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 CONSULTANTS
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