



Friendswood Independent School District
302 Laurel, Friendswood, Texas 77546
Phone: 281-482-1267 Fax: 281-996-2606

Verification of Employment for a Reported Workers' Compensation Injury or Illness

Employee Name _____ Date of Injury _____

Date of Birth _____ SSN _____

Reported Work Related Injury or Illness _____

Post Accident Drug Testing Requested _____

(Drug testing is directed by only the Employer(designated personnel) and must be billed separately and directly to Friendswood ISD)

Friendswood ISD's workers' compensation coverage provider is the Texas Association of School Boards Risk Management Fund which is a member of the Political Subdivision Workers' Compensation Alliance (the Alliance.) For emergencies, an injured employee may go to the nearest emergency room. Otherwise, all other treatment must be from an Alliance Provider listed at www.pswca.org.

Please submit all claim and medical billing information to:

TASB Risk Management Fund

PO Box 2010

Austin, TX 78768-2010

Phone: (800) 482-7276

Fax: (800) 580-6720

Pre-Authorization

Phone: (800) 482-7276 ext. 6654

Fax: (888) 777-8272

Authorized by _____

Title _____

Phone _____

Date _____

District Contact :

Tara Langston, Benefits Coordinator

281-482-1267 x 6605

tlangston@fisdk12.net

direct fax: 281-996-2606