



DIA Board # (If Known):

NOTIFICATION OF ARBITRATION
AWARD

ATTACH COPIES OF ARBITRATION AWARD TO THIS FORM. SEND COPIES TO ALL PARTIES

1. Employee's Name (Last, First, MI):		2. Employee's Social Security Number*:		3. Employee's Telephone Number:	
4. Employee's Address (No. and Street, City, State, Zip Code):					
5. Name of Employee's Attorney:				6. Telephone Number of Employee's Attorney:	
7. Attorney's Address:					
8. Employer's Name & Address (No. and Street, City, State, Zip Code):					
9. Insurer's Name & Address (No. and Street, City, State, Zip Code):					
10. Name of Insurer's Attorney:				11. Telephone Number of Insurer's Attorney:	
12. Attorney's Address:					
13. Arbitrator's Name:					
14. Arbitrator's Firm Name:					
15. Arbitrator's Business Address (No., Street, City, State, Zip Code):					
16. Arbitrator's Signature:				17. Date Prepared (mm/dd/yyyy):	