**FAX COVER SHEET**

**New Claim Information**

**State Contract Claim**

**(This Form is intended for State Agencies currently under the Master Agreement)**

**To: Customer Service Center State Compensation Insurance Fund**

**FAX#: 800-371-5905**

**Date: Enter Today’s Date Total # of pages: # of Pages**

**From: Your Name**

**Phone Number: Enter Your Phone Number**

**Agency Name: Enter Your Agency Name**

**Agency Number: Enter Your Agency Number GRPNUM: STATES**

Attached please find:

 [ ]  3067 Employer’s First Report of Injury (MANDATORY)

 [ ]  3301 Employee Claim Form (if available)

 [ ]  Additional Documentation (List):

 Click here to enter text.

 Click here to enter text.

 Click here to enter text.

 Click here to enter text.

Injured workers’ name: Enter Name Here

Date of Injury: Select Date

E-mail address to send claim number: Enter Your Email Address

**Instructions to Agency**. Please fax the 3067 (and 3301, if available) to the CSC. You may also provide supporting documents, including but not limited to the duty statement, wage information, work status note(s), etc. in the same fax transmission. Only fax once to the CSC per claim. Do not send the 3301 separately from the 3067 to the CSC.