CURRENT

Claimant Name: SS No.:

Notice to Request Supplemental Information on Injury or Illness									
 Did you make settlement with the above named person: Yes – Complete Items 2-6 and sign below. No 									
		Yes – C	ury claim still being complete Items 2 a ease explain		W.				
2.	Enter name,	addres	s, telephone, and f	acsimile (Fax) num	ber of Ins	surance C	Compar	iy or pa	ayer.
	Telephone Number:	_()		Fax Nun	nber: ()		
3.	Policy No.	:			Cla	aim No.:			
4.	Date on which the payment was made for settlement:]
5.	Amount of	the pay	ment/settlement:	\$					
6.			om the settlement mount was withhel		\$]
pei	nalties may	be impo	ation I am giving is sed against me fo benefits by the RR	r false or frauduler					
Sig	gnature:				Date	e:			
Titl					_	phone:			
form sick RUI an a revi resp acc Ass	n under Secti kness benefits IA, failure to c average of 5 iewing the col pond to, a col curacy of our 6	on 5(b) o s paid un complete minutes mpleted lection o estimate	der the Act. Becaus and return this form to complete, includir form. Federal agen f information unless or any other aspect	nployment Insurance se you are required a could result in a fin ng the time for review cies may not conduc it displays a valid O of this form, includir	e Act (RUI, to provide e or impris wing the in ct or spons MB numbe ng suggest	A). The in this inform conment o structions cor, and re er. If you tions for re	formation nation u r both. , getting sponde wish, se educing	on is ne nder Se We est the ne nts are end com the con	eeded with respect to ection 9(a) of the imate this form takes eeded data, and not required to ments regarding the