The Commonwealth of Massachusetts
Division of Industrial Accidents
Leverett Saltonstall Building, Government Center
100 Cambridge Street, Boston 02202

I.A.B. FILE NO.
ATTENTION OF:

April 23, 1985

CIRCULAR LETTER NO. 215

TO: ALL INSURANCE COMPANIES, ALL SELF-INSURERS, AND WORKMEN'S COMPENSATION AGENTS OF DEPARTMENTS OF THE COMMONWEALTH AND COUNTIES, CITIES, TOWNS, AND DISTRICTS SUBJECT TO THE WORKMEN'S COMPENSATION LAW (GENERAL LAWS, CHAPTER 152, AS AMENDED).

RE: Attached, please find information regarding a new claim form replacing the present Form 31 and the Request for Discontinuance, Form 17, which will be available April 29, 1985.

The new forms are designed to be compatible with a computerized claims tracking and scheduling system.

Very truly yours,

Francis J. Joyce

Francis J. Joyce
Secretary

FJJ/mpv

A new claim form replacing the Form 31 and the Request for Discontinuance, Form 17, will be available April 29, 1985. The new forms are designed to be compatible with a computerized claims tracking and scheduling system. Because these forms will be used for data entry it is imperative that they be filled out exactly as requested. Incomplete or incorrectly filled out forms will be returned to the sender. The new form requests information which will assist in issuing case histories and statistics. If information is unavailable, such as the opposing counsel, the Board staff will assist by completing forms. However, information that should be available, such as injury types or employers' addresses, if missing, will cause the forms to be returned.

Please forward the original form (color printed) to the Board, copies may be used for insurer's copies or replies. It is requested that, in addition, to marking the form as to request type, i.e.: claim, appearance, etc., that the same information be placed on the mailing envelope to facilitate processing.

It is additionally requested that no other supporting materials, such as physician's requests, medical reports or other documents, be forward to the Board prior to a conference. Copies should be brought at the time of the conference. Correspondence relating to cases on which a Commissioner has taken jurisdiction should be sent directly to that Commissioner. Communications to any other section should be so marked and sent directly to that section.

If sending in a duplicate claim, please indicate. Duplicate claims should not be sent to the Board until it is determined that the original claim has not been processed. Duplicate claims, again, will delay processing.

The new claim forms have been printed in a limited quantity to determine effectiveness. It is requested that attorneys and insurers request only those needed for approximately one-two months. Please discard old forms. They will not be accepted after May 13, 1985. Claims using old forms received after that date will be returned with a new claim.

Your cooperation is appreciated during this transition.

COMMONWEALTH OF MASSACHUSETTS
DIVISION OF INDUSTRIAL ACCIDENTS
Leverett Saltonstall Building
100 Cambridge Street
Boston, MA 02202

Please fill out completely and provide all information requested. Incorrect or incomplete forms delay processing and may be returned to the sender.

FOR INTERNAL USE ONLY

BOARD NBR.

CNTL. NBR.

INDUSTRY CODE

RESERVE AMOUNT

CIRCLE ONE (A, C, D, or U)

A APPEARANCE
C CLAIM REQUEST
D DISCONTINUANCE OF COMPENSATIONS
U UPDATE

EMPLOYEE'S NAME **(first name, middle initial, last name)**

EMPLOYEE'S SOC SEC NBR

DATE OF ACCIDENT

DATE EMP STOPPED WORK

DATE EMPLOYEE RETURNED TO WORK

WEEKLY WAGE AT TIME OF ACCIDENT

EMPLOYEE'S ADDRESS

CITY / TOWN STATE ZIP CODE A ZIP CODE B

STREET ADDRESS LINE 1

STREET ADDRESS LINE 2

EMPLOYER'S NAME

EMPLOYER'S ADDRESS

CITY / TOWN STATE ZIP CODE A ZIP CODE B

STREET ADDRESS LINE 1

STREET ADDRESS LINE 2

INSURER'S NAME

INSURER'S ADDRESS (Leave blank if same as employer's address)

CITY / TOWN STATE ZIP CODE A ZIP CODE B

STREET ADDRESS LINE 1

STREET ADDRESS LINE 2

NATURE OF INJURY (i.e. cut, bruise, burn, amputation, emotional etc.)

NATURE OF INJURY 1

NATURE OF INJURY 2

NATURE OF INJURY 3

NATURE OF INJURY 4

NATURE OF INJURY 5

NATURE OF INJURY 6

INJURED BODY PART (i.e. eye, fingers, back, lungs, etc.)

INJURED BODY PART 1

INJURED BODY PART 2

INJURED BODY PART 3

INJURED BODY PART 4

EMPLOYEE'S OR APPLICANT'S ATTORNEY (first name, middle initial, last name or firm's name)