MAIL TO: STATE OF ALABAMA
Workers' Compensation Division
Department of Labor
Montgomery, Alabama 36131
FAX: (334) 956-4031 or 334-956-4032
E-Mail: earlene.brown@labor.alabama.gov or christine.dunn@labor.alabama.gov

COMBINATION SUPPLEMENTARY & CLAIM SUMMARY FORM

1. Employee: _____ 2. Social Security number: _____
3. Employer: _____ 4. Unemployment Compensation Number: _____
5. Date of Injury: _____ 6. Date disability began this period: _____
7. Insurance carrier: _____ 8. Claim # _____ 9. Service Co # _____
10. Name, address and telephone number of office filing this report:

SUPPLEMENTAL REPORT

FIRST PAYMENT ☐ REINSTATEMENT ☐ AMENDED ☐

A.

1. On _____ the amount of $ _____ was paid for the period from _____ thru _____
(Date of 1st check)

Average Weekly Wage $ _____ Compensation Rate $ _____ per week.

2. Type of Disability:
Temporary Total ☐; Temporary Partial ☐; Permanent Partial ☐; Permanent Total ☐; Fatal ☐

3. If periodic payments were awarded by Circuit Court, give name, location and civil action (CV) number and explain: _____

B.

COMPENSATION WAS NOT PAID WITHIN 30 DAYS FROM THE DATE OF DISABILITY BEGAN, COMPLETE THIS SECTION.

4. Reason for non-payment: Medical Only ☐, no lost time (return to work date) _____
Under investigation ☐, reason for prolonged investigation _____
In litigation ☐, Under appeal ☐

5. Has compensation been denied and claimant notified? Yes ☐ No ☐ Reason ? _____

CLAIM SUMMARY FORM

SUSPENSION ☐ SETTLEMENT ☐ AMENDED ☐

(DO NOT INCLUDE ANY PAYMENTS PREVIOUSLY FILED ON A CLAIM SUMMARY FORM)

1. Last day comp was owed and paid _____ RTW _____ MMI _____
2. Did claimant work during this period of disability? Yes ☐ No ☐ If so, from _____ to _____ total days _____
3. AWW $ _____ CR (66.7%) $ _____
4. Amount and type of comp paid:
TTD $ _____ WKS _____ Days _____
TPD $ _____ WKS _____
PPD $ _____ WKS _____ Days _____ % _____ POB _____
PTD $ _____ WKS _____ Days _____
Death $ _____ WKS _____ Days _____
Estate Payment $ _____ Burial Payment $ _____
LSP $ _____ Date Pd _____ WKS _____ Days _____
% _____ Part of Body _____
5. Ombudsman Yes ☐ No ☐ Court CV# _____ Location (County) _____

Date _____ Adjuster _____