



## Claim Supply Request Form

Client Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

QTY

	Workers' Compensation Claim Form (DWC 1) & Notice of Potential Eligibility
	Employer's Report of Occupational Injury or Illness (Form 5020)
	Notice to Employees (DWC 7) (English and Spanish)
	Time of Hire Pamphlet English
	Time of Hire Pamphlet Spanish
	Fraud Prevention Poster – What Will You Gain by Cheating
	Fraud Prevention Poster – Workers Comp Fraud Doesn't Pay
	Fraud Prevention Poster – Commit Fraud, Get a New Outfit
	Fraud Prevention Poster – Fraud affects all of us
	Notice under Labor Code 2810.5
	MPN Employee Written Notification
	MPN Acknowledgement Form
	MPN Implementation Notice
	Other:

Check One Below

- Please provide the requested materials in electronic format**

Email address: \_\_\_\_\_

- Please mail hard copies of the requested materials**

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

City: \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Please email your request to [claimskit@athensadmin.com](mailto:claimskit@athensadmin.com) or Fax to 925-609-5549