



INJURED WORKER HANDOUTS

As soon as you know one of your employees may have been injured at work, please provide the following documents to the injured worker.

DWD-DWC Form WKC-9488-E – Voluntary and Informed Consent for Disclosure of Health Care Information:

The Workers' Compensation Division of the Wisconsin Department of Workforce Development designed this release form to be used to obtain the documents and records needed to process a claim. An injured worker uses this form to provide consent for the release of their medical information. Please have the injured worker sign this document and send a copy of the signed form to Omaha National when the injury is reported.

DWD-DWC Form WKC-12698-E – Statement of Self-Restriction to Part-Time Work:

This form is used to affirm the injured worker's part-time employment status. Have any part-time employees that are injured at work complete and sign this form. Then, send a copy to Omaha National when the injury is reported.

Consent and Authorization for Release of Information and Request for Medical History Forms:

These forms help us to obtain the information and records needed to handle a claim and to make sure that the injured worker receives the best possible medical care. Have the injured worker sign the forms and send them to Omaha National.