

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	(800) 362-5198

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
Form 5020	Use to fax/email details of new claim	Employer First Report of Injury
Form DWC 1	Filled out by employer & employee	Employee First Report of Injury
DWC 7	Employer Notice -to post (legal-size paper)	Notice of Insurance
MPN	List of providers in the Medical Provider Network	Medical Provider Notice -English Medical Provider Notice - Spanish
Definiti Rx Forms	To fill initial prescriptions for injured workers	First Fill Prescription Form - English & Spanish