMENT STATUS CODE
☐ FULL TIME/REGULAR
☐ PART TIME
☐ PIECE WORKER
☐ SEASONAL
☐ VOLUNTEER
☐ APPRENTICE FULL TIME
☐ APPRENTICE PART TIME

EMPLOYEE

EMPLOYEE LAST NAME

PHONE INCL AREA CODE

GENDER
☐ MALE
☐ FEMALE
☐ UNKNOWN

FIRST | MI

DEPARTMENT REGULARLY WORKED

ADDRESS LINE 1 & 2

OCCUPATION DESCRIPTION

CITY	STATE	ZIP

MARITAL STATUS
☐ UNMARRIED, SINGLE, DIVORCED
☐ MARRIED
☐ SEPARATED
☐ UNKNOWN

NCCI CLASS CODE

SSN	DATE OF BIRTH	DATE OF HIRE

WAGE

WAGE $

PERIOD ☐ HOURLY ☐ DAILY ☐ WEEKLY ☐ BI-WEEKLY ☐ MONTHLY

NUMBER OF DAYS WORKED PER WEEK

SALARY CONTINUED IN LIEU OF COMPENSATION ☐ YES ☐ NO

FULL WAGES PAID FOR DATE OF INJURY ☐ YES ☐ NO

ACCIDENT/INJURY

DATE OF INJURY

TIME OF INJURY ☐ AM ☐ PM ☐ COULD NOT BE DETERMINED

TIME EMPLOYEE BEGAN WORK ON INJURY DATE ☐ AM ☐ PM

DATE EMPLOYER NOTIFIED OF INJURY

BODY PART AFFECTED CODE	NATURE OF INJURY CODE	CAUSE OF INJURY CODE

DATE CLAIM ADM NOTIFIED OF INJURY

How injury or illness occurred. Describe the incident including what the employee was doing just before, the part of the body affected and how, and object or substance that directly harmed the employee.

DATE LAST DAY WORKED

DATE DISABILITY BEGAN

RETURN TO WORK DATE (IF APPLICABLE)

DATE OF DEATH (IF APPLICABLE)

IF DEATH CLAIM, GIVE # DEPENDENTS FOR EACH RELATIONSHIP

☐ WIDOW
☐ WIDOWER
☐ MOTHER
☐ FATHER
____ DAUGHTER
____ SON
____ SISTER
____ BROTHER
____ HANDICAPPED CHILD

TOTAL # DEPENDENTS

DID INJURY/ ILLNESS OCCUR ON EMPLOYER'S PREMISES? ☐ YES ☐ NO

ADDRESS WHERE INJURY OCCURRED (if other than employer's premises)
CITY STATE ZIP

COUNTY OF INJURY

TREATMENT

PHYSICIAN NAME	HOSPITAL OR OFF SITE TREATMENT NAME

ADDRESS LINE 1 AND 2	ADDRESS LINE 1 AND 2

CITY	STATE	ZIP	CITY	STATE	ZIP

INITIAL TREATMENT
☐ NO MEDICAL TREATMENT
☐ MINOR BY EMPLOYER
☐ MINOR BY CLINIC/HOSPITAL
☐ HOSPITALIZED > 24 HRS
☐ EMERGENCY CARE
☐ FUTURE MAJOR MEDICAL/LOST TIME ANTICIPATED

OTHER

DATE PREPARED	PREPARER' NAME & TITLE	PREPARER'S COMPANY NAME	PHONE NUMBER

CODE	DESCRIPTION	NCCI CODE
01	POLICE	7720
01A	POLICE: AUX/PT/RES-(REC'S PAY OR BENE'S)	7720
01B	POLICE: UNPAID VOL-(REC'S NOTHING)	7720
02	FIRE	7704
02A	FIRE: VOLUNTEER-(REC'S PAY OR BENE'S)	7704
02B	FIRE: UNPAID VOL-(REC'S NOTHING)	7704
02C	AMBULANCE/EMS	7370
03	SANITATION	9403
03A	LANDFILL	9403
04	STREET MAINT/SIGNS	5506
04A	STREET CLEANING	9402
04B	LABORERS-GENERAL	5506
05	WATER DISTRIBUTION/CONST.	7520
06	WATER TREATMENT	7520
07	WASTEWATER COLLECTION/CONST.	9402
08	WASTEWATER TREATMENT	7580
09	NATURAL GAS	7502
10	ELECTRIC	7539
11	PARKS/RECREATION	9102
11A	SWIMMING POOL	9102
11B	PLAYING FIELD	9102
11C	GOLF COURSE	9102
12	VEHICLE MAINTENANCE	8380
13	BUILDING MAINTENANCE	9015
14	TRANSPORTATION: ADMIN	8810
14A	TRANSIT DRIVER	7380
15	SCHOOLS: TEACHERS	8868
15A	SCHOOLS: AIDES	9101
15B	SCHOOLS: ADMINISTRATION	8868
15C	SCHOOLS: BUS DRIVER	7380
15D	SCHOOLS: SHOPS	9101
15E	SCHOOLS: CUSTODIANS	9015
15F	SCHOOLS: PLAYGROUND	9101
15G	SCHOOLS: BUILDING	9015
16	FOOD SERVICE	9082
17	HOUSING AUTH (HA): ADMIN	8742
17A	HA: CLERICAL	8810
17B	HA: BUILDING MAINT	9015
17C	HA: VEHICLE MAINT	8380
17D	HA: WATER/WASTEWATER	9402
17E	HA: NATURAL GAS	7502
17F	HA: SECURITY	7720
18	PUBLIC BUILDINGS	9015
19	SOCIAL SERVICES	8742
21	ADMINISTRATION: MGMT	8742
21A	ADMIN: CLERICAL	8810
21B	ADMIN: INSPECTORS/PLNG/ZONING	9410
21C	ELECTED OFFICALS: UNPAID VOL	8742
23	HOSPITALS/NURSING HOME	8833/8829
23A	HOSP/NURS HOME: AIDE	9040/8829
24	CUSTODIAN	9015
25	ENERGY	9403
26	CEMETERY	9220
27	AIRPORT	7423
27A	AIRPORT PROPERTY	7423
28	ANIMAL CONTROL	0170