

## Instructions for Using Risk Management Services and Work-Connection Forms

Select the appropriate form, there are **two** formats. There is a Microsoft Word 2003 document and a PDF (Portable Document Format) file.

NOTE: *When filling out any of the Risk Management Services forms, please fill out the form completely so that we may better service your claim.*

**Email addresses:**

[RiskMgmt.Claims@umich.edu](mailto:RiskMgmt.Claims@umich.edu)

And

[WorkConnect.Claims@umich.edu](mailto:WorkConnect.Claims@umich.edu)

Fax Numbers: Risk Management Services 734-763-2043      Work-Connections 734-936-1913

**Using PDF file:**

**Adobe Reader**

- Ability to open the forms.
- Unable to save the forms.
- Ability to fill out the forms and print the forms.
- Submit forms by fax to our office.

<b>Risk Management Forms</b>
Drivers Report.pdf (Auto Coverage)
NonEmployee Injury Report.pdf
Proof of Loss.pdf (Property/Theft)
<b>Work-Connection Forms</b>
Authorization to Obtain Patient Information Form.pdf
Health Care Provider Report.pdf
Injury or Illness Report.pdf

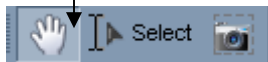
**Adobe Acrobat Professional**

- Ability to fill out the form and save the form.
- Submit the form by using the e-mail feature within Acrobat Professional.



The form will attach to an e-mail by using this feature.

Note: In order to fill out the PDF you will need to select the hand.



**Using MS Word 2003 document:**

- To activate the check boxes you can either tab then hit space bar or click on the check boxes.
- In order for the form to be sent to Risk Management intact, once you have completed the form, you will need to first save the file as a Microsoft Word document.
- Attach the file to the e-mail message. (Do not send the form directly through MS Word using the e-mail feature, as the form does not transmit correctly).

<b>Risk Management Forms</b>
Drivers Report.doc (Auto Coverage)
NonEmployee Injury Report.doc
Proof of Loss.doc (Property/Theft)
<b>Work-Connection Forms</b>
Authorization to Obtain Patient Information Form.doc
Health Care Provider Report.doc
Injury or Illness Report.doc

**NOTE:** *If you have difficulty viewing the MS Word document, Go to View|Print Layout. If you have boxes around the text, Go to Tools|Options|View and uncheck the Text Boundaries box.*