

DIOCESE OF RALEIGH

WORKERS' COMPENSATION CLAIM - ADDITIONAL INFORMATION

Name of Employee: _____

Date of Injury: _____

Name of school/parish where employee works and city:

Name of contact person at school/parish location:

Phone number of contact person:

Please give a detailed description of what the employee was doing at the time of the accident and how their injury occurred:

Did employee see a healthcare provider for injury: YES or NO

➤ If yes, please provide name of doctor or facility:

Note: Please provide any receipts or discharge papers from doctor or facility

Has employee missed any days of work due to injury: YES or NO

➤ If yes, please give dates:

If necessary, please provide any other information pertinent to the workers' compensation claim:

Please submit this form along with the required NC Industrial Commission Form 19 to:

Nancy von Gunten, Benefits Administrator

Fax: 866-955-8451

Email: nancy.vongunten@raldioc.org