



Worker Compensation Insurance Information Form & Emergency Contact Information

Last Name First Name Middle Name

SSN Date of Birth Date Hired

Address

City State Zip Code

Home Phone Number Cell Phone Number

e-mail address

Number of Children Number of Children under 18 years of age

Marital Status

- Single
- Married
- Divorced
- widowed

Ethnicity

- White
- Black / African American
- Hispanic / Latino
- Asian
- American Indian or Alaskan
- Native Hawaiian or Other
- Two or More Races

Preferred Language

- English
- Spanish

Emergency Contact Information

1st Person to Notify in an Emergency:

Relationship to that person:

Phone Number

2nd Person to Notify in an Emergency:

Relationship to that person:

Phone Number