



## **EPLI Claim Report Notice**

### **Instructions:**

1. Print or type all information requested. If information is not applicable insert "N/A" in the provided blank.
2. Email this form and all supporting documentation to: [claimreporting@hamiltoninsurance.com](mailto:claimreporting@hamiltoninsurance.com)

### **I. Facility Data**

Facility: \_\_\_\_\_

Name of Administrator/Risk Manager \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Address: \_\_\_\_\_

If part of a corporate chain, name of Corporate Entity: \_\_\_\_\_

Name of Corporate contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Address: \_\_\_\_\_

### **II. Notification of Employment Related Claim**

Indicate how facility was notified of claim (attach applicable supporting documents including complaints, notice letters and all Incidents Reports relating to this employee/third party):

- ☐ LETTER/COMPLAINT FROM EEOC
- ☐ NOTICE OF CLAIM/INTENT TO INITIATE LITIGATION (employment related)
- ☐ SUMMONS AND COMPLAINT; LAWSUIT SERVED; date served upon facility: \_\_\_\_\_
- ☐ ORAL STATEMENT OF INTENT TO FILE COMPLAINT/SUE from current/past employee, vendor
- ☐ OTHER

### **III. Claimant Data**

Claimant (Employee/Vendor Involved) Name: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Location: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Date of Termination: \_\_\_\_\_

Termination Voluntary or Involuntary - with/without cause: \_\_\_\_\_

Brief Description of Situation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name and Title of Person Completing this Form:

Name: \_\_\_\_\_ Date: \_\_\_\_\_