INSURANCE BROKERAGE

Employee Post-Injury Checklist & Acknowledgment

Employee Name: _____

Injury Reporting & Required Forms

1. **GNP 101-1 – Employer's First Report of Injury**
   I understand this form is completed by my supervisor or HR and must be submitted within **24–48 hours** to report the claim.

2. **GNP 101-2 – Employee Statement Form**
   I have completed the Employee Statement Form accurately and completely.

3. **GNP 101-3 – Witness Statement Form** (if applicable)
   I understand witnesses may be asked to complete a statement regarding this incident.

4. **GNP 101-4 – Refusal of Medical Treatment Form** (if applicable)
   I understand this form applies only to minor injuries and does **not** prevent future medical treatment if needed.

Medical Provider Panel Acknowledgment (PA Requirement)

☐ I confirm I have been **provided and reviewed the Workers' Compensation Medical Provider Panel**.

☐ I understand that for the **first 90 days**, treatment must be obtained from a panel provider unless otherwise permitted by PA law.

Employee Certification

I certify the information related to my injury is accurate to the best of my knowledge. I acknowledge receipt and understanding of this checklist and my rights and responsibilities under the Pennsylvania Workers' Compensation Act.

Employee Signature: _____ **Date:** _____