



PLEASE SEND COMPLETED FORM TO:

THE KEMPTON COMPANY
PO BOX 54889
OKLAHOMA CITY, OK
73154-1889

INJURY INFORMATION / CLAIM FORM

1) Name _____ Date of Birth _____

2) Employer _____
Employer Name City State

3) Social Security Number _____

4) Is this claim for a dependent? [] Yes [] No If yes, please give name. _____

Relationship _____ Date of Birth _____ Married? [] Yes [] No Full-time student? [] Yes [] No

5) Is this claim based upon an accident? [] Yes [] No If yes, please give the date the accident occurred. _____

If yes, where did the accident occur? _____

If yes, how did it happen? _____

Was this injury in any way related to the injured persons job? [] Yes [] No

Was this injury in any way related to a motor vehicle accident? [] Yes [] No

Date _____ Signature of Employee _____ Signature of Patient _____

Only if patient is age 18 or over