Workers' Compensation Claim Form ( DWC 1 )

Employee: Complete the “Employee” section and give the form to your employer. Keep a copy and mail it “Employee’s Temporary Receipt” until receive the signed and dated copy from your employer. You may call the office of Workers’ Compensation and have recorded information at (800) 734-7401.

Notice of Potential Eligibility, which is the cover sheet of this form, must have this notice for future reference.

The enclosed 8 by 6 inch form should be filled in, mailed to the above address, and the Enterprise Cup cover sent to the address shown on the cover. Unfilled forms will be returned to you.

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