

Resources

NOTICE: The following information and claim forms are intended for use by State Insured Entities Only

Information Regarding “How To” File a Claim for Workers' Compensation Benefits

Follow the steps outlined below:

Reminder: The completed [Doctor Visit / Modified Work Assignment](#) form **is** to be returned to his/her employer at the conclusion of each and every doctor visit

1. The injured Worker completes a Notice of Accident (NOA) with their Supervisor (***to obtain this form contact your Agency Human Resource Bureau Representative***)
2. In conjunction with a Supervisor or the HR Representative, the injured worker will complete the forms included in the Worker's Compensation packet. Forms to be completed are identified in the [Workers' Compensation Injury Forms Packet](#) (see Forms section below)
3. Human Resources Bureau Representative and or the injured workers' Supervisor will submit all completed forms to:

Risk Management Division/Workers Compensation Bureau
P.O. Box 6850
Santa Fe, New Mexico 87520

OR

Fax to: (505) 827-0685

Forms

Workers' Compensation Injury Forms Packet

The forms identified below can be downloaded for your convenience and will assist you in filing a Workers' Compensation Claim. For further assistance, please contact our Bureau by calling (505) 827-2711 or 1-800-510-5093.

NOTE: RMD/WCB will be unable to accept the Workers' Compensation Claims submitted unless all forms are completely filled out and submitted to the WCB.



[Authorization to Release Medical Information](#)
[Benefit Explanation Form](#)
[Doctor Visit / Modified Work Assignment](#)
[Employers' First Report of Injury or Illness](#)
[Claim Explanation Form](#)

Note: You may type directly into these forms. In order to do this, please download the latest [Adobe Reader](#).