



MA Workers' Comp Claim Report

Instructions to order search

To order a MA Workers' Compensation claim report, please follow these instructions:

1. Order the MA Workers' Comp claim report online through your NCS account.
2. Complete the attached MA Workers' Compensation Authorization form.
3. Fax the completed forms to NCS at 800-571-6303.

The results will be uploaded to your online account and an e-mail will be sent to you as soon as the results are available. Results are normally available within 6 - 8 business days.

Contact NCS if you have any questions.

Phone: 888-527-3282

FAX: 800-571-6303

E-mail: support@nationalcrimesearch.com

Thank you for your business.

Sincerely,

NCS Support

Your Background Screening Partner

The Keeper of Records
Department of Industrial Accidents
Lafayette City Center
2 Avenue de Lafayette
Boston, MA 02111-1750

AUTHORIZATION FOR RELEASE OF LIMITED INFORMATION TO THIRD PARTIES

REQUESTING PARTY: 3rd Party Representative: National Crime Search, LLC

NAME OF REQUESTER: Tina Harris

ADDRESS OF REQUESTER: 3452 East Joyce Blvd Fayetteville, AR 72703

TELEPHONE NUMBER: (479) 695-2111

DATE REQUESTED: _____

EMPLOYEE NAME: _____

ADDRESS: _____

SOCIAL SECURITY # (IF KNOWN): _____

DATE(S) OF INQUIRY: _____

DIA #(S) (IF KNOWN): _____

EMPLOYER(S): _____

WORKERS' COMP INSURER: _____

I AM REQUESTING: Access to view the workers' compensation record(s)
(Please be advised that after viewing a file, it may not be possible to obtain file copies the same day)

The above referenced claimant authorizes limited access to above-mentioned requestor to all workers' compensation files on record as stated below. This authorization shall remain in effect for ninety days from the date of claimant's signature, unless claimant notifies the Division of Workers' Compensation in writing before such time, that claimant is revoking said authorization.

Information provided shall be limited to:

- Workers' Compensation Number
- Date of Injury
- Part of Body
- Employer
- Home Address
- Telephone
- SSN
- Date of Birth

Claimant's Signature

Date Signed