

SUBMIT COMPLETED FORMS DIRECTLY TO FISHERMEN'S FUND.

The following checklist is included to help you avoid processing delays

Getting Treatment

- Was treatment received within 60 days of the injury/illness?
If not, please submit a written explanation on what caused the delay.

Completing the Report of Injury/Illness & Claim form Completely & Accurately

- List the name of the Vessel the injury was sustained on **Section 10**
- Provide the Owner of the Vessel/Set net site's name and phone number **Section 11 & 12**
- List the Alaska Department of Fish and Game Vessel number **Section 13**
- Is a copy of *your* commercial fishing license or gear permit attached? **Section 14**
- List the Latitude/Longitude if injury sustained while out on water, otherwise provide nearest landmark/city of where injury/illness was sustained **Section 16**
- Was your activity noted (Commercial Fishing, Working on Gear, or Other)? **Section 17**
- Did you mark one from each category in Fishery Resource and Gear Type? **Section 18 & 19**
- Is the vessel/owner's Protection & Indemnity (P&I) noted? **Section 20**
- Note whether you have personal health insurance. **Section 21**
(Benefits cannot be awarded unless answered)
- Did you list what type of injury/illness you sustained? **Section 22**
- Did you describe in detail how your injury/illness is directly connected to commercial fishing? **Section 24**
- Is the form signed & dated at the bottom (must be signed by the injured fishermen)?

Please Note: It is the responsibility of the injured Fishermen to ensure all claim information is sent to the Fishermen's Fund and is complete and accurate.

- If you have medical insurance, you must apply with them first & send a copy of the explanation of benefits to the Fishermen's Fund.
- **DO** respond to written & Verbal correspondence in a timely manner to avoid delays.
- **DO** notify the Fishermen's Fund of any address changes.

Please call our toll free number, 1-888-520-2766, if you need assistance or have any questions. Visit our website at <http://labor.alaska.gov/wc/ffund.htm> for any forms or general information or email us at Fishfund@alaska.gov

The Fishermen's Fund is not an insurance program or Worker's Compensation program. Commercial Fishermen within the State of Alaska are NOT COVERED under the Workers' Compensation Act. Fishermen's Fund is an emergency medical fund and payer of last resort (with the exception of Medicaid policies, in which Fishermen's Fund would be a primary payer)

APPLICATIONS MUST BE FILED WITHIN 1 YEAR OF INITIAL TREATMENT
SUBMIT COMPLETED FORMS DIRECTLY TO FISHERMEN'S FUND.
DO NOT LEAVE AT TREATING FACILITY.