INSTRUCTIONS
FOR COMPLETING EMPLOYEE FIRST REPORT OF INJURY
FOR OUT OF STATE CLAIMS

This form is only to be used by employees who are injured while working outside the State of Maryland. If you are an Employee Working Out Of State With Special Coverage,[1] use the "Employee's First Report of Injury FOR OUT OF STATE CLAIMS" form to report an occupational injury or exposure.

Carrier: Zurich American Insurance Company

Carrier's Claims Reporting Phone Number: Phone #: 1-800-987-3373
Fax #: 1-877-962-2567

Insured: University of Maryland Baltimore
Contact: UMB Risk Management (410) 706-4781 UMBRiskManagement@umaryland.edu

STEPS:

1. If necessary, obtain immediate medical assistance. Advise the medical provider this is a workers' compensation claim.
2. Complete the Employee's First Report of Injury form. Fax it to UMB Risk Management at 410-706-0954
3. Notify your supervisor as soon as possible. Ask your supervisor to complete the Supervisor's Report and submit it to Risk Management as soon as possible.
4. If you will miss any time from work due to your injury, please have your healthcare provider supply a signed medical slip documenting your absence and provide the slip along with any other medical documentation to your supervisor and a copy to Risk Management.
5. Keep your supervisor and Risk Management advised of your progress.

[1] EMPLOYEE WORKING OUT OF STATE WHO REQUIRES SPECIAL COVERAGE:

An employee requires special workers' compensation coverage if the employee is:

- Assigned or permitted to work outside Maryland on a regular basis, with 50% or more of the employee's UM job-related duties to be *Work Out of State*. Work at home is *Work Out of State* if the employee's residence is not in Maryland.
- Required to *Travel on a Recurring Basis* to other states to carry out UM employment responsibilities, with 50% or more of the employee's UM job-related duties to be *Work Out of State*.
- Assigned or permitted to perform more than 50% of the employee's UM job-related duties as *Work Out of State* through a combination of out-of-state work place, out-of-state travel, and out of state work at home.
- Assigned to live and work in a foreign country, with 50% or more of the employee's UM job-related duties to be performed outside the United States, unless the *Employment Contract* was *Made in the U.S.*

Employee's First Report of Injury

FOR OUT OF STATE CLAIMS ONLY

(To be completed by employee at time of accident)

UNIVERSITY OF MARYLAND BALTIMORE

WC Policy: Zurich American Insurance Company **CLAIM #**: _____

Employee Name: _____ EMPL ID: _____
Last **First** **Middle**

Date of Birth: _____ Marital Status:_____ Phone: _____

No. of Dependents: _____ Full Time or Part Time *(circle one)*: FT / PT

Home Address: _____
Address **City** **State** **Zip Code**

Supervisor: _____
Last **First**

When was accident reported to Supervisor? Date: _____ Time: _____ am / pm

Accident Date: _____ Time: _____ am / pm Time Shift Began: _____

Accident Location: _____
Address **City** **State** **Zip code**

Describe fully how accident occurred *(your activities at that time)*: _____

_____

_____

Describe bodily injury and specific part*(s)* of body affected: _____

_____

Was medical treatment sought? If so, where? _____
Address

_____
City **State** **Zip Code** **Phone**

Name*(s)* of witness*(es)*: _____
Name **Phone**

Not valid unless signed. By signing this form, I acknowledge that all statements made herein are true to the best of my knowledge.

Signature of employee: _____ Date: _____

****FAX/ Email Immediately to: (410) 706-0954/ UMBRiskManagement@umaryland.edu****