

THE INDUSTRIAL COMMISSION OF ARIZONA
CARRIER'S NOTIFICATION OF SCHEDULED INJURY
TIME LOSS IN EXCESS OF 90 DAYS

Submitter Email Address:

DATE: ICA CLAIM NO.
FROM: SOCIAL SECURITY NUMBER
TO: THE INDUSTRIAL COMMISSION OF ARIZONA SPECIAL FUND DATE OF BIRTH
PO BOX 19070 DATE OF INJURY
PHOENIX, AZ 85005

FORWARD WITH ONE COPY OF ALL PERTINENT MEDICAL DATA

CLAIMANT NAME: Last First MI Phone
CURRENT ADDRESS: STREET CITY STATE ZIP CODE
SEX: M F MARITAL STATUS: Single Married Divorced Widowed
OCCUPATION AT TIME OF INJURY:

Established Wage: Present Comp Per Month: Number of Dependents:

NAME OF INSURED EMPLOYER:

EMPLOYER ADDRESS: CITY STATE ZIP

CLAIMANT'S ATTENDING PHYSICIAN:

PHYSICIANS ADDRESS: STREET CITY STATE ZIP

Does attending physicians recommend rehabilitation? YES NO

NATURE OF CLAIMANT'S INJURY:

The mandatory requirement that the social security number be included in forms filled with the Claims Division or Special Fund Division of the Industrial Commission of Arizona is permitted by Section 7(a)2(B) of the Federal Privacy Act of 1974, because the Commission's forms prescribed under the Commission's rules in existence prior to January 1, 1975, required disclosure of the social security number. The number is used as a means of identifying all the various records in the Claims Division or Special Fund pertaining to an individual. The use of social security numbers is made necessary because of the large number of persons who have similar names and birth dates, and whose identities can only be distinguished by the social security number.

THE INDUSTRIAL COMMISSION COMPLIES WITH THE AMERICANS WITH DISABILITIES ACT OF 1990. IF YOU NEED THIS DOCUMENT IN THE ALTERNATIVE FORMAT, CONTACT SPECIAL FUND AT (602) 542-3294