

# Claim Supply Request

**Date:**

Fax Request To: 925-609-5549

Or

eMail Request To: [claimskit@athensadmin.com](mailto:claimskit@athensadmin.com)

QTY

	<b>Workers' Compensation Claim Form (DWC 1) &amp; Notice of Potential Eligibility</b>
	<b>Employer's Report of Occupational Injury or Illness (Form 5020)</b>
	<b>Notice to Employees (DWC 7) (English and Spanish) – <i>must be posted</i></b>
	<b>MPN Employee Written Notification – <i>must be posted</i></b>

**Employer Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**Policy #:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_