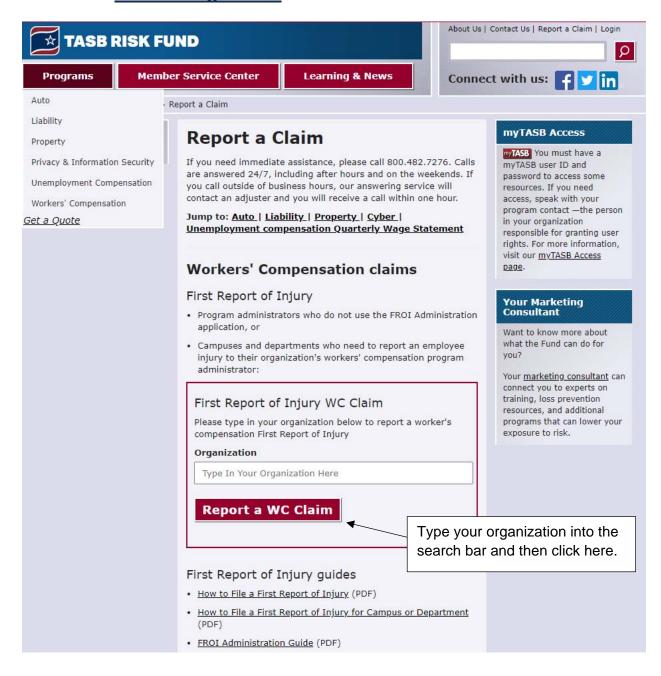
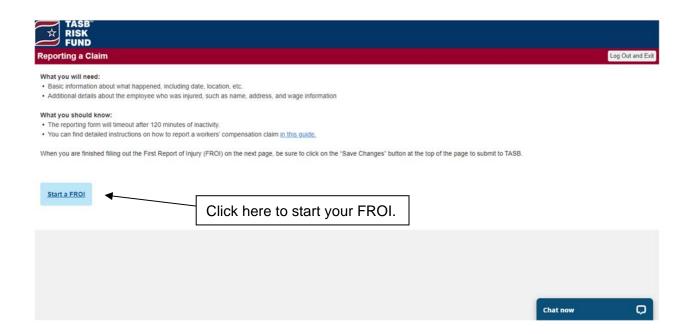
How to File a First Report of Injury

Campus or Department Instructions

Start here: tasbrmf.org/claims





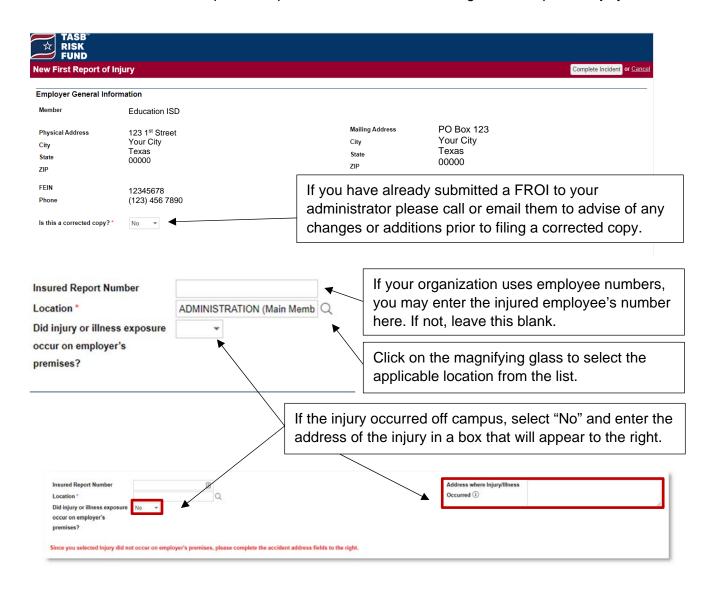


Important: Please note that all items marked with a red asterisk (*) are mandatory. If you are unsure of the correct information, please use the applicable placeholders listed in this guide. Placeholders are outlined in red.

Any placeholders or incorrect information will be corrected by your administrator upon submission.



Campus or Department Instructions for Filing a First Report of Injury - 3 -

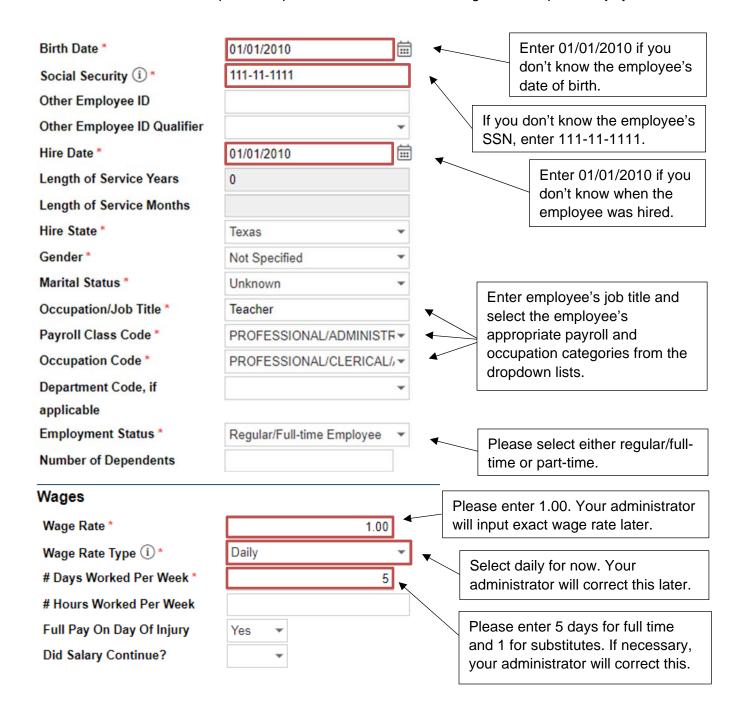




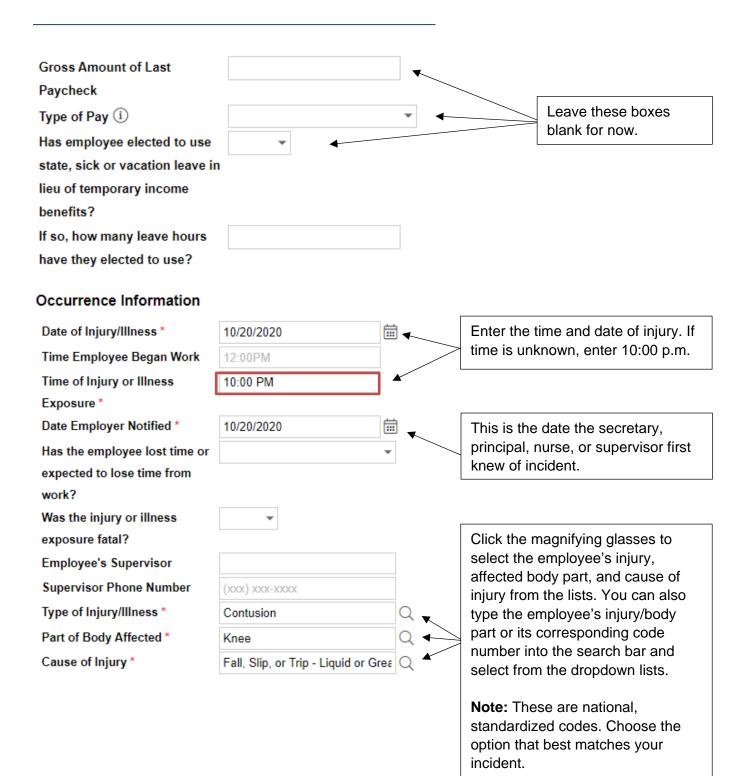
Employee Information Enter the employee's first Claimant Doe, Jane and last names in these First Name * Jane boxes. The names will populate the Claimant box Middle Name above. Last Name * Doe Street Address 1* Please enter the 1 employee's correct Street Address 2 mailing address and City * contact info. If you are Your City uncertain about any State * Texas information, use these ZIP* 11111 placeholders. Phone * 1111111111 **Work Phone** XXXX-XXXX (XXXX) Employee Email Does the employee speak English?



Campus or Department Instructions for Filing a First Report of Injury - 5 -

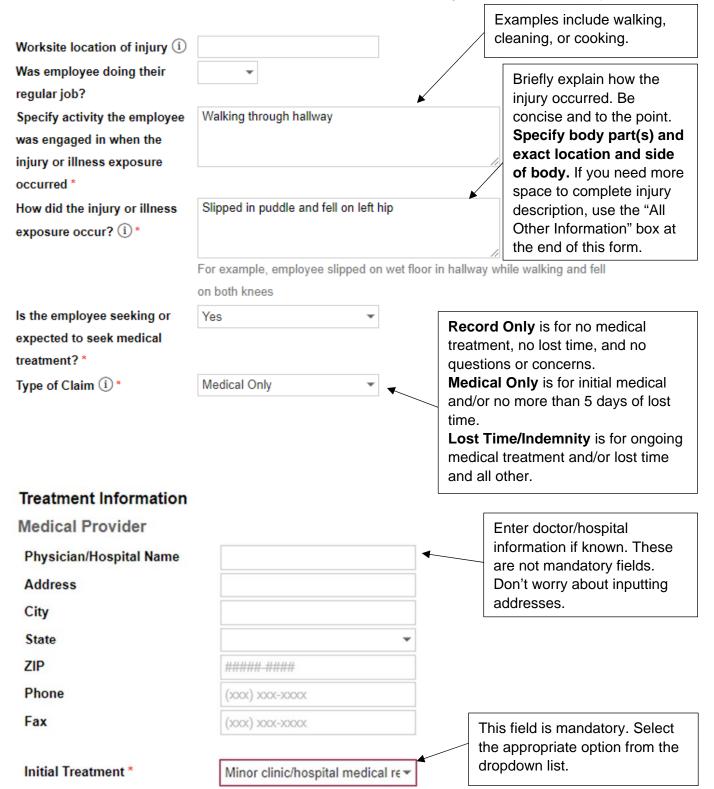








Campus or Department Instructions for Filing a First Report of Injury - 7 -





Campus or Department Instructions for Filing a First Report of Injury - 8 -

