

FAX COVER SHEET
New Claim information
State Contract Claim

To: Customer Service Center State Compensation Insurance Fund
FAX# 800-371-5905

DATE _____

Total number of pages _____

From: _____ (name)

Phone number _____

Agency Name _____

Agency Number _____ (Policy number)

(GRPNUM = STATES)

Attached please find

3067 Employers First Report of Injury (MANDATORY)

3301 Employee Claim Form (if available)

Injured workers name _____

Date of Injury _____

Please forward to (check one only):

TL-Sacramento

TN-Santa Ana

TQ-Riverside

TX-Oxnard

TY-Rohnert Park.

TY-Eureka

E-mail address to send claim number _____

Instructions to Agency. Please fax only the Form 3067 to the CSC. Include the Form 3301 if you have it at the same time. Only Fax one time to CSC per claim; do not send the 3301 separately from the 3067 to the CSC. Do not fax multiple Form 3067s for different injured employees in the same fax transmission, each new claim must be faxed separately.

Once you receive the claim number back from the CSC via e-mail, please FAX the additional documents to the adjusters direct FAX number.