



Instructions for the completion of MSI Injury Forms

MSI-1 Worker Claim Report	Must be completely filled out by the Claimant (injured worker) making the claim. Ensure that it is signed and dated on the bottom of the last page. Please complete this form to report all incidents (no medical attention required), circle yes under Incident Report Only.
MSI-2 Employer's Report	This form must be completely filled out by the employer. Ensure that it is signed and dated by both the representative completing the report and employer. The employer must provide an official pay stub or written proof of income.
MSI-3 Physician's Report	This form must be completely filled out by the Physician upon the first visit to the hospital. Ensure that the Physician signs the bottom of the page and you have referrals if any.
MSI-18 Accident Investigation Report	This form must be completely filled out by the health and safety representative of your company or organization. Ensure that it is signed and dated by the Health and Safety Officer on the bottom of the first page.

*Note all injuries must be reported even if there is no medical attention required at the time of accident/incident. Report all incidents, If no medical attention was required please completely fill out **MSI-1 "Worker Claim Report"** and circle Yes under Incident Report Only at the top right corner and submit to MSI Claims Officer by e-mail lorna.delaronde@mck.ca, or fax (450) 638-9974 to the attention of Lorna Delaronde.

All completed forms are to be hand delivered by the claimant to the Mohawk Self Insurance Claims Officer within 5 days of the accident. Failure to comply within the time limit may jeopardize or delay a claim. Failure to complete all information and required signatures on the MSI forms will not be reviewed.

The mere fact that you are making a claim to MSI does not guarantee a positive response, in some circumstances an investigation may proceed the processing of a claim.

* There is normally a fee charged from the physician at the hospital/clinic for completing the form(s), the **WORKER** is to pay the fee and obtain a receipt, which will be reimbursed by MSI.

If you have any questions, please contact Lorna Delaronde at 450-632-9595 ext. 61329