



101 Tamaras Way, Hendersonville, TN 37075
888-743-4336 | Fax: 615-953-6292
wcclaims@tnrmt.com



111 Hazel Path, Hendersonville, TN 37075
615-826-4274 | Fax 615-826-6378
wcclaims@ssectn.com

WORKERS' COMPENSATION CHECKLIST

Employee Name: _____

Date of Injury: _____

Employee Accident Report

Accident Witness Report

Supervisor's Accident Investigation Report

Panel of Physicians – completed and signed by employee

HIPAA Release – signed by employee

C-31 Medical Waiver

Verified Wage Statement

- Gross wages for 52 weeks preceding and including date of injury
- Fully complete Wage Statement
- Total Paid
- Rate per Day or Rate per Hour
- Average per Week

Written Job Description

Employee's Prior Employment History as contained within your personnel records

Employee's Highest Level of Education

Preparer's Name: _____

Phone Number: _____

Email Address: _____

Please submit all paperwork via fax or email after reporting claim online.