

## Workers' Compensation Claim Status Update

<b>Claimant Name</b>		<b>Claim #</b>			
<b>Date of Birth</b>		<b>Date of Loss</b>			
<b>Occupation</b>		<b>AWW</b>		<b>Comp Rate</b>	

Accident Description: \_\_\_\_\_

\_\_\_\_\_

Injury: \_\_\_\_\_

Last Day of Work: \_\_\_\_\_ Return to Work Date: \_\_\_\_\_

### RESERVES

	PAID	REMAINING	TOTAL
<b>INDEMNITY</b>			
<b>MEDICAL</b>			

Permanency Rating: \_\_\_\_\_

Current Status: \_\_\_\_\_

Issues: \_\_\_\_\_

\_\_\_\_\_

Plan of Action: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Adjuster: \_\_\_\_\_

Phone number: \_\_\_\_\_

Date Completed: \_\_\_\_\_

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