

*Workers' Compensation Agency Automated Attendant*  
*888-396-5041 or 517-241-4537 (Local Calls Only)*

Thank you for calling the Department of Licensing and Regulatory Affairs, Workers' Compensation Agency. This automated system has several options. You may wish to have a paper and pencil ready.

If you are calling from a touch tone phone, **press 1** now. If you are calling from a rotary phone, stay on the line and someone will be with you shortly.

**NOTE:**

Please feel free to direct dial the phone numbers where indicated.

If you are an injured employee, **press 1.**

If you need information about insurance coverage requirements, exclusion forms, self-insurance or have received a letter regarding your insurance coverage, **press 2.**

*Direct dial 517-322-1195*

If you would like to order a supply of forms or would like to hear our address, fax, or e-mail address, **press 3.**

If you need to know the insurance carrier for a specific employer, **press 4.**

*Direct dial 517-322-1885*

If you are an insurance carrier and have received a 701 letter or need claim information, **press 5.**

*Direct dial 517-322-5945*

If you need information about Health Care Services Rules or fee schedule, **press 6.**

*Direct dial 313-456-3659*

If you need workers' compensation claim history on an individual or are requesting copies from a workers' compensation file, **press 7.**

To repeat this menu, **press 9.**

**1** – If you have general questions or are calling about a claim, please **press 1** now.  
*Direct dial 517-322-1980*

If you need copies of your file, **press 2.**  
*Direct dial 517-322-6206*

If you have questions on the status of a hearing, **press 3.**  
*Direct dial 517-322-5993*

If you have questions regarding vocational rehabilitation, **press 4.**  
*Direct dial 517-322-1721*

To repeat this message, **press 5.**

To return to the previous menu, please **press 6.**

**7** – All requests must be submitted in writing. We cannot provide this information over the phone. Requests should include the name and social security number of the individual you are seeking information on. Provide a contact name and phone number, return street address, city, state, and ZIP code. Mail your request to:

Workers' Compensation Agency  
PO Box 30016  
Lansing, MI 48909

Or you may fax your request to 517-322-6012.

To repeat this information, **press 1.**

To return to the previous menu, **press 2,** or you may hang up.

**3** – If you are an employer who has workers' compensation insurance, you should obtain forms from your insurance company. If not, you may request forms from us via the US mail, a fax, e-mail, or you can leave a recorded request. For even faster service, you may download forms immediately from our website. All requests will need to include a contact name and phone number, company name, street address, city, state, ZIP code, the requested form name and/or number, and quantity. You should receive your forms within 5 business days of our receipt of your request.

For our mailing address, **press 1.**  
*Workers' Compensation Agency  
PO Box 30016  
Lansing, MI 48909*

For our e-mail address, **press 2.**  
[wcinfo@michigan.gov](mailto:wcinfo@michigan.gov)

For our fax number, **press 3.**  
*517-322-6012*

For our website address, **press 4.**  
[www.michigan.gov/wca](http://www.michigan.gov/wca)

To leave your request on a recording, **press 5.** [Because of space limitations on this guide, the recorded message options are not detailed.]

To repeat these instructions, **press 6.**

To return to the previous menu, **press 7.**

If you are done, you may hang up.