Department of Labor and Training
Workers' Compensation Self-Insurance Unit
P.O. Box 20190, Cranston, RI 02920-0942
Telephone: (401) 462-8100, Fax: (401) 462-8095

Required Data Fields
Claims Listing[1]

1. Claimant Name: ____________________
2. Claim Number: ____________________
3. Date of Injury: ____________________
4. Date Reported: ____________________
5. Date Closed (if applicable) : ____________________
6. Claimant Year of Birth: : ____________________
7. Permanent Disability Rating (if applicable): ____________________
8. Weekly Compensation Rate: ____________________
9. # of Weeks of Permanent Disability Paid (if applicable): ____________________
10. Has Claimant Returned to Work ○ Yes ○ No
11. Date Claimant Returned to Work (if applicable): ____________________
12. Latent Exposure Indicator (Check if applicable):
    ☐ Asbestos ☐ Silicosis ☐ Chemical ☐ Other
13. Payments to Date: Medical: ____________________
14. Payments to Date: Indemnity: ____________________
15. Payments to Date: Allocated Loss Adjustment Expense: ____________________
16. Case Reserves: Medical: ____________________
17. Case Reserves: Indemnity: ____________________
18. Case Reserves: Allocated Loss Adjustment Expense: ____________________
19. Excess Insurance Recoveries: ____________________
20. Other Insurance Recoveries: ____________________

[1] Listing of open and closed claims from all self insured years with incurred valued greater than $10,000 or with any latent exposure cause (such as asbestos)

DLT is an equal opportunity employer/program. Auxiliary aids and services are available on request to individuals with disabilities. TTY via RI Relay 711