Employer's Guide for Reporting Workers' Compensation Claims

In the event of a work related injury:

- Life Threatening / Emergency - Contact 911

- Non-life Threatening - Direct the injured employee to the authorized treatment center/physician for initial medical treatment. This facility should be previously designated by your company.

- Obtain post injury drug screen as specified by your company's policy

- Complete the **Employer's First Report of Injury** form and send it to ECMI

- First Reports of Injury may be sent to ECMI using any of the following methods:

    - Portal: Visit www.employersclaim.com/claims/ and go to Portal Login to Register.
    - Email: FirstReport@EmployersClaim.com
    - Fax: 334-240-2981
    - Mail: P.O. Box 5614, Montgomery, AL 36103

- Complete an accident investigation to help determine and document the cause of the incident. Take action to prevent recurrence

- Contact ECMI for any questions and/or further assistance

    - 334-277-9395
    - 800-392-1551

NOTE: Notify ECMI immediately in case of serious and/or life threatening injury (fatality, head injuries, burns, MVA)

NOTE: Be aware of OSHA Severe Injury Reporting Requirements (fatality – 8 hrs., hospitalization/loss of eye/amputation – 24 hrs.)