



IMPORTANT NOTICE

FOR ALL SPECIAL DISTRICT WORKERS' COMPENSATION POOL CONTACTS

The Division of Workers' Compensation (DWC) requires inclusion of the 9-digit zip code for all addresses listed on the Employers' First Report of Injury Forms.

In addition, please verify the correct spelling of the injured employee's name, birth date and social security number as any discrepancies will be rejected by the DWC delaying the processing of claims.

Thank you in advance for your cooperation and attention to providing accurate and detailed information.