State of Rhode Island Judiciary

Providence, SC. Workers' Compensation Court

Employee's Petition for Compensation Benefits Pursuant to R.I.G.L. § 28-53-1 et seq., THE RHODE ISLAND UNINSURED PROTECTION FUND

1. Petitioner - NAME OF INJURED EMPLOYEE	Date of Birth (mm/dd/yyyy)	6. Respondent THE RHODE ISLAND UNINSURED PROTECTION FUND
2. HOME ADDRESS (Street, City or Town, State and Zip Code)		7. NAME AND ADDRESS OF UNINSURED EMPLOYER (Street, City or Town, State and Zip Code)
3. DESCRIPTION OF EMPLOYEE'S JOB		8. NAME AND ADDRESS OF AGENT FOR SERVICE OF PROCESS The Rhode Island Uninsured Protection Fund c/o The Beacon Mutual Insurance Company One Beacon Centre, Suite 200 Warwick, RI 02886
4. NATURE OF EMPLOYER'S BUSINESS		9. DID INJURY OCCUR ON EMPLOYER'S PREMISES? Yes ☐ No ☐
5. DATE OF ALLEGED INJURY (mm/dd/yyyy)		

10. IF NOT ON EMPLOYER'S PREMISES, WHERE DID INJURY OCCUR?

11. NAME(S) AND ADDRESS (ES) OF WITNESS (ES) TO INJURY

12. HOW DID INJURY OCCUR?

13. NATURE OF INJURY AND PARTS OF BODY AFFECTED BY INJURY

14. NAME(S) OF PHYSICIAN(S) AND HOSPITAL(S) WHO HAVE RENDERED SERVICES

15. WEEKLY WAGES AT TIME OF INJURY

16. FIRST DAY OF LOST TIME

17. (a) DID YOU RECEIVE WAGES FROM YOUR EMPLOYER WHILE ABSENT FROM WORK? (b) IF SO, TO WHAT DATE?

Yes ☐ No ☐

18. (a) DID YOU RETURN TO WORK FOLLOWING THE INJURY? (b) IF SO, WHAT DATE?

Yes ☐ No ☐

19. (a) FOR WHOM DID YOU RETURN TO WORK (Name and Address) (b) AT WHAT WEEKLY WAGE?

20. NAME AND TITLE OF PERSON IN EMPLOY OF YOUR EMPLOYER WHOM YOU NOTIFIED, OR WHO HAD KNOWLEDGE OF YOUR INJURY

CHECK BELOW THE BENEFITS YOU ARE SEEKING

☐ TOTAL DISABILITY COMPENSATION FROM TO

☐ PARTIAL DISABILITY COMPENSATION FROM TO

☐ NAME OF DEPENDENT SPOUSE AND NAMES AND AGES OF DEPENDENT CHILDREN AS DEFINED IN R.I.G.L. § 28-33-17.

☐ COUNSEL, WITNESS AND SHERIFF'S FEES

☐ **A CERTIFICATION FROM THE DEPARTMENT OF LABOR & TRAINING IS ATTACHED TO THIS PETITION CERTIFYING THAT THE EMPLOYER WAS UNINSURED AT THE TIME OF THE EMPLOYEE'S ALLEGED INJURY.**

Name of Attorney

Signature of Employee

Address and Phone Number of Attorney

Date

Bar Registration Number

Signature of Attorney