

INSTRUCTIONS FOR ALABAMA STATE BOARD OF ADJUSTMENT
CLAIM FOR ON THE JOB INJURY

www.bdadj.alabama.gov

NOTE: Claims must be presented to the Alabama State Board of Adjustment within one year after the date of the injury or within two years for claims for injury resulting in death. Each question must be answered. If all questions are not answered, the claim will not be accepted. Forms must be printed in ink or typed. All supporting documentation must be submitted on 8 1/2 x 11 paper front side only.

Claim forms must be accompanied by all of the required documentation or your claim will be returned requesting further information. Any delays could cause the dismissal of your claim.

x MAIL COMPLETED FORMS TO :

Alabama State Board of Adjustment
600 Dexter Avenue, Suite B02
Montgomery, AL 36104

x FORMS MAY BE DELIVERED TO :

Alabama State Board of Adjustment
State Capitol Building, Suite B02
Montgomery, Alabama

x Telephone Numbers (334) 2427175 Fax: (334) 242908

1. Enter the name of the State Agency you are filing your claim against. (Example: Department of Transportation, Department of Education, etc.)

2. Enter your personal information. Enter your

7. Medical Expenses Enter all medical expenses incurred as a result of the injury. Include additional sheets necessary. List each health care provider, including pharmacy, and the amount charged by each. You provide evidence (itemized bills) to show what treatment was provided, when it was provided, and the charge, as well as evidence of insurance filing and payments (insurance company summary sheet). Board of Adjustment will not make awards for expenses paid by private insurance. If claimant is not covered by insurance, this should be clearly stated.
 - A. Total of Medical Expenses Claimed

8. If you had medical insurance at the time of the injury, name all insurance companies and state how much each paid directly to you.
 - A. Total Payments Made to You from All Insurance Companies

9. Medical Disability: If you are claiming medical disability, you MUST complete this section.
 - A. If you are claiming damages for permanent disability, check "Yes"; otherwise, check "No".
 - B. If you have claimed compensation for permanent disability from any source, such as Social Security Disability, Workman's Compensation, etc., check "Yes"; otherwise, check "No".

Medical Disability (Continued)

D. Describe the permanent disability: _____

10. Wages (If you are claiming lost wages and/or compensation for leave, ~~discuss~~ search separately):

A. Amount of lost wages: _____ for _____ hours/days/weeks

B. Amount of leave used: _____ for _____ hours/days/weeks

C. Rate of Pay at time of Injury _____ per Hour Day Week

D. Total Wages Claimed: _____

11. Miscellaneous Expenses (List other expenses you are claiming and the amount for each such as damages to auto, eyeglasses, mileage, etc. If claiming mileage use the Mileage Log which is listed on the web site, www.bdadj.alabama.gov as Alabama State Board of Adjustment Mileage Log.

Item	Amount of Expense

A. Total Amount of Miscellaneous Expenses Claimed: _____

B. Are any of the expenses listed above covered by insurance? Yes No

C. If yes, list amount of coverage and deductible amount:

Amount of Coverage: _____

Comprehensive Deductible: _____ Collision Deductible: _____

12. What is the GRAND TOTAL amount you are claiming for all items described in Items 7.A., 9.C., 10.D

11.A. _____

13. Signature of Claimant/Authorized Representative: _____

Please Print Name: _____

VERIFICATION

STATE OF _____

COUNTY OF _____

Before me, a Notary Public in and for said state and county, personally appeared the person whose name is signed above who being made known to me and being duly sworn give true testimony affirmed that all of the above stated facts are true and correct.

Sworn and subscribed before me this _____ day of _____, 20 _____

Signature of Notary Public _____

AFFIX SEAL Printed Name _____