

# Claimant Questionnaire

## QuickStart Guide

The Claimant Questionnaire is automatically generated when a Claim is verified. CompHub generates an activity in your inbox. The 21 question form contains various dropdowns, textboxes, and other utilities to help you accurately complete it.

**1** Review the Claimant information. It is pre-populated from the Claim form but can be edited by entering the correct value.

**2** Complete the Questionnaire using the space provided.

**3** Read the instructions specifying the required documentation. Click the plus (+) icon to upload documentation from your device.

**4** Select whether or not you are submitting a Power of Attorney. If Yes is selected you will be prompted to upload the document. If No is selected, the document is forwarded to Claimant for approval.

**Claim Details**

Claim Number: W201505      Claimant Name: John Doe  
Accident Date/Time:      Disabling Date: 05/31/2023  
Type of Claim: Occupational Disease/Illness      Description of Accident/Injury: I've developed severe arthritis in my fingers due to the nature of my work as an aesthetician and the volume of clientele.

**Claimant Questionnaire**

State of Maryland, Uninsured Employers' Fund, pursuant to Maryland Code LE 9-1002, hereby propounds the following questions to the Claimant.  
BE ADVISED THAT THE WORKERS' COMPENSATION COMMISSION WILL NOT CONDUCT A HEARING ON ANY ISSUES YOU HAVE RAISED ON YOUR CLAIM UNTIL YOU HAVE COMPLETED AND FILED THIS QUESTIONNAIRE.

**1) Claimant full name, address, telephone number, social security number, and date of birth.**

Claimant Full Name: John Doe      Claim Number: W201505  
Email: stevesmiff@aol.com      Address Type: Home      Country: US  
Phone Number: 2403040342      Ext:      Country Code: 1      Line 1: 10 E BALTIMORE ST      US State: MD  
10-digit number, no special characters or spaces (Ex: 4105551234)      Line 2:      County: Please select...  
Date of Birth: 01/13/1986      Line 3:      Postal Code: 21202-1630  
SSN:      City: BALTIMORE

2) State the full name, address and telephone number of your employer at the time of your injury.

3a) Were other companies involved in the project or job site on which you were injured?       Yes       No

3b) Specify the address where the accident occurred.

**4) Regarding your job at the time of your injury:**

a. What was your job title?  
b. What were your job duties?  
c. Who hired you?  
d. When were you hired?  
MM/dd/yyyy  
e. Did you sign any contracts with your employer?       Yes       No  
f. Who was your foreman or supervisor?

**5) Regarding your job at the time of your injury:**

a. Did you set your own work hours?       Yes       No  
b. How many hours per week did you work?  
c. Were you paid by the job or by the hour?  
d. Were you paid by check or cash?  
e. Did your employer withhold taxes and social security from your pay? :       Yes       No

**Occupational Disease**

21) Are you claiming an occupational disease?       Yes       No

**Attachments**

If you signed any contracts with your employer, attach a copy.  
To verify your employment and earnings, attach copies of your pay stubs or payroll records for the 14 weeks prior to your injury. If such records are unavailable, attach copies of your tax returns for both the year of and the year before your injury.  
If your injury involved a vehicle. If there was a signed lease agreement, attach a copy.  
A police report made. If yes, attach a copy.  
Attach a copy of all records, reports and bills.  
Attach copies of all medical off-work slips.  
To add an attachment, click plus icon. To edit / delete a attachment, highlight row below and then click on the appropriate icon (edit / delete).  
Please click + icon below to add new supporting document(s)  
All attachments should be converted to PDF format before uploading  
To delete / edit a particular row, select the corresponding row and then click on the appropriate icon (delete / edit).

Attachments  
+  
No records

**Certifications and Signature**

Are you submitting a signed Power of Attorney for this claim?       Yes       No