

Subsequent Report of Injury (DWC-52)

The Claims Administrator, the company handling a claim, submits the Subsequent Report of Injury to RI Department of Labor and Training's Division of Workers' Compensation (RIDLT) to show activity and payments made on the claim.

First Reports of Injury and Subsequent Reports of Injury may be filed on paper until electronic reporting is mandated. After the mandate, First Reports of Injury and Subsequent Reports of Injury must be filed electronically with RIDLT. Information on electronic filing (EDI) is on our web site at

<http://www.dlt.ri.gov/wc>.

A Subsequent Report of Injury (SROI) is required when benefits start, stop, or change; when a lump-sum payment is made, when a claim closes, and twice yearly while a claim is open.

Instructions:

Claim Administrator Claim number: provide the claim number or file identification number used by the business handling the claim.

Employee information:

- SSN or ID: provide the last 4 digits of the employee's social security number or the employee ID number assigned by RIDLT. DO NOT use a fictitious number.
- Date of birth: please enter the employee's date of birth.
- Name: provide the employee's last name, first name, and middle initial.
- Date of injury: enter the date of the injury or start of illness.
- Date of death: if the employee has died, enter the date of death.

Other parties:

- Employer Business Name: Please provide the employer's business name.
- Insurer Business Name: Provide the name of the licensed insurer named on the workers' compensation policy or the self-insured employer's name.
- Claim Administrator Business Name: Give the name of the company handling the claim.

Claim information:

- Claim type: select the appropriate claim type from the options listed.
- Claim status: show the status of the claim from the list.
- Indemnity status: indicate the status of indemnity benefits for this claim from the list provided.

Reason form was submitted: Select the claim activity being reported from the options listed.

Payment information:

- Date disability began: include the first date of this disability period including any waiting period.
- Date disability ended: if indemnity benefits have stopped, indicate the last date for which the employee was paid benefits. If indemnity benefits are ongoing, leave blank.
- Date of first payment: The date the first indemnity benefit check was issued.
- Multiple periods of disability? Check yes if there has been more than one period of disability for this claim. If not, check no.

Indemnity and lump sums paid to date for entire claim: Enter the total amount paid to date for each category listed for all periods of disability for the claim.

Expenses paid to date: Enter the total amount of each expense paid to date in each of the categories.

Claims adjuster information & date:

- Print the name of the individual claim representative handling this claim.
- Provide the claim representative's phone number or email address.
- Indicate the date the form was completed.

Revised January, 2014