



Form Instructions

Please complete as much information as you have available. If you need help completing the form, contact Claims at (208) 332-2100 or (800) 334-2370.

Please save a copy for your records.

Submission options:

- **Upload** at <https://hub.idahosif.org/Document/Upload>
- **Email** as an attachment to: ClaimsIM@IdahoSIF.org
- **Mail to:**
SIF, Idaho Workers' Compensation
P.O. Box 83720
Boise, ID 83720-0044

Note: Mistakes happen, if you spot or realize an error, please contact us and we will work with you to sort things out. Please be aware that any person who knowingly, and with intent to defraud or deceive any insurance company, submits a statement or claim containing any false, incomplete, or misleading information is violating the law.

