

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.acmjif.org for forms and instructions.

Qual-Lynx Workers' Comp Team

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LIFTING

LACERATION

SLIP & FALL

DOG BITE

M.V. ACCIDENT

ASSAULT

BBPE