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All documents are also available on our website at omahanational.com



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- Fraud Prevention Poster



Injury Report Forms

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- DWD-DWC Form WKC-12-E - Employer's First Report of Injury or Disease
- DWD-DWC Form WKC-13-A-E - Wage Information Supplement
- Incident, Supervisor, and Witness Reports



Injured Worker Handouts

- Instructions
- Injured Worker's First Fill Prescription Form
- DWD-DWC Form WKC-9488-E - Voluntary and Informed Consent for Disclosure of Health Care Information
- DWD-DWC Form WKC-12698-E - Statement of Self-Restriction to Part-Time Work
- Consent and Authorization for Release of Information and Request for Medical History



Informational Documents

- Instructions
- Omaha National Contact Information
- Reduce Your Workers Compensation Costs
- DWD-DWC Brochure WKC-7317-P - Wisconsin Worker's Compensation Law: Employer Facts



General Forms

- Instructions
- Request for Subrogation Waiver
- Form ERM-14 - Confidential Request for Ownership Information
- Company Contacts Verification



Non-Compliance Notice

Please note, the use of many of the documents within this packet is required. Additional fines and enforcement actions may result from non-compliance with Wisconsin law regarding these notices.

**If you have any questions regarding your responsibilities, please contact
Omaha National at 844-761-8400.**