

STATE ACTIVE DUTY INJURY CLAIMS CHECKLIST

(PLEASE FILL OUT ALL FORMS COMPLETELY)

- TWCC- (DWC FORM-001) FIRST REPORT OF INJURY.
- SORM-16 AUTHORIZATION FOR RELEASE OF INFORMATION.
- SORM-74 WITNESS STATEMENT.
- SORM-29 EMPLOYERS REPORT OF INJURY.
- Copy of INDIVIDUAL STATE ACTIVE DUTY ORDER.
- Points of Contact:

Immediate POC: Name: _____

Phone Number: _____

Unit: _____

Home Unit POC: Name: _____

Phone Number: _____

Unit: _____

Claim must be sent within five (5) days of injury. Unit will have to provide the Individual SAD order. It does not have to be the payroll voucher. Find the required forms at: http://www.sorm.state.tx.us/Claims_Coordinator_Handbook/forms.php or site: www.texasnationalguard.us/dsca.

Fax copies to 512-782-5669, mail to Worker's Compensation Coordinator, Building 10, PO Box 5218, Austin, Texas 78763-5218, deliver directly to Worker's Compensation Coordinator at Building 10, Camp Mabry, Austin, Texas, or scan and email documents to susan.mcginnis@us.army.mil.

Workers Compensation Coordinator: Susan McGinnis (512) 782-5133 or DSN 954-5133. Upon notification/request the Coordinator can provide all necessary forms and instructions for filing the claim.