



Thank you for choosing The Hanover for your Workers' Compensation needs. We are pleased to provide you with some information regarding future filing of claims, and other state specific information that will assist you with your claims reporting. You will find this information in the enclosed packet.

The Hanover has four methods for reporting new workers' compensation losses:

Phone In: Call 1-800-628-0250, follow prompts for reporting WC new losses.

Fax In: Fax completed First Report to 1-800-762-7788

Online: [www.hanover.com](http://www.hanover.com) Choose "Report a Claim" at the top of the page, then choose "Workers' Compensation Claim" under Business Claims.

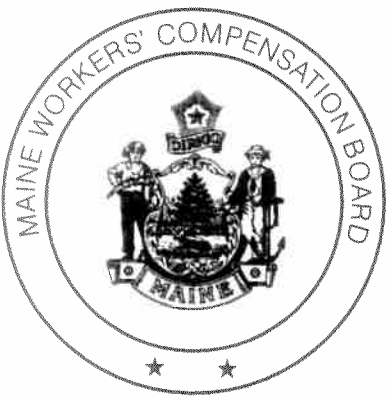
E-Mail: E-mail completed First Report of Injury to [WCNEWLOSSES@hanover.com](mailto:WCNEWLOSSES@hanover.com)

All four options are available 24 hours per day, 7 days per week. Upon receipt and entry of your claim into our system, your agent will receive a notification of the claim for their records. This occurs within 1 business day of receipt of your report.

The most essential part of a workers' compensation claim is prompt notification to us to allow prompt investigation, payment of benefits to your injured worker if appropriate, and to avoid any potential for late filing penalties that may be assessed by your state.

**Welcome to The Hanover.**

**We look forward to working with you.**



# WORKERS' COMPENSATION

## WORKERS' COMPENSATION BOARD REGIONAL OFFICES

### AUGUSTA

24 Stone Street, Suite 102  
Augusta, ME 04330  
207-287-2308  
1-800-400-6854

### LEWISTON

36 Mollison Way  
Lewiston, ME 04240-5811  
207-753-7700  
1-800-400-6857

### BANGOR

106 Hogan Road, Suite 1  
Bangor, ME 04401  
207-941-4550  
1-800-400-6856

### PORTLAND

62 Elm Street  
Portland, ME 04101  
207-822-0840  
1-800-400-6858

### CARIBOU

43 Hatch Drive, Suite 110  
Caribou, ME 04736-2347  
207-498-6428  
1-800-400-6855

Visit our website at:

[www.maine.gov/wcb](http://www.maine.gov/wcb)

Statewide TTY: 1-877-832-5525

## Notice to Employees:

State law requires your employer to provide workers' compensation insurance for its employees. Workers' compensation insurance provides benefits to employees who are injured at work.

If you are injured at work, NOTIFY YOUR EMPLOYER AT ONCE. You may lose your right to receive benefits unless your employer is notified within 90 days of your injury. Your claim is also subject to a two year statute of limitations. Worker advocates are available at the Workers' Compensation Board to help injured workers.

It is against the law for employers to misclassify employees as independent contractors for the purposes of avoiding workers' compensation insurance, unemployment coverage, or other employer paid taxes and withholdings. For more information on laws pertaining to the hiring of independent contractors, visit the Worker Misclassification Task Force website at [www.maine.gov/labor/misclass](http://www.maine.gov/labor/misclass).

If you have any questions about your rights, please contact one of the regional offices.

## A l'intention des Employés:

D'après les lois de l'Etat du Maine, votre employeur est tenu de souscrire à une assurance indemnisant ses employés victimes d'un accident du travail.

Si vous êtes victime d'un accident du travail, PREVEZ VOTRE EMPLOYEUR IMMEDIATEMENT. Passé un délai de 90 jours, vous risquez de perdre vos droits à l'indemnisation. Au-delà de deux ans, votre déclaration n'est plus recevable. Pour aider les victimes d'un accident du travail, le Workers' Compensation Board met des conseillers juridiques à leur disposition.

La loi interdit aux employeurs de classer fallacieusement leurs salariés comme étant des contractants privés aux fins d'échapper à l'assurance compensatrice-employé, aux

indemnités de chômage, ou aux autres charges et retenues dues par employeur. Pour plus de détails sur la législation relative à l'utilisation des services privés, visitez le site internet de Worker Misclassification Task Force (Unité anti-fraude en matière de classification des salariés) : [www.maine.gov/labor/misclass](http://www.maine.gov/labor/misclass).

Si vous n'êtes pas sûr de vos droits, veuillez contacter l'un des bureaux régionaux.

## Aviso a los Trabajadores:

La ley del estado de Maine requiere que su empresario proporcione el seguro de compensaciones para el trabajador a todos los trabajadores. El seguro de compensaciones para el trabajador proporciona beneficios a los trabajadores accidentados en el trabajo.

En caso de sufrir accidente o daño laboral, NOTIFIQUELO INMEDIATAMENTE A SU EMPRESARIO. Podría perder el derecho a recibir compensación a menos que su empresario sea notificado de este accidente o daño en el plazo de 90 días. Así mismo esta reclamación debe hacer referencia a un accidente o daño que no haya ocurrido hace más de dos años. Los defensores del trabajador están disponibles para proporcionar ayuda a los trabajadores accidentados en el Consejo de Administración de Compensaciones para el Trabajador (Workers' Compensation Board).

El hecho de no clasificar a los empleados como contratistas independientes, con el propósito de evitar el seguro por compensación al trabajador, cobertura para desempleados, u otros impuestos pagados y retenidos por el empleador, está en contra de la ley del empleador. Para mayor información acerca de las leyes pertenecientes a la contratación de contratistas independientes, visite el Worker Misclassification Task Force en la página web de [www.maine.gov/labor/misclass](http://www.maine.gov/labor/misclass).

En caso de tener cualquier pregunta sobre sus derechos, favor de dirigirse a una de las oficinas regionales de compensaciones para el trabajador.

ENGLISH	Interpreters Available When calling for assistance, please say the name of your language in English and an interpreter will be called for you. Please stay on the line.	POLISH	Tłumacze dostępni na życzenie. Aby uzyskać pomoc tłumacze, proszę powiedzieć po angielsku "Polish" i czekać na linię.	VIETNAMESE	"Cố Thông Dịch Viên" "Khi gọi điện thoại để được giúp đỡ, xin quý vị hãy nói "VIETNAMESE" để chúng tôi cho thông dịch viên giúp quý vị. Xin quý vị chờ trên đường dây.
SPANISH	Tenemos intérpretes a su disposición Si necesita que le atiendan en español por favor diga "Spanish" y le conectaremos con un intérprete. Por favor manténgase en la línea.	RUSSIAN	"К вашим услугам имеются переводчики" "Когда Вы обращаетесь за помощью по телефону, пожалуйста скажите, что Вы говорите по-русски (произнесите "РАШН"), и мы обеспечим Вас переводчиком. После этого, пожалуйста, оставайтесь на линии."	ARABIC	مترجمون شفييون متيسرون لخدمتكم عند اتصالكم للمساعدة أو لطلب خدمة معينة نرجو منكم أن تذكروا (أ-ز-ب-ك) ونحن سنقدم لكم مترجماً شفيياً . ابقوا على الخط من فضلكم.
PORTUGUESE	Temos intérpretes à sua disposição Se precisar de atendimento em Português, por favor diga "Portuguese" e um intérprete será prontamente chamado. Por favor, aguarde na linha.	CHINESE	提供口譯服務 打電話請求幫助時，請用英語說“快音呢斯”(CHINESE)--- 我們將為您提供口譯人員。請不要挂斷電話。	PERSIAN	افراد مترجم در دسترس می باشند. را که بدان صحبت می کنید به انگلیسی ذکر کنید تا راجع به امری به ما تلفن می کنید، لطفاً نام زبانی قطع نکنید. هنگامیکه برای درخواست کمک یا شما تماس گرفته شود، لطفاً روی خط منتظر بمانید. با یک مترجم برای
ITALIAN	Abbiamo interpreti disponibili Se avete bisogno di assistenza in Italiano, Vi preghiamo di dire "Italian" e un interprete sarà messo a Vostra disposizione. Vi preghiamo di rimanere in linea.	JAPANESE	通訳サービスをご利用いただけます 通訳を必要とされる場合は「ジャパニーズ」とおっしゃり、通訳ができるまでそのままお待ちください。	SOMALI	Turjunaanno waa la helayaa Marka aad caawinaad inoogu soo yeeraneysid, fadhlan luqaddaada af Ingiriisi inoogu sheeg turjubaan ayaa lguugu yeeri doonaaye. Taleefoonkana ha dhigin.
FRENCH	Des interprètes sont à votre disposition Lorsque vous appelez pour demander de l'aide, prononcez le mot "French" et nous mettrons un interprète à votre disposition. Prière de rester en ligne.	KOREAN	한국어 통역을 이용하실 수 있습니다. 도움이 필요하여 전화를 거실 때 영어로 코리언 (KOREAN)이라고 말씀하시면 통역자를 연결해 드릴 것입니다. 전화를 끊지 마시고 기다리십시오.		

**To the employer:** This notice must be posted in a conspicuous place upon your premises accessible to employees. 39-A MRSA §406. The State of Maine does not discriminate on the basis of disability in admission to, access to, or operation of its programs, services or activities.

This poster is available in alternative format. For further assistance, contact the Maine Workers' Compensation Board, ADA Coordinator, telephone: (888) 801-9087 or TTY (877) 832-5525.



# EMPLOYER'S FIRST REPORT OF OCCUPATIONAL INJURY OR DISEASE

1. WCB FILE NUMBER (if known):

1a. OSHA 300 CASE NUMBER (if applicable):

## REASON FOR REPORT (check all that apply)

- 2a. ☐ LOST TIME - ONE OR MORE DAYS  
2b. WAS EMPLOYEE PAID FOR 1/2 DAY OR MORE ON DAY OF INJURY? ☐ YES ☐ NO  
3. ☐ LOST EARNINGS BUT NO LOST TIME  
4. ☐ MEDICAL/HEALTH CARE  
5. ☐ FATALITY DATE OF DEATH: MM/DD/YYYY  
6a. ☐ OCCUPATIONAL DISEASE  
6b. DATE OF LAST EXPOSURE: MM/DD/YYYY  
6c. DATE OF DIAGNOSIS AS OCCUPATIONALLY RELATED: MM/DD/YYYY  
7a. ☐ CORRECT PRIOR REPORT  
7b. DATE OF CORRECTION: MM/DD/YYYY  
7c. DATE CORRECTION SENT TO WCB: MM/DD/YYYY

## EMPLOYER

8. STATE EMPLOYER UNEMPLOYMENT INSURANCE ACCOUNT NUMBER (UIAN):	9. FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN):	10. EMPLOYER NAME:		
11. STREET/P.O. BOX MAILING ADDRESS:	12. CITY:	13. STATE:	14. ZIP:	15. TELEPHONE NUMBER: ( )
16. PRIMARY BUSINESS PERFORMED BY EMPLOYER WHERE INJURY OCCURRED:	17. EMPLOYER LOCATION IF DIFFERENT FROM MAILING ADDRESS:	18. DID INJURY OR EXPOSURE OCCUR ON EMPLOYER'S PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, THEN GIVE NAME AND PHYSICAL ADDRESS OF THE EMPLOYER WHERE THE EMPLOYEE WAS INJURED OR EXPOSED:		

(check one) ☐ INSURER

☐ THIRD PARTY ADMINISTRATOR (TPA)

☐ SELF-ADMINISTERED EMPLOYER

19. INSURANCE/TPA COMPANY NAME:	20. POLICY NUMBER:	21. INSURER FILE NUMBER:		
22. STREET/P.O. BOX MAILING ADDRESS:	23. CITY:	24. STATE:	25. ZIP:	26. TELEPHONE NUMBER: ( )

## EMPLOYEE

27. LAST NAME:	28. FIRST NAME:	29. MI:	30. TELEPHONE NUMBER: ( )	31. SOCIAL SECURITY NUMBER:	32. GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
33. STREET/P.O. BOX MAILING ADDRESS:	34. CITY:	35. STATE:	36. ZIP:	37. DATE OF BIRTH: MM/DD/YYYY	
38. OCCUPATION/JOB TITLE:	39. DATE OF HIRE: MM/DD/YYYY	40. WEEKLY WAGE AT TIME OF INJURY: \$	41. DOES EMPLOYEE WORK FOR ANOTHER EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE NAME AND ADDRESS:		

## CLAIM INFORMATION

42. DATE OF INJURY OR ILLNESS: MM/DD/YYYY DATE EMPLOYER NOTIFIED: MM/DD/YYYY	43. DATE OF INCAPACITY: MM/DD/YYYY DATE EMPLOYER NOTIFIED: MM/DD/YYYY	44. TIME EMPLOYEE BEGAN WORK (e.g. 7:30 a.m.):	45. DATE EMPLOYER NOTIFIED INSURER/TPA: MM/DD/YYYY
		46. TIME OF INJURY (e.g. 1:10 p.m.):	47. HAS EMPLOYEE RETURNED TO WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE DATE: MM/DD/YYYY
48. SPECIFIC INJURY OR ILLNESS (e.g. second degree burn or toxic hepatitis):	49. BODY PART(S) AFFECTED (e.g. lower right forearm):		50. ALL EQUIPMENT, MATERIALS, OR CHEMICALS EMPLOYEE WAS USING WHEN THE EVENT OCCURRED (e.g. acetylene torch, metal plate):

51. SPECIFY ACTIVITY THE EMPLOYEE WAS ENGAGED IN WHEN THE EVENT OCCURRED (e.g. cutting metal plate for flooring.):	52. HOW INJURY OR ILLNESS OCCURRED. DESCRIBE THE SEQUENCE OF EVENTS AND INCLUDE ANY OBJECTS OR SUBSTANCES THAT DIRECTLY INJURED OR MADE THE EMPLOYEE ILL. (e.g. worker stepped back to inspect work and slipped on some scrap metal. As worker fell, worker brushed against hot metal.):		
WAS ACTIVITY PART OF NORMAL JOB DUTIES? <input type="checkbox"/> YES <input type="checkbox"/> NO			

53. HOSPITALIZED OVERNIGHT AS INPATIENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	54. WAS THE EMPLOYEE TREATED IN AN EMERGENCY ROOM? <input type="checkbox"/> YES <input type="checkbox"/> NO	55. HEALTH CARE PROVIDER NAME:	56. MAILING ADDRESS:	57. TELEPHONE NUMBER: ( )
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## PREPARER INFORMATION

58. PREPARER NAME AND TITLE (TYPE OF PRINT):	59. TELEPHONE NUMBER: ( )	60. DATE SENT TO WCB: MM/DD/YYYY
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WCB-1 (1/02) The State of Maine does not discriminate on the basis of disability in admission to, access to, or operation of its programs, services or activities. This material can be made available in alternate formats by contacting your Department ADA Coordinator.

DISTRIBUTION: COPY (1) MAINE WORKERS' COMPENSATION BOARD, 27 STATE HOUSE STATION, AUGUSTA, MAINE 04333-0027, (2) EMPLOYEE, (3) INSURER, (4) EMPLOYER

221-8784 (12/11)