



Dear Member:

The Bureau of Labor and Industry has been upgrading its system to make claims handling more efficient, timely and precise. To that end, we need to submit information to that system as precise and quickly as possible.

Therefore, we have attached a form that needs to be given to every employee when injured. They should take the form to the provider for every visit, have it completed by physician and returned to us as quickly as possible. It is imperative that this procedure be done for any and all treatment.

You may either fax it to us at 724-934-1609 or scan/email to [WC-Claims@mrmtrust.com](mailto:WC-Claims@mrmtrust.com).

Thank you in advance for your cooperation in this matter.