

WORKERS' COMPENSATION CLAIMS GUIDELINES

A. Injury Reporting – Notification to Claims Representatives

1. In the event of injuries having high claims potential, such as obvious severe trauma or reported spinal injuries, please notify your Claims Representative by telephone **immediately**.
2. Notification to your CCMSI Claims Representative involves the thorough completion of the following forms:
 - a. ILLINOIS FORM 45
 - b. SUPERVISOR'S INCIDENT INVESTIGATION REPORT
(Attach names and phone numbers of witnesses to incident.)
 - c. WAGE STATEMENT

This information is to be sent within four (4) days of the incident to the following address:

Cannon Cochran Management Services, Inc.
3333 Warrenville Road, Suite 550
Lisle, IL 60532

B. Claims Representatives

1. Your Claims Representatives can be reached by calling 1-800-628-5618. Feel free to call your claims representative with any questions you or your employees have regarding their claims.
2. Cannon Cochran Management Services, Inc. provides Risk Management, Loss Control and Claims Services.

C. Workers' Compensation Benefit Checks

1. Benefit checks will be mailed to the employers on a biweekly basis. Employees should be instructed to come to the office to pick up their checks. This allows for periodic observation of and contact with employees who are collecting Temporary Total Disability benefits.

If there are any questions on completion of any of the forms, please do not hesitate to contact your Claims Representative.