



## STATE BOARD OF WORKERS' COMPENSATION

JUDGE CAROLYN C. HALL

CHAIRMAN

JUDGE VIOLA DREW

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DIRECTOR

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INFORMATION  
(404) 656-3875

To Whom This May Concern:

EFFECTIVE OCTOBER 1, 2007, THE STATE BOARD OF WORKERS' COMPENSATION WILL NO LONGER ACCEPT FORMS THAT DO NOT HAVE A REVISION DATE OF 7/2007. (However, medical only dates of injury will be the exception.)

EFFECTIVE JULY 1, 2007, THE WC-1 AND WC-14 MUST BE TYPED OR PRINTED IN BLACK INK.

Additional reasons that forms will be rejected are as follows:

1. **Section B, C or D** is not completed on the WC-1.
2. **SBWC ID#** (5-digit #) not completed or not correct.
3. **Insurer/self insurer** name and address not completed.
4. **Claims office** name and address not completed.
5. **Illegible** Form (no fax copies, no cursive writing)
6. **Altered** Form (do not highlight areas, do not extend front page to an additional page)
7. **Each date of injury** must have a completed form.

You may request the Board forms by contacting our mailroom, at 404-656-3870 or visit our website, at [www.sbwc.georgia.gov](http://www.sbwc.georgia.gov) .

**If you have any questions, please contact**  
**Dana Prather**  
**Division Director**  
**Claims Processing Division-Quality Assurance**  
**404-656-2017**