



Instructions for the completion of MSI-Injury Forms

This Claimant package consists of the following documents:

- (Poster) In Case Of Injury At Work
- What do you do in the event of an industrial accident or occupational disease?
- Instructions for completion of MSI-Forms (1 page)
- MSI-1 forms (4 pages)
- Example of how to fill-out MSI-1 (4 pages)
- MSI-2 employer's form (2 page)
- Example of how to fill-out MSI-2 (2 pages)
- MSI-3 Physicians forms (3 pages)
- MSI 18 Accident Investigation report (3 pages)
- MSI-21 Temporary Work Assignment (1 page)
- L-1 Hospital Letter (1 page laminated)

MSI-1 Worker Injury Report	Must be completely filled out by the Claimant (injured worker) making the claim. Ensure that it is signed and dated on the bottom of the last page.
MSI-2 Employer's Form	This form must be completely filled out by the employer. Ensure that it is signed and dated by both the worker and employer. The employer must provide an official pay stub or written proof of income.
MSI-3 Physician's Report	This form must be completely filled out by the Physician. Ensure that both the Physician and Claimant (injured worker) signed and dated on the bottom of the last page.
MSI-18 Accident Investigation Report	This form must be completely filled out by the health and safety representative of your company or organization. Ensure that it is signed and dated by the Health and Safety Officer on the bottom of the first page.
MSI-21 Temporary Work Assignment	This form must be completely filled out by the Claimant (injured worker), and the employer. The Physician must sign and date at the bottom of the form.
L-1 Hospital Letter	This letter must be taken with the MSI-3 form to the hospital on the first visit. This letter states that you are Insured under MSI not CSST.

*Note all injuries must be reported even if there is no medical attention required at the time of accident/incident. If no medical attention was required please completely fill out **MSI-2 "Employer's Form"** and check the Non-recordable Injury box on the top right corner and submit to MSI Claims Officer by e-mail lorna.delaronde@mck.ca, or fax (450) 632-0976 to the attention of Lorna Delaronde.

All completed forms are to be hand delivered by the claimant to the Mohawk Self Insurance Claims Officer within 5 days of the accident. Failure to comply within the time limit may jeopardize or delay a claim. Failure to complete all information and required signatures on the MSI forms will not be reviewed.

The mere fact that you are making a claim to MSI does not guarantee a positive response, in some circumstances an investigation may proceed the processing of a claim.

* There is normally a fee charged from the physician at the hospital/clinic for completing the form(s), pay the fee and get a receipt, which you will be reimbursed by MSI.

If you have any questions, please contact Lorna Delaronde at 450-638-0500 ext. 2338

MSI Drive, Forms Folder, External Forms folder, Instructions for the Completion of MSI Injury Forms Word document