



## FORM COMPLETION HINTS

### In General:

This form will be machine-read by the Bureau of Workers' Compensation. The red lines and boxes will "drop out" during processing so that the information typed or written (typed is preferable) on the form can be automatically "read" and used by the Bureau's computer system. Forms that do not meet Bureau requirements will be rejected. Do not staple forms together.

### Where to Type:

When typing a form, begin in the left most box of each set of red boxes. Use normal spacing (do not put one letter per box) staying within the range of boxes. Avoid typing in the margins. Use black ink only. For example:

First Name  
JOHNATHAN

Last Name  
JONES

### Where to Handwrite:

When completing a form by hand, print clearly, using uppercase letters, in black ink only, placing one letter or numeral within each box. For example:

First Name  
JOHNATHAN

Last Name  
JONES

### Dates:

Enter all dates as MMDDYYYY. For example:

Month Day Year  
04 27 2005

OR

Month Day Year  
04 27 2005

### Telephone Numbers:

The first three digits are the area code. No need for parenthesis. For example:

Telephone  
717 553 894

OR

Telephone  
717 555 3894

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