ALASKA DEPARTMENT OF LABOR &
WORKFORCE DEVELOPMENT
Division of Workers' Compensation
P.O. Box 115512, Juneau AK 99811-5512

EMPLOYER REPORT OF OCCUPATIONAL INJURY OR ILLNESS TO DIVISION OF WORKERS' COMPENSATION

EMPLOYER: All questions with an asterisk (*) must be completed

1. Employer Name*

2. Industry (NAICS) Code Required on New Claims*
See http://www.census.gov/cgi-bin/sssd/naics/naicsrch

3. Employer Contact Name & Telephone

4. FEIN*

5. UI Number

6. Employer Mailing Address*
City | State | Zip Code
Country, if outside the United States

7. Employer Physical Address
City | State | Zip Code
Country, if outside the United States

8. Employee Name, Last | First | Middle | Suffix

9. Employee Mailing Address*
City | State | Zip Code

10. Date of Birth*

11. Date of Death

12. Employee ID Type & Number*
SELECT ONE
Country, if outside the United States

Blocks 13 – 17 are to be completed by the Insurer / Claims Administrator submitting this report to the Division of Workers' Compensation

13. MTC Report*

14. JCN / AWCB*

15. Claim Status*

16. Claim Type*

17. Late Reason Code

18. Policy Information Number | Effective Date | Expiration Date

19. Insurer Name
Alaska Public Entity Insurance

20. Insurer FEIN
800018352

21. Insurer Type Code*
I Insurer

22. Claim Administrator Name*
Alaska Public Entity Insurance

23. Claim Administrator Primary Address*
2233 Jordan Ave.
City: Juneau | State: AK | Zip Code: 99801

24. Claim Admin FEIN*
800018352

25. Claim Admin Claim No.*

26. Claim Admin Physical/Alternate Postal Code* 99801

27. Insured Name

28. Insured FEIN

29. Insured Type Code*
I Insured

30. Employment Status*
SELECT ONE

31. Days Worked / Week

32. Wage

33. Wage Period Code
DROP DOWN LIST

34. Employee Hire Date

35. Occupation / Job Title

36. Full Wages Paid for Date of Injury Indicator — DROP DOWN

37. Employer Paid Salary in Lieu of Compensation Indicator — SELECT ONE

Employer must complete either Block 38 or 39 AND Block 40:

38. Accident Site Information, if not on Employer Premises
Organization Name
Street
City | State | Zip Code
Country, if outside the United States

39. Explain Where Injury Occurred

40. Accident Premises Code* SELECT ONE

41. Date of Injury / Illness*

42. Time of Injury / Illness

43. Date Employer First Knew of Injury / Illness

44. Date Claim Admin Knew of Injury / Illness

For Blocks 45, 46 & 47 see:
https://www.wcio.org/Document%20Library/InjuryDescriptionTablePage.aspx

45. Part(s) of Body Affected*

46. Nature of Injury / Illness*

47. Cause of Injury / Illness*

48. Death Result of Injury Code
DROP DOWN LIST

49. Injury / Illness Due to Machine/Product Failure? DROP DOWN

50. List Any Machine/Substance/Object Causing Injury / Illness

51. Mechanical Guard/Safeguards Provided? DROP DOWN

52. If Machine What Part?

53. Initial Last Day Worked

54. Initial Date Disability Began

55. Initial Return to Work Date

56. Return to Work Type Code*
DROP DOWN LIST

57. Return to Work With Same Employer? DROP DOWN

58. Physical Restrictions Indicator DROP DOWN LIST

59. Signature of Authorized Employer or Representative

60. Title

61. Date Signed

Instructions for

EMPLOYER REPORT OF OCCUPATIONAL INJURY OR ILLNESS TO ALASKA DIVISION OF WORKERS' COMPENSATION

Employer: This form must be completed and sent immediately, and in no case later than **ten (10) days** after you have knowledge that your employee has been injured, or claims to have been injured or become ill while working for you. You have the option of completing this form electronically or by hand prior to sending the completed to your Insurer/Claims Administrator (Adjuster).

The form should be submitted electronically via electronic data interchange (EDI). If you or your insurer is not registered and approved to submit reports electronically, mail this form (07-6101) and form 07-6100 to the Division of Workers' Compensation, P.O. Box 115512, Juneau, AK 99811-5512. Make sure and keep a copy for your records.

Failure to file this report within the required time may subject you and/or your insurer to a penalty equal to 20 percent of the amount of compensation due to the injured worker.
AS 23.30.070

INFORMATION IN FILES MAINTAINED BY THE DIVISION OF WORKERS' COMPENSATION, EXCEPT FOR MEDICAL AND REHABILITATION RECORDS, IS AVAILABLE FOR PUBLIC REVIEW AND COPYING FOR NONCOMMERCIAL PURPOSES.
AS 23.30.107

OSHA REQUIREMENTS

Report industrial deaths and accidents to the Division of Labor Standards and Safety.

Alaska Statute 18.60.058 requires employers to report to Division of Labor Standards and Safety any employment accident which is fatal to one or more employees or which results in the overnight hospitalization of one or more employees. The report, which must be made immediately, but no later than 8 hours after receipt by the employer of information that the accident has occurred, must relate the circumstances of the accident, the number of fatalities, and the extent of the injuries.

Monday-Friday Alaska OSH (800) 770-4940 · 24-hour OSHA Hotline (800) 321-6742

"Injury" means accidental injury or death arising out of in the course of employment and an occupational disease, illness, or infection which arises naturally out of the employment or which naturally or unavoidably results from an accidental injury.

"Injury" does not include mental injury caused by stress unless it is established that (A) the work stress was extraordinary and unusual in comparison to pressures and tensions experienced by individuals in a comparable work environment, and (B) the work stress was the predominant cause of the mental injury. A mental injury is not considered to arise out of and in the course of employment if it results from a disciplinary action, work evaluation, job transfer, layoff, demotion, termination, or similar action taken in good faith by the employer.

	Alaska Division of Worker's Compensation Offices:	**Alaska Division of Labor Standards and Safety Offices:**
Anchorage:	3301 Eagle Street, #304 Anchorage, AK 99503-4149 (907) 269-4980	3301 Eagle Street, #305 Anchorage, AK 99503-4149 (907) 269-4940 or (800) 770-4940
Fairbanks:	675 Seventh Avenue, Station K Fairbanks, AK 99701-4531 (907) 451-2889	
Juneau:	1111 West 8th Street, #305 PO Box 115512 Juneau, AK 99811-5512 (907) 465-2790	1111 West 8th Street, #304 PO Box 111149 Juneau, AK 99811-1149 (907) 465-4855