

Claim Supply Request Benchmark Program

Date: _____

Send request to (choose only one):

- By fax to **925-609-5549** – **Attention Loni Borromeo – Benchmark Program**
- By e-mail to claimskit@athensadmin.com

Quantity	
	Employee's Claim for Workers' Compensation (DWC-1)
	Employer's First Report of Injury (Form 5020)
	Posting Notices (DWC-7)

Please complete the information below:

Employer Name: _____

Mailing Address: _____

City _____ State _____ ZIP _____

Policy #: _____

Contact Name: _____

Telephone #: _____