



INJURED WORKER STATUS REPORT
CLAIMS DIVISION
SFN 7871 (05/2008)

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Telephone 1-800-777-5033
Toll Free Fax 1-888-786-8695
TTY (hearing impaired) 1-800-366-6888
Fraud and Safety Hotline 1-800-243-3331
www.WorkforceSafety.com

Injured Worker's Name:
Injured Worker's Address:

Date:
Claim Number:

Before any further wage-loss benefits may be paid, you must answer all of the following questions, sign and mail the status report back to Workforce Safety & Insurance (WSI) in the envelope provided. Failure to return this report before the date of your next wage-loss benefit payment date will result in suspension of the wage-loss benefit.

You must accurately report work of any kind (voluntary, part-time, or full-time) that you do, whether you are paid or not. You must report any money received from work, activities, or services of any kind, regardless of profit or loss. Failure to report any type of work, wages, or other money received, may be a violation of law. "Work" is defined as physical or mental effort exerted to do or make something for any amount of remuneration, or physical or mental effort exerted to do or make something that a reasonable person would consider commonly done or made for remuneration.

- During this calendar year, have you gone back to work, or done any type of work, whether for pay or not, that you have not already disclosed on a prior status report? Yes No
If yes, please answer the following:
A. Type of work performed _____
B. Dates worked _____
C. Name, address, telephone number of person or business you worked for _____

- During this calendar year, have you received money from any source other than WSI that you have not already disclosed on a prior status report? Yes No
If yes, include with this status report any related pay stubs or pay records, and check the source(s) that apply:
 Business Venture Farming Hobby Ranching Self-employment
 Social Security Unemployment Other, please explain: _____

If yes, list name, address, and telephone number of money source, date and amount of money received.

- If approved for school and/or retraining, are you enrolled and attending your class(es)? Yes No
- Give the date of your last medical appointment and the name of the doctor: _____
- Give the date and time of your next medical appointment and the name of the doctor _____
- Has your dependency or marital status changed? Yes No
If yes, how: _____
- Has your address changed (see above) Yes No
If yes, please provide current address: _____

I understand the nature of the questions asked in this status report and further understand that providing false information may be a crime, punishable by substantial fines and imprisonment, or both. By my signature below, I declare the above statements to be complete, true and accurate.

Injured Worker's Signature

Date

Telephone Number

If new telephone number, check box