



Workers' Compensation Claims Guide

All information can be found at www.benchmarkadministrators.com.

Submitting A Claim

Online	–simplest way to submit a claim– www.benchmarkadministrators.com click on your state and look for the “first report of injury” link
Fax	(833) 377-2098 (forms below)
Email	coverage@trean.com (forms below)
Phone	(866) 337-0891

Medical Bills

Trean/Benchmark Administrators
PO Box 14365
Lexington, KY 40512

General Correspondence

Benchmark Administrators
PO Box 46350
Las Vegas, NV 89114

General Inquiries Phone

(800) 362-5198

Forms Attached or Linked:

Notice of New Claim:	Use to fax/email a new claim	Notice of New Claim
ERD-991	Form used to fill out the first report of injury	Employer First Report of Injury
Definiti Rx Forms	To fill initial prescriptions for injured workers	First Fill Prescription Form Instructions - English Instructions - Spanish