



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
WC - 1	Report of Injury form	Employer First Report of Injury
WC-106 Poster	Employer Notice – to post in building	Employer notice of Workers' Compensation Insurance Coverage – Spanish Version here
Definiti Rx Forms	To fill initial prescriptions for injured workers	First Fill Prescription Form Instructions – English Instructions - Spanish