

WORKERS' COMPENSATION CLAIMS ROADMAP

When an employee or qualified volunteer reports an injury arising out of and in the course of their employment.



Step 1 Gather basic information:

See [First Accident Report \(FAR\)](#)* for guidance.

Date, Place and Time of Occurrence

How Injury Occurred

Type of Injury



Witness Info:
Name and Phone

EE Info: Name, DOB,
SS#, Address, Phone

Step 2

Report the Claim to the Intake Department:
Phone: 1-888-342-3839
Facsimile: 1-609-365-4000

Step 3 If medical treatment is requested, ensure first aid has been administered and/or direct injured EE to an authorized physician.

Step 4 Complete and transmit [Supervisor Incident Report](#) per instructions. Send 26 Week Wage Statement to: dbott@qual-lynx.com or fax 609-601-3196.

Step 5 State of New Jersey First Report of Injury or Illness (FROI) is generated and a copy is sent to the Claims Coordinator.

The entire Qual-Lynx Workers' Comp Team is available to assist you as needed with your Workers' Compensation claims.
*Refer to www.tricojif.org for forms and instructions.

Gloucester, Salem,
Cumberland Counties
Municipal Joint
Insurance
Fund
South Jersey Communities Securing Their Future



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LIFTING

LACERATION

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DOG BITE

M.V. ACCIDENT

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