

WorkersFirst Office
4314 Eagle Point Parkway
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(205) 981-0086

CEO
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Underwriting
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WorkersFirst Administrator
Cindy Burtram
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Auditor
Anne Atkinson
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Loss Control
Robert Moore
(205) 981-3029
(334) 322-9497 Cell
Robert@workersfirst.net

CCMSI Birmingham Office
(888) 603-4846

**Workers Compensation
Claims Manager**
Kyle Ziglar
(205) 545-2803
kziglar@ccmsi.com

Claims Adjuster (Lost Time)
Monica Cody
(205) 545-2801
monica.cody@ccmsi.com

Claims Adjuster (Med Only)
Rob Hood
(205) 545-2802
rhood@ccmsi.com

QUICK REFERENCE GUIDE

WorkersFirst and their third-party administrator CCMSI are available to assist you with claims, underwriting and billing questions. Please do not hesitate to call.

WHO DO I CONTACT ABOUT PAYMENTS, AUDITS, PAYROLL OR CHANGES IN OPERATIONS?

Cindy Burtram, can assist with any questions regarding contribution payments, audits, payroll changes or changes in operations.

WHERE DO I SEND MY CONTRIBUTION PAYMENTS?

All payments for your WorkersFirst policy must be submitted to one of the following addresses:

WorkersFirst
PO Box 381236
Birmingham, AL 35238
(205) 981-0086

Overnight
4314 Eagle Point Parkway
Birmingham, AL 35242
(205) 981-0086

HOW DO I REQUEST A CERTIFICATE OF INSURANCE?

CCMSI will issue all certificates of insurance. To request a certificate of insurance, send the following information:

1. *Your company name and contract information. (Fax/Email/Name)*
2. *Name, address, and contact info of the certificate holder receiving the certificate.*
3. *Description of the operation or activity to be covered by the certificate or special instructions including end date or project completion date.*

Certificate Requests: workersfirst@ccmsi.com or Fax (217) 477-6772

*** Please contact the underwriter if a Waiver of Subrogation is requested, as additional information is required. ***

LOSS CONTROL

WorkersFirst has a full-time loss control team designed to help you develop, implement, and improve your safety program. Please contact Robert Moore by phone email for more information.

CLAIMS

CCMSI is the third-party administrator which handles workers compensation claims on behalf of Workers First.

HOW DO I REPORT A WORKERS COMPENSATION CLAIM?

To report a claim, you must complete and submit a **First Report of Injury** form located in your claim kit to CCMSI through email or fax listed below:

Email: workersfirstnewclaim@ccmsi.com

Fax: (601) 899-0160

Be sure to request A POST-ACCIDENT DOT DRUG SCREEN OR DOT EQUIVALENT DRUG SCREEN if you direct the injured worker to a medical facility prior to submitting the claim.

WHO DO I CONTACT IF I HAVE A QUESTION ABOUT A WORKERS COMPENSATION CLAIM?

If you have a question about a workers compensation claim or require assistance in submitting a first report of injury form, please contact Kyle Ziglar.

John Burns, is the CCMSI Account Manager assigned to WorkersFirst. He can be reached at (601) 608-1006 or by email at jburns@ccmsi.com.