



EMPLOYER SUPPLY REQUEST - ALASKA

Employer:	
Policy No:	Phone No:
Address:	
City, State, Zip:	
Attention:	
eMail:	

QUANTITY	FORM NO.	DESCRIPTION
CLAIM FORMS ("IF A WORK INJURY OCCURS...")		
	Form 07-6101	Employer Report of Occupational Injury or Illness
	Form 07-6100	Employee Report of Occupational Injury or Illness
	170-367	Authorization for Medical Treatment
	Self-Addressed Envelopes	Northern Adjusters, Inc.
INFORMATION FOR YOUR EMPLOYEES		
	170-405	Fraud Payroll Stuffers
WORKERS' COMPENSATION POSTING NOTICE		
	Form 07-6120	Employer's Notice of Insurance
ADDITIONAL SUPPLIES		

NOTICE TO OUR ALASKA POLICYHOLDERS: Copies of *Form 07-6100 Employee Report of Occupational Injury or Illness* and *Form 07-6101 Employer Report of Occupational Injury or Illness* are also available for download at our website (www.republicindemnity.com) under "Claims Forms & Posting Notices."

As a reminder, please submit your completed claim form to Northern Adjusters, Inc., via fax (907.868.3866) or eMail (wnewclaim@nadj.com) *within ten days* of every industrial injury or illness.

Please direct your supply request to:

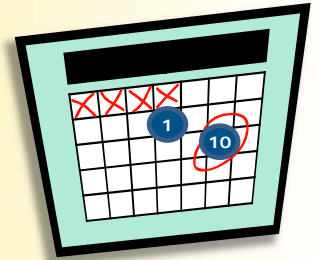
Republic Indemnity
Mail / Supply Department
P.O. Box 4275, Woodland Hills, CA 91365-4275
Fax: (818) 382-1133
eMail: riclaims@ri-net.com

- Should you wish to order additional claim forms or other workers' compensation supplies, please submit your completed supply request form or contact our Mail / Supply Department via eMail (riclaims@ri-net.com) or fax (818.382.1133).
- You also may download claim forms on-line at our website (www.republicindemnity.com).
- For your convenience, we've highlighted Alaska state-mandated forms:
- We've also highlighted additional forms recommended for your injured workers:



CLAIM FORMS ("IF A WORK INJURY OCCURS...")

It is our goal that your employees receive quality medical treatment and return to work in the shortest possible time. In order to achieve this goal, it is imperative that any injury be reported immediately.



- In the event of an employee accident, injury, or disability, provide the employee with **Form 07-6100 Employee Report of Occupational Injury or Illness**.
- Also provide a copy of the **Authorization for Industrial Medical, Surgical or Hospital Aid** to the injured worker *at the time of referral for initial medical care*.
- Once the employee claim form has been completed, forward the original to **Northern Adjusters, Inc.** in the envelope provided, provide one copy to the employee, and keep a copy for your records.
- You are also required to file **Form 07-6101 Employer Report of Occupational Injury or Illness** *within ten days* of every industrial injury or occupational illness. Be sure to report ALL claims, no matter how minor.
- In the event of serious injury, call Northern Adjusters immediately at **907.868.3999**.

As a reminder, you may report new claims on-line at our policyholder website (www.republicindemnity.com); Also via Fax (907.868.3866); eMail (wcnewclaim@nadj.com); Phone (888.336.7569 — 24-hours a day); or U.S. Mail (Northern Adjusters, Inc., 1401 Rudakof Circle, Anchorage, AK 99508).

- Your completed claim form will be submitted electronically via electronic data interchange (EDI) to the Alaska Division of Workers' Compensation by Republic Indemnity.

Employer 07-6101 Claim Form (Form 07-6101; Rev. 3/2018)		Please submit this claim via fax (907.868.3866) or eMail (wcnewclaim@nadj.com) <i>within ten days</i> of every industrial injury or
Employee 07-6100 Claim Form (Form 07-6100; Rev. 4/1/2015)		You are required to provide an injured worker with the 07-6100 Claim Form <i>immediately</i> upon your knowledge of an alleged injury.
Authorization for Medical Treatment (170-367; Rev. 7/2024)		Authorization for Medical Treatment should be provided to an injured worker <i>at the time of referral for initial medical care</i> .
Northern Adjusters, Inc. Self-Addressed Envelopes (Attn: Workers' Compensation)		Our Claims Mailing Address: Northern Adjusters, Inc., 1401 Rudakof Circle, Anchorage, AK 99508.

INFORMATION FOR YOUR EMPLOYEES

Help us put a stop to fraudulent claims by distributing the following notices *to all employees in paycheck envelopes.*

Fraud Payroll Stuffers (170-405; Rev. 5/2013)		We encourage you to insert notices in paycheck envelopes to help heighten awareness that workers' comp fraud is a felony that hurts everyone.
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WORKERS' COMPENSATION POSTING NOTICE

The following state-mandated notice *must be posted in three conspicuous places on the employer's premises.*

Form 07-6120 Alaska Posting Notice (Form 07-6120; Rev. 5/2012)		Please complete the state-mandated Employer's Notice of Insurance and <i>display in three conspicuous places on the employer's premises.</i>
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Thank you for selecting Republic Indemnity Company as your workers' compensation insurance carrier.

Should you wish to submit a completed claim form, medical report, or other information, our claims fax number is 907.868.3866 or eMail us at wcnewclaim@nadj.com.

Our Claims Mailing Address: Northern Adjusters, Inc., 1401 Rudakof Circle, Anchorage, AK 99508. Phone: 907.868.3999.