

CUC Workers Comp Form

Name: _____

DOB: _____ SS# _____

Address: _____

Home Phone _____ Cell Phone _____

Employer: _____

Contact Name: _____

Contact Phone Number: _____

DOI _____

W/C Carrier: _____

Address: _____

Phone: _____

Adjuster Name: _____

Phone Number: _____

Claim Number: _____

Chain of Custody Drug Screen? YES NO