

HOW TO FILE A WORKERS COMPENSATION CLAIM
COMPLETE EMPLOYERS FIRST REPORT OF INJURY FORM

Areas To Complete:

EMPLOYER LOCATION

EMPLOYEE

WAGE

OCCURRENCE

TREATMENT

OTHER

Once Complete, Email Or Fax Report To Cress Insurance, It Will Be Sent To NM Mutual Casualty Company Where It Will Be Assigned To An Adjuster Who Will Contact The Employer and Employee.



cress
insurance
group

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