

Reasons that forms are rejected

1. **Section B, C or D** - not completed on the WC-1.
2. **SBWC ID #** (5 digits) - not completed or incorrect.
3. **Insurer/self insurer** - name and address not completed.
4. **Claims office** - name and address not completed.
5. **Illegible Form** - no fax copies
6. **Altered Form** - do not highlight areas, do not extend front page to page.
7. **Multiple dates of injury** - a form must be filed for each date
8. **Claimant or Employer** - address not completed
9. **Outdated Board forms** – if you need Board forms contact the mailroom at 404-656-3870 or visit our website at www.sbwc.georgia.gov.

THE WC-1 AND WC-14 MUST BE TYPED OR PRINTED IN BLACK INK.

If you have any questions please call 404-656-3818 or 1-800-533-0682