



REQUEST FOR WORKERS' COMPENSATION COVERAGE INSTRUCTIONS

PURPOSE

To secure North Carolina Division of Services for the Blind (DSB) sponsored Workers' Compensation Coverage (WCC) for individuals participating in work experiences without pay while maintaining auditable records for the Agency's insurance underwriters.

PREPARED BY

Vocational Rehabilitation Counselor

INSTRUCTIONS

Name of Worker or Individual: Enter worker/individual name (first name, middle initial and last name).

Social Security Number: Enter the individual's Social Security Number's last four-digits.

Date of Birth: Enter a two-digit month, two-digit day and four-digit year for the date the individual was born. (Example: July 17, 1960 would be entered as 07/17/1960).

Employer: Enter the full name of the Employer.

Address: Enter the employer's most current street, city, state and five-digit zip code.

Phone: Enter the employer's phone number with area code and seven-digit number.

Worker/Individual's job title or description of duties: Enter a job title for which the individual is gaining experience or describe the essential functions of the job or attach a copy of the employer's job description.

Begin Coverage (date): Enter a two-digit month, two-digit day and four-digit year for the beginning date of coverage.

End Coverage (date): Enter a two-digit month, two-digit day and four-digit year for the ending date of coverage.

Total number of hours of work per day: Enter the total number of hours per work per day of coverage.

DSB Staff member signs and dates the form.

DISTRIBUTION

Original: State Office, Director of Employment Services (prior to the beginning of the experience in order to secure coverage). Faxes acceptable but must be followed by hard copy.

Copy: Case Record