IDAHO WORKERS' COMPENSATION

Employer's Supplemental Report

Employers complete this form at the following times:

1. Upon termination of disability (regardless of length of time disabled for work).
2. At the end of 60 days from date disability began if employee is disabled for work that long.

Any employer who fails to make this report upon the termination of the disability of one of his injured employees, and if the disability extends beyond a period of 60 days, at the end of that period, is subject to a penalty not to exceed $500.00.

Submit by one of these methods:

- Upload saved file to our website at www.idahosif.org/document/upload
- Email it as an attachment to ClaimsIM@IdahoSIF.org
- Mail to: State Insurance Fund; P.O. Box 83720; Boise, ID 83720-0044 ***Do not send a copy to the Industrial Commission.***

Save a copy for your records.
If you need help completing the form, contact the claims department at 208-332-2100 or 800-334-2370.

<table>
<tr><td>Claim No.:</td><td rowspan="2">Address where mail should be sent:</td></tr>
<tr><td>Name of injured employee:</td></tr>
<tr><td>Date of injury:</td><td>Date disability began:</td></tr>
<tr><td>Were wages paid for the day the disability began? ☐ Yes ☐ No</td><td>What wages, if any, have been paid during the period of disability?</td></tr>
<tr><td rowspan="2">Has the injured employee returned to work? ☐ Yes ☐ No</td><td>If so, on what date was he or she re-employed?</td></tr>
<tr><td>At what daily wage?</td></tr>
<tr><td colspan="2">Give date the injured employed recovered sufficiently to return to regular work:</td></tr>
</table>

I CERTIFY THE ABOVE STATEMENTS ARE CORRECT
(The employee MUST NOT sign this form BEFORE the work disability ceases.)

Employer (print name of Employer/Business)

Signature of injured employee

Signature of employer/authorized agent

Date of this report

Employer address:

Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.