

*Healthcare Workers'  
Compensation  
Self-Insurance Fund*



**HWCF MEMBER REGISTRATION FORM**

<b>First Name:</b>	
<b>Last Name:</b>	
<b>Email Address:</b> (this will be your user name)	
<b>Password:</b>	
<b>Facilities To View:</b>	

**...PLEASE ALLOW 1-2 BUSINESS DAYS FOR REGISTRATION...**