

Reasons that forms are rejected

1. **Board Claim Number** – The BCN not listed [Rule 60(c)].
2. **Section B, C or D** – not completed on the WC-1.
3. **SBWC ID #** (5 digits) – not completed or incorrect.
4. **Insurer/self insurer** – name and address not completed.
5. **Claims office** – name and address not completed.
6. **Illegible Form** – no fax copies
7. **Altered Form** – do not highlight areas, do not extend front page to page.
8. **Multiple dates of injury** – a form must be filed for each date
9. **Claimant or Employer** – address not completed
10. **Outdated Board forms** – if you need Board forms contact the mailroom at 404-656-3870 or visit our website at www.sbwc.georgia.gov.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