



Claims Administration

TRISTAR Risk Management

P.O. Box 2805

Clinton, IA 52733-2805

Report A New Claim: 800-318-8870 Ext. 1

Fax: 720-962-0301

CSDPool@tristargroup.net

Workers' Compensation Claim Forms

For All Claims

Employer's First Report of Injury

Employee's Notice of Injury to Employer

Supervisor's Accident/Incident Report

HIPPA Compliant Authorization for
Release of Medical Information

For Lost Time Claims

Wage Statement

Supplemental Report of Return to Work

Restriction/Workability Form