

SDML WORKERS' COMPENSATION FUND

CLAIMS PROCEDURES

FIRST REPORT OF INJURY INSTRUCTIONS

At the time an employee is injured:

1. The employer must complete the ***South Dakota Employer's First Report of Injury*** form. ***DOL-LM-101 Revised 02/2008.***

THIS CAN BE ACCESSED @ www.sdmlwcfund.com

- a. Complete the form as thoroughly as possible. The Department of Labor returns any uncompleted forms; thus a potential fine for late reporting. Employee Information: Include work phone number as well as home phone number, or cell phone.
 - b. Codes for Body Part Injured – be specific i.e. “right” arm, “left” leg, etc.
 - c. Employer/Employment Information: Please include the **Department** the employee works in.
2. The Authorization for Release of Information must be completed.
 - a. The line stating “I hereby request and authorize”: needs to be completed with all providers seen in the past years, or left blank, and it can be sent to several different providers.

SEND BOTH FORMS TO SDML WC FUND'S CLAIM ADMINISTRATOR:

CLAIMS ASSOCIATES, INC.

Jeff Jares, President

PO Box 1898

Sioux Falls, SD 57101

Email: Claims@claimsassoc.com

Phone: 1-888-654-6495

Fax: 1-605-333-9835

SDML Workers' Compensation Fund Underwriting & Marketing Administrator

Insurance Benefits, Inc.
Karen Ripperda, President
Brad Wilson, Vice President
4901 Isabel Place - #110
Sioux Falls, SD 57108
Phone: 1-800-233-9073
Fax: 1-605-275-6193