



THE WORLD BANK

THE WORLD BANK GROUP
INJURY or SICKNESS REPORTING FORM

When completed, you can email it to:
worldbankgroup@choosebroadspire.com

OR

call Broadspire to report the claim information:
OUTSIDE THE U.S.: 1-404-497-6869
WITHIN THE U.S. or CANADA: 1-855-300-6712

Questions:	Answers:
Are you reporting your own claim? (YES, NO)	
IF <u>NOT</u> REPORTING YOUR OWN CLAIM:	
What is your first name?	
What is your last name?	
What is your job title?	
What is your preferred phone number?	
What is your preferred email address?	
IF REPORTING YOUR OWN CLAIM:	
What is CLAIMANT's UPI number? <i>[injured/sick employee]</i>	

What is the CLAIMANT's Human Resource Business Partner's Name? <i>[injured/sick employee]</i>	
What is CLAIMANT's first name? <i>[injured/sick employee]</i>	
What is CLAIMANT's last name? <i>[injured/sick employee]</i>	
What is CLAIMANT's date of birth? <i>[injured/sick employee]</i>	
What is CLAIMANT's PREFERRED phone number? <i>[injured/sick employee]</i>	
What is CLAIMANT's work email address? <i>[injured/sick employee]</i>	
What is CLAIMANT's PERSONAL email address? <i>[injured/sick employee]</i>	
What is CLAIMANT's last date worked? <i>[injured/sick employee]</i>	
What is CLAIMANT's first date of absence? <i>[injured/sick employee]</i>	
Are you a Staff Member, Short Term Consultant or Extended Term Consultant? <i>[select which one]</i>	
Was the injured or sick person medically evacuated? [YES, NO, UNKNOWN]	
If YES, what was the date of the medical evacuation?	
Medically evacuated FROM which location?	
Medically evacuated TO which location?	
Are you a driver for the bank? (YES, NO)	

Are you reporting a work-related injury (worker's compensation), non-work-related injury, or sickness? <i>[select which one]</i>	
Are you reporting an <u>injury</u> or <u>sickness</u> ? <i>[select which one]</i>	
What date did your injury or sickness happen?	
Describe the events--in detail--that led up to your injury or sickness	
What is the part or parts of your body with the injury or sickness?	
How did your injury or sickness happen? What is the cause? <i>[REQUIRED IF WORK-RELATED]</i>	
Did the injury or sickness happen at work or during mission-related activity? <i>[YES, NO, UNKNOWN]</i> <i>Please note that by initiating your worker's compensation you are providing a limited, temporary medical records release which allows BSI and/or the World Bank to investigate your claim to the extent necessary to verify the information you provide.</i>	
What treatment are you currently receiving or have received for your injury or sickness?	
Have you had this same sickness or injury within the past 12 months?	
What city and/or country are you located in now?	

Where were you located when you were injured or became sick?	
Is this where your duty station is located?	
Name of Hospital or Clinic	
First name of physician	
Last name of physician	
Phone number of physician	
Fax number of physician	
Email address of physician	
Is an interpreter needed to communicate with the WBG CLAIMANT?	
What language is preferred? [SELECT: English, French, German, Spanish, Other]	
If Other, please indicate language:	
How was the loss received? [SELECT: phone, email, online]	
ADDITIONAL NOTES/COMMENTS:	