

MAIL TO: STATE OF ALABAMA
Workers' Compensation Division
Department of Labor
Montgomery, Alabama 36131
FAX: (334) 353-0840

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COMBINATION SUPPLEMENTARY & CLAIM SUMMARY FORM

1. Employee: _____ 2. Social Security number: _____
3. Employer: _____ 4. Unemployment Compensation Number: _____
5. Date of Injury: _____ 6. Date disability began this period: _____
7. Insurance carrier: _____ 8. Claim # _____ 9. Service Co # _____
10. Name, address and telephone number of office filing this report: _____

SUPPLEMENTAL REPORT

FIRST PAYMENT REINSTATEMENT AMENDED

- A.**
1. On _____ the amount of \$ _____ was paid for the period from _____ thru _____
(Date of 1st check)
Average Weekly Wage \$ _____ Compensation Rate \$ _____ per week.
2. Type of Disability:
Temporary Total ; Temporary Partial ; Permanent Partial ; Permanent Total ; Fatal
3. If periodic payments were awarded by Circuit Court, give name, location and civil action (CV) number and explain: _____

B.
COMPENSATION WAS NOT PAID WITHIN 30 DAYS FROM THE DATE OF DISABILITY BEGAN, COMPLETE THIS SECTION.

4. Reason for non-payment: Medical Only , no lost time (return to work date) _____
Under investigation , reason for prolonged investigation _____
In litigation , Under appeal
5. Has compensation been denied and claimant notified? Yes No Reason? _____

CLAIM SUMMARY FORM

SUSPENSION SETTLEMENT AMENDED

(DO NOT INCLUDE ANY PAYMENTS PREVIOUSLY FILED ON A CLAIM SUMMARY FORM)

1. Last day comp was owed and paid _____ RTW _____ MMI _____
2. Did claimant work during this period of disability? Yes No If so, from _____ to _____ total days _____
3. AWW \$ _____ CR (66.7%) \$ _____
4. Amount and type of comp paid:
TTD \$ _____ WKS _____ Days _____
TPD \$ _____ WKS _____ Days _____
PPD \$ _____ WKS _____ Days _____ % _____ POB _____
PTD \$ _____ WKS _____ Days _____
Death \$ _____ WKS _____ Days _____
Estate Payment \$ _____ Burial Payment \$ _____
LSP \$ _____ Date Pd _____ WKS _____ Days _____
% _____ Part of Body _____
5. Ombudsman Yes No Court CV# _____ Location (County) _____
Date _____ Adjuster & Title _____

Signature _____