CompWest

WORKERS' COMPENSATION WITH CARE™

Claims Kit Order Form

Policyholder Information

Policyholder Name _____

Contact First Name _____ Contact Last Name _____

Address _____

City _____ State CA Zip Code _____

Phone Number _____ Email _____

Policy Number _____ Date (mm/dd/yyyy) _____

Please select the materials you want to request:

Qty ____ Facts for Injured Workers Pamphlets (English)

Qty ____ Facts for Injured Workers Pamphlets (Spanish)

Qty ____ Facts about Workers' Compensation (English)

Qty ____ Facts about Workers' Compensation (Spanish)

Qty ____ Workers' Compensation Poster

Qty ____ 5020 Forms

Qty ____ Magnets

Qty ____ DWC - 1 Forms

Qty ____ Injury Reporting As Easy As 1-2-3

Qty ____ Benefits of Rapid Claim Reporting

Qty ____ Workers' Compensation with Care

Qty ____ Early Return to Work Program

Qty ____ Litigation Avoidance

Qty ____ Zero Tolerance for Injuries

Qty ____ MPN Employee Notification Sheet

Qty ____ MPN Posters

Comments & Suggestions:

If you do not have the current version of Adobe Acrobat (7.0) or Adobe Reader, you can also fax the completed form to Claims/Supply Order Desk at (866) 506-5800.