

Instructions for Completing the First Report Transmittal

Please read all pages

This form is “**fillable**.” That means you can type the information onto the form from your computer and print the form. You will not be able to save the form onto your computer’s hard drive.

When you open the form, click in the “Company Name” box (field), complete the information, and use the tab key to navigate to the next field. Do not use the Enter key; pressing the Enter key will only page down. Each field has been *limited*. This means that you cannot continue to type information into a field if it doesn’t fit into the space provided.

Use numbers only to fill in the fields for Phone # and Fax #. Do not use dashes or parentheses; when you tab out of the field, it will fill in automatically. To fill in a **check box**, click inside the box with your mouse.

To clear or delete all the information you have typed onto the form, click on the red “**Clear Entire Form**” button. To change the information in one field, use the backspace or delete key.

Adobe Acrobat - [WC106 First Report Transmittal.pdf]

File Edit Document Tools Plug-Ins View Window Help

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COLORADO DIVISION OF WORKERS' COMPENSATION

FIRST REPORT TRANSMITTAL

**“Clear Entire Form” button
Clears all information at once**

**“Check Box”
Click in Box**

Block # or Adjustor Code: _____

Mailing Address: _____

Carrier Name _____

Carrier Block # _____

Check One

- Adjusting Firm
- Carrier
- Self-Insured

Phone # _____

Fax # _____

Submitted On Behalf Of: (if submitted by Adjusting Firm)

Carrier Claim #	Employer Name	Claimant Name	WC# Division Assigned

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Tuesday
5/27/2003

INSTRUCTIONS

The First Report Transmittal Form (Transmittal) is used by the carrier or adjusting firm to submit Employers First Reports of Injury (FROI). The Transmittal will be returned via fax noting the Workers' Compensation number (WC#) assigned by the Division. This WC# must be listed on all future documents relating to the claim.

The Transmittal **MUST** be placed on top of the FROIs. List the FROIs on the Transmittal in Carrier Claim Number order.

Use one transmittal per carrier. Do not combine carriers on a transmittal.

Company Name: List the name of the adjusting firm, carrier, or self-insured submitting the form.

Check One: Check the box that identifies the type of entity submitting the form.

Block # or Adjustor Code: If the type of entity submitting the transmittal is a carrier or self-insured, list the block # that identifies the carrier or self-insured. If the type of entity submitting the transmittal is an adjusting firm, list the adjustor code.

Mailing Address: List the mailing address of the adjusting firm, carrier, or self-insured submitting the form.

Phone #: List the telephone number of the adjusting firm, carrier, or self-insured submitting the form.

Fax #: List the Fax number of the adjusting firm, carrier, or self-insured submitting the form.

Carrier Name: If an adjusting firm submits the transmittal, list the name of the carrier or self-insured associated with the attached FROIs.

Carrier Block #: If an adjusting firm submits the transmittal, list the block number assigned to the carrier or self-insured associated with the attached FROIs.

Carrier Claim #: List the claim number assigned by the carrier or self-insured.

Employer Name: List the name of the employer associated with the claim.

Claimant's Name: List the name of the claimant.

WC#, Division Assigned: Do not complete. The Division will assign the Workers' Compensation number.

Transmittal Page __ of __ pages: List the page number of the transmittal and the number of total transmittal pages.

Number of First Reports Attached: List the number of FROIs attached to the transmittal.

Mail or Deliver to:

**Division of Workers' Compensation
633 17th St., Suite 400
Denver, CO 80202-3626
303.318.8700**