



THE INDUSTRIAL COMMISSION OF ARIZONA CLAIMS DIVISION

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Claims Division: (602) 542 4661
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LAURA L. MCGRORY, DIRECTOR
TERESA HILTON, SECRETARY

REQUEST TO LEAVE THE STATE

INJURED WORKER: _____
ICA CLAIM#: _____
DATE OF INJURY: _____
CARRIER CLAIM #: _____
SOCIAL SECURITY # *: _____

PLEASE, BEFORE MAILING MAKE SURE THAT THE FORM IS FILLED OUT COMPLETELY INCLUDING YOUR SIGNATURE THIS WILL HELP US PROCESS YOUR REQUEST MORE EFFICIENTLY.

REASON FOR REQUESTING TO LEAVE THE STATE: _____

LEAVING ON: _____ RETURNING ON: _____

OUT OF STATE ADDRESS

ATTENDING PHYSICIAN

PHONE #: _____

PHONE #: _____

INJURED WORKER'S SIGNATURE

DATE

INJURED WORKER'S ADDRESS

INJURED WORKER'S TELEPHONE NUMBER

* The mandatory requirement that the social security number be included in forms filed with the Claims Division or Special Fund Division of the Industrial Commission of Arizona is permitted by Section 7(a)(2)(B) of the Federal Privacy Act of 1974, because the Commission's forms, prescribed under the Commission's Rules in existence prior to January 1, 1975, required disclosure of the social security number. The number is used as a means of identifying all the various records in the Claims Division or Special Fund pertaining to an individual. The use of social security numbers is made necessary because of the large number of persons who have similar names and birth dates, and whose identities can only be distinguished by the social security number.