

IA-2 WORKERS COMPENSATION - SUBSEQUENT REPORT

EMPLOYEE NAME (LAST, FIRST, MIDDLE)				DATE OF INJURY	REPORT EFFECTIVE DATE	JURISDICTION
DATE DISABILITY BEGAN	PRE-EXISTING DISABILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF REPRESENTATION	DATE OF DEATH	REPORT PURPOSE		
RELEASED/RETURNED TO WORK (RTW) DATE	RELEASED/RTW QUALIFIER	RTW WITHOUT RESTRICTIONS	RELEASED RTW WITHOUT RESTRICTIONS	JURISDICTION CLAIM NUMBER		
# OF DEPENDENTS	DEATH DEPENDENT PAYEE RELATIONSHIP INSERT #	WIDOW WIDOWER	CHILDREN SIBLINGS	PARENTS HANDICAPPED CHILDREN	JURISDICTION FUND OTHER	DATE OF MAXIMUM MED. IMPRVMT.
PERMANENT IMPAIRMENT	BODY PART	PERCENT	BODY PART	PERCENT	BODY PART	PERCENT
EMPLOYER NAME				FEIN	INSURED REPORT NUMBER	

WAGE						
WAGE PERIOD <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY	AVERAGE WAGE	EFFECTIVE DATE OF AVERAGE WAGE CHANGE	COMP. RATE	EFFECTIVE DATE OF COMP. RATE CHANGE	# DAYS WORKED PER WEEK	SALARY CONTINUED IN LIEU OF COMP? <input type="checkbox"/> YES <input type="checkbox"/> NO

PAYMENTS							
PAYMENT TYPE	WEEKLY PYMT AMOUNT	AMOUNT PAID TO DATE	PAID FROM (MM/DD/YYYY)	PAID THROUGH (MM/DD/YYYY)	# WEEKS PAID	# DAYS PAID	

BENEFIT ADJUSTMENTS					
BENEFIT ADJUSTMENT TYPE	WEEKLY AMOUNT (+ OR -)	START DATE	BENEFIT ADJUSTMENT TYPE	WEEKLY AMOUNT (+ OR -)	START DATE

PAID-TO-DATE							
PAID-TO-DATE (PTD) TYPE	PTD AMOUNT	ACTUAL/ DEEMED	WK #	WEEKLY EARNINGS	ACTUAL/ DEEMED	WEEKLY EARNINGS	

PAID-TO-DATE							
RECOVERY TYPE	RECOVERY AMOUNT						

CLAIM ADMINISTRATION							
INSURER NAME	FEIN	CLAIM STATUS	OPEN CLOSED	REOPENED REOPENED/CLOSED			
THIRD PARTY ADMINISTRATOR NAME	FEIN	CLAIM TYPE	MEDICAL ONLY INDEMNITY	NOTIFICATION ONLY BECAME MED ONLY	BECAME LOST TIME TRANSFER		
CLAIM ADMINISTRATOR CLAIM NUMBER		AGREEMENT TO COMPENSATE	WITHOUT LIABILITY WITH LIABILITY				
CLAIM ADMINISTRATOR ADDRESS (Include city, state, postal code, and phone number)		LATE REASON					
		DATE PREPARED			PAGE		OF