

# Kansas Report of Injury Fax Cover Sheet

All claims should be reported to MEM within 24 hours.

To: Missouri Employers Mutual  
Attn: Claims Service Center

From:  
Name of Company: \_\_\_\_\_  
Name of Injured Employee: \_\_\_\_\_  
Date Injury was Reported to Employer: \_\_\_\_\_

Please indicate what type of injury you are reporting.

- Report Only:** Report being filed for notification purposes only.
- Medical Only:** Injured employee is not expected to lose more than seven days of work.
- Lost Time:** Injured employee will lose more than seven days of work.

Do you have any concerns about the validity of this claim?

- Yes       No

If yes, a Claims Representative will contact you as soon as possible.