



**“Our mission is to enable our policy holders to provide their employees with financial assistance and increasingly safer work places from occupation injuries and illnesses.”**

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**Within this document you will find the following forms and materials:**

**What to Do If an Employee Is Injured (1-2-3)**

**Digital Form 5020 (First Report of Injury)**

**Digital Workers’ Compensation Claim Form (DWC-1) & Notice of Potential Eligibility**

**Workers’ Compensation with Care**

**Benefits of Rapid Claim Reporting**

**Early Return to Work Program**

**Litigation Avoidance**

**Zero Tolerance for Injuries**



## EMPLOYERS – WHAT TO DO IF AN EMPLOYEE IS INJURED

### **Injury Reporting: As Easy As 1-2-3:**

**1. Medical Attention<sup>(1)</sup>**

Refer to your 'posting notice' or call us at (888) CompWest. We can assist you in location the nearest network provider/clinic.

**2. Investigate<sup>(1)</sup>**

Gather information, speak with witnesses and document facts for reporting

**3. Report<sup>(2)</sup>**

Select one of the following reporting options:

**Online:** If you are a registered CompWeb user

**Phone:** Call First Notice at (888) 709-3651

**Fax:** Fax completed Form 5020 to CompWest at: **866-506-5800**

Fill out the employer's section of the DWC-1 (Employee's Claim for Workers' Compensation Benefits); have the employee complete and return it to you.

Promptly forward all completed forms to CompWest via mail or fax.

*(1) Always dial 911 in the event of an emergency*

*(2) Additional references & reporting information is available in CompWest's employer packers*

State of California <b>EMPLOYER'S REPORT OF OCCUPATIONAL INJURY OR ILLNESS</b>		Please complete in triplicate (type if possible) Mail two copies to:		OSHA CASE NO.		
				FATALITY <input type="checkbox"/>		
Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers compensation benefits or payments is guilty of a felony.		California law requires employers to report within <b>five days</b> of knowledge every occupational injury or illness which results in lost time beyond the date of the incident <b>OR</b> requires medical treatment beyond first aid. If an employee subsequently dies as a result of a previously reported injury or illness, the employer must file within <b>five days</b> of knowledge an amended report indicating death. In addition, every serious injury, illness, or death must be <b>reported immediately</b> by telephone or telegraph to the nearest office of the California Division of Occupational Safety and Health.				
EMPLOYER	1. FIRM NAME		1a. Policy Number		Please do not use this column	
	2. MAILING ADDRESS: (Number, Street, City, Zip)		2a. Phone Number			CASE NUMBER
	3. LOCATION if different from Mailing Address (Number, Street, City and Zip)		3a. Location Code		OWNERSHIP	
	4. NATURE OF BUSINESS; e.g.. Painting contractor, wholesale grocer, sawmill, hotel, etc.		5. State unemployment insurance acct.no			
	6. TYPE OF EMPLOYER: Private                      State                      County                      City                      School District <input type="checkbox"/> Other Gov't, Specify: _____				INDUSTRY	
	7. DATE OF INJURY / ONSET OF ILLNESS (mm/dd/yy)		8. TIME INJURY/ILLNESS OCCURRED _____ AM _____ PM		9. TIME EMPLOYEE BEGAN WORK _____ AM _____ PM	
10. IF EMPLOYEE DIED, DATE OF DEATH (mm/dd/yy)		11. UNABLE TO WORK FOR AT LEAST ONE FULL DAY AFTER DATE OF INJURY? Yes                      No		12. DATE LAST WORKED (mm/dd/yy)		
13. DATE RETURNED TO WORK (mm/dd/yy)		14. IF STILL OFF WORK, CHECK THIS BOX:		15. PAID FULL DAYS WAGES FOR DATE OF INJURY OR LAST DAY WORKED? Yes                      No		
16. SALARY BEING CONTINUED? Yes                      No		17. DATE OF EMPLOYER'S KNOWLEDGE /NOTICE OF INJURY/ILLNESS (mm/dd/yy)		18. DATE EMPLOYEE WAS PROVIDED CLAIM FORM FORM (mm/dd/yy)		
19. SPECIFIC INJURY/ILLNESS AND PART OF BODY AFFECTED, MEDICAL DIAGNOSIS if available, e.g.. Second degree burns on right arm, tendonitis on left elbow, lead poisoning				AGE		
INJURY	20. LOCATION WHERE EVENT OR EXPOSURE OCCURRED (Number, Street, City, Zip)		20a. COUNTY		21. ON EMPLOYER'S PREMISES? Yes                      No	
	22. DEPARTMENT WHERE EVENT OR EXPOSURE OCCURRED, e.g.. Shipping department, machine shop.		23. Other Workers injured or ill in this event? Yes                      No		DAILY HOURS	
OR	24. EQUIPMENT, MATERIALS AND CHEMICALS THE EMPLOYEE WAS USING WHEN EVENT OR EXPOSURE OCCURRED, e.g.. Acetylene, welding torch, farm tractor, scaffold				DAYS PER WEEK	
	25. SPECIFIC ACTIVITY THE EMPLOYEE WAS PERFORMING WHEN EVENT OR EXPOSURE OCCURRED, e.g.. Welding seams of metal forms, loading boxes onto truck.				WEEKLY HOURS	
ILLNESSES	26. HOW INJURY/ILLNESS OCCURRED. DESCRIBE SEQUENCE OF EVENTS. SPECIFY OBJECT OR EXPOSURE WHICH DIRECTLY PRODUCED THE INJURY/ILLNESS, e.g.. Worker stepped back to inspect work and slipped on scrap material. As he fell, he brushed against fresh weld, and burned right hand. USE SEPARATE SHEET IF NECESSARY				WEEKLY WAGE	
					COUNTY	
				NATURE OF INJURY		
				PART OF BODY		
				SOURCE		
				EVENT		
				SECONDARY SOURCE		
EMPLOYEE	35. OCCUPATION (Regular job title, NO initials, abbreviations or numbers)				EXTENT OF INJURY	
	37. EMPLOYEE USUALLY WORKS _____ hours per day, _____ days per week, _____ total weekly hours		37a. EMPLOYMENT STATUS regular, full-time                      part-time temporary                      seasonal		37b. UNDER WHAT CLASS CODE OF YOUR POLICY WHERE WAGES ASSIGNED	
38. GROSS WAGES/SALARY \$ _____ per _____		39. OTHER PAYMENTS NOT REPORTED AS WAGES/SALARY (e.g. tips, meals, overtime, bonuses, etc.)? Yes                      No				
Completed By (type or print)		Signature & Title		Date (mm/dd/yy)		
* Confidential information may be disclosed only to the employee, former employee, or their personal representative (CCR Title 8 14300.35), to others for the purpose of processing a workers' compensation or other insurance claim; and under certain circumstances to a public health or law enforcement agency or to a consultant hired by the employer (CCR Title 8 14300.30). CCR Title 8 14300.40 requires provision upon request to certain state and federal workplace safety agencies.						

## Workers' Compensation Claim Form (DWC 1) & Notice of Potential Eligibility

### Formulario de Reclamo de Compensación para Trabajadores (DWC 1) y Notificación de Posible Elegibilidad



If you are injured or become ill, either physically or mentally, because of your job, including injuries resulting from a workplace crime, you may be entitled to workers' compensation benefits. Attached is the form for filing a workers' compensation claim with your employer. **You should read all of the information below.** Keep this sheet and all other papers for your records. You may be eligible for some or all of the benefits listed depending on the nature of your claim. If required you will be notified by the claims administrator, who is responsible for handling your claim, about your eligibility for benefits.

To file a claim, complete the "Employee" section of the form, keep one copy and give the rest to your employer. Your employer will then complete the "Employer" section, give you a dated copy, keep one copy and send one to the claims administrator. Benefits can't start until the claims administrator knows of the injury, so complete the form as soon as possible.

**Medical Care:** Your claims administrator will pay all reasonable and necessary medical care for your work injury or illness. Medical benefits may include treatment by a doctor, hospital services, physical therapy, lab tests, x-rays, and medicines. Your claims administrator will pay the costs directly so you should never see a bill. For injuries occurring on or after 1/1/04, there is a limit on some medical services.

**The Primary Treating Physician (PTP)** is the doctor with the overall responsibility for treatment of your injury or illness. Generally your employer selects the PTP you will see for the first 30 days, however, in specified conditions, you may be treated by your pre-designated doctor. If a doctor says you still need treatment after 30 days, you may be able to switch to the doctor of your choice. Special rules apply if your employer offers a Health Care Organization (HCO) or after 1/1/05, has a medical provider network. Contact your employer for more information. If your employer has not put up a poster describing your rights to workers' compensation, you may choose your own doctor immediately.

Within one working day after an employee files a claim form, the employer shall authorize the provision of all treatment, consistent with the applicable treating guidelines, for the alleged injury and shall continue to provide treatment until the date that liability for the claim is accepted or rejected. Until the date the claim is accepted or rejected, liability for medical treatment shall be limited to ten thousand dollars (\$10,000).

**Disclosure of Medical Records:** After you make a claim for workers' compensation benefits, your medical records will not have the same privacy that you usually expect. If you don't agree to voluntarily release medical records, a workers' compensation judge may decide what records will be released. If you request privacy, the judge may "seal" (keep private) certain medical records.

**Payment for Temporary Disability (Lost Wages):** If you can't work while you are recovering from a job injury or illness, you will receive temporary disability payments. These payments may change or stop when your doctor says you are able to return to work. These benefits are tax-free. Temporary disability payments are two-thirds of your average weekly pay, within minimums and maximums set by state law. Payments are not made for the first three days you are off the job unless you are hospitalized overnight or cannot work for more than 14 days.

Si Ud. se lesiona o se enferma, ya sea física o mentalmente, debido a su trabajo, incluyendo lesiones que resulten de un crimen en el lugar de trabajo, es posible que Ud. tenga derecho a beneficios de compensación para trabajadores. Se adjunta el formulario para presentar un reclamo de compensación para trabajadores con su empleador. **Ud. debe leer toda la información a continuación.** Guarde esta hoja y todos los demás documentos para sus archivos. Es posible que usted reúna los requisitos para todos los beneficios, o parte de éstos, que se enumeran, dependiendo de la índole de su reclamo. Si se requiere, el/la administrador(a) de reclamos, quien es responsable del manejo de su reclamo, le notificará a usted, lo referente a su elegibilidad para beneficios.

Para presentar un reclamo, complete la sección del formulario designada para el "Empleado", guarde una copia, y déle el resto a su empleador. Entonces, su empleador completará la sección designada para el "Empleador", le dará a Ud. una copia fechada, guardará una copia, y enviará una al/la administrador(a) de reclamos. Los beneficios no pueden comenzar hasta, que el/la administrador(a) de reclamos se entere de la lesión, así que complete el formulario lo antes posible.

**Atención Médica:** Su administrador(a) de reclamos pagará toda la atención médica razonable y necesaria, para su lesión o enfermedad relacionada con el trabajo. Es posible que los beneficios médicos incluyan el tratamiento por parte de un médico, los servicios de hospital, la terapia física, los análisis de laboratorio y las medicinas. Su administrador(a) de reclamos pagará directamente los costos, de manera que usted nunca verá un cobro. Para lesiones que ocurren en o después de 1/1/04, hay un límite de visitas para ciertos servicios médicos.

**El Médico Primario que le Atiende-Primary Treating Physician PTP** es el médico con toda la responsabilidad para dar el tratamiento para su lesión o enfermedad. Generalmente, su empleador selecciona al PTP que Ud. verá durante los primeros 30 días. Sin embargo, en condiciones específicas, es posible que usted pueda ser tratado por su médico pre-designado. Si el doctor dice que usted aún necesita tratamiento después de 30 días, es posible que Ud. pueda cambiar al médico de su preferencia. Hay reglas especiales que son aplicables cuando su empleador ofrece una Organización del Cuidado Médico (HCO) o después de 1/1/05 tiene un Sistema de Proveedores de Atención Médica. Hable con su empleador para más información. Si su empleador no ha colocado un poster describiendo sus derechos para la compensación para trabajadores, Ud. puede seleccionar a su propio médico inmediatamente.

El empleador autorizará todo tratamiento médico consistente con las directivas de tratamiento aplicables a la lesión o enfermedad, durante el primer día laboral después que el empleado efectúa un reclamo para beneficios de compensación, y continuará proveyendo este tratamiento hasta la fecha en que el reclamo sea aceptado o rechazado. Hasta la fecha en que el reclamo sea aceptado o rechazado, el tratamiento médico será limitado a diez mil dólares (\$10,000).

**Divulgación de Expedientes Médicos:** Después de que Ud. presente un reclamo para beneficios de compensación para los trabajadores, sus expedientes médicos no tendrán la misma privacidad que usted normalmente espera. Si Ud. no está de acuerdo en divulgar voluntariamente los expedientes médicos, un(a) juez de compensación para trabajadores posiblemente decida qué expedientes se revelarán. Si Ud. solicita privacidad, es posible que el/la juez "selle" (mantenga privados) ciertos expedientes médicos.

**Pago por Incapacidad Temporal (Sueldos Perdidos):** Si Ud. no puede trabajar, mientras se está recuperando de una lesión o enfermedad relacionada con el trabajo, Ud. recibirá pagos por incapacidad temporal. Es posible que estos pagos cambien o paren, cuando su médico diga que Ud. está en condiciones de regresar a trabajar. Estos beneficios son libres de

## Workers' Compensation Claim Form (DWC 1) & Notice of Potential Eligibility

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**Return to Work:** To help you to return to work as soon as possible, you should actively communicate with your treating doctor, claims administrator, and employer about the kinds of work you can do while recovering. They may coordinate efforts to return you to modified duty or other work that is medically appropriate. This modified or other duty may be temporary or may be extended depending on the nature of your injury or illness.

**Payment for Permanent Disability:** If a doctor says your injury or illness results in a permanent disability, you may receive additional payments. The amount will depend on the type of injury, your age, occupation, and date of injury.

**Vocational Rehabilitation (VR):** If a doctor says your injury or illness prevents you from returning to the same type of job and your employer doesn't offer modified or alternative work, you may qualify for VR. If you qualify, your claims administrator will pay the costs, up to a maximum set by state law. VR is a benefit for injuries that occurred prior to 2004.

**Supplemental Job Displacement Benefit (SJDB):** If you do not return to work within 60 days after your temporary disability ends, and your employer does not offer modified or alternative work, you may qualify for a nontransferable voucher payable to a school for retraining and/or skill enhancement. If you qualify, the claims administrator will pay the costs up to the maximum set by state law based on your percentage of permanent disability. SJDB is a benefit for injuries occurring on or after 1/1/04.

**Death Benefits:** If the injury or illness causes death, payments may be made to relatives or household members who were financially dependent on the deceased worker.

**It is illegal for your employer** to punish or fire you for having a job injury or illness, for filing a claim, or testifying in another person's workers' compensation case (Labor Code 132a). If proven, you may receive lost wages, job reinstatement, increased benefits, and costs and expenses up to limits set by the state.

You have the right to disagree with decisions affecting your claim. If you have a disagreement, contact your claims administrator first to see if you can resolve it. If you are not receiving benefits, you may be able to get State Disability Insurance (SDI) benefits. Call State Employment Development Department at (800) 480-3287.

You can obtain free information from an information and assistance officer of the State Division of Workers' Compensation, or you can hear recorded information and a list of local offices by calling (800) 736-7401. You may also go to the DWC web site at [www.dir.ca.gov](http://www.dir.ca.gov). Link to Workers' Compensation.

**You can consult with an attorney.** Most attorneys offer one free consultation. If you decide to hire an attorney, his or her fee will be taken out of some of your benefits. For names of workers' compensation attorneys, call the State Bar of California at (415) 538-2120 or go to their web site at [www.californiaspecialist.org](http://www.californiaspecialist.org).

impuestos. Los pagos por incapacidad temporal son dos tercios de su pago semanal promedio, con cantidades mínimas y máximas establecidas por las leyes estatales. Los pagos no se hacen durante los primeros tres días en que Ud. no trabaje, a menos que Ud. sea hospitalizado(a) de noche, o no pueda trabajar durante más de 14 días.

**Regreso al Trabajo:** Para ayudarle a regresar a trabajar lo antes posible, Ud. debe comunicarse de manera activa con el médico que le atiende, el/la administrador(a) de reclamos y el empleador, con respecto a las clases de trabajo que Ud. puede hacer mientras se recupera. Es posible que ellos coordinen esfuerzos para regresarle a un trabajo modificado, o a otro trabajo, que sea apropiado desde el punto de vista médico. Este trabajo modificado, u otro trabajo, podría extenderse o no temporalmente, dependiendo de la índole de su lesión o enfermedad.

**Pago por Incapacidad Permanente:** Si el doctor dice que su lesión o enfermedad resulta en una incapacidad permanente, es posible que Ud. reciba pagos adicionales. La cantidad dependerá de la clase de lesión, su edad, su ocupación y la fecha de la lesión.

**Rehabilitación Vocacional:** Si el doctor dice que su lesión o enfermedad no le permite regresar a la misma clase de trabajo, y su empleador no le ofrece trabajo modificado o alterno, es posible que usted reúna los requisitos para rehabilitación vocacional. Si Ud. reúne los requisitos, su administrador(a) de reclamos pagará los costos, hasta un máximo establecido por las leyes estatales. Este es un beneficio para lesiones que ocurrieron antes de 2004.

**Beneficio Suplementario por Desplazamiento de Trabajo:** Si Ud. no vuelve al trabajo en un plazo de 60 días después que los pagos por incapacidad temporal terminan, y su empleador no ofrece un trabajo modificado o alterno, es posible que usted reúna los requisitos para recibir un vale no-transferible pagadero a una escuela para recibir un nuevo entrenamiento y/o mejorar su habilidad. Si Ud. reúne los requisitos, el administrador(a) de reclamos pagará los costos hasta un máximo establecido por las leyes estatales basado en su porcentaje del incapacidad permanente. Este es un beneficio para lesiones que ocurren en o después de 1/1/04.

**Beneficios por Muerte:** Si la lesión o enfermedad causa la muerte, es posible que los pagos se hagan a los parientes o a las personas que vivan en el hogar, que dependían económicamente del/de la trabajador(a) difunto(a).

**Es ilegal que su empleador** le castigue o despidan, por sufrir una lesión o enfermedad en el trabajo, por presentar un reclamo o por atestiguar en el caso de compensación para trabajadores de otra persona. (El Código Laboral sección 132a). Si es probado, puede ser que usted reciba pagos por pérdida de sueldos, reposición del trabajo, aumento de beneficios, y gastos hasta un límite establecido por el estado.

Ud. tiene derecho a estar en desacuerdo con las decisiones que afecten su reclamo. Si Ud. tiene un desacuerdo, primero comuníquese con su administrador(a) de reclamos, para ver si usted puede resolverlo. Si usted no está recibiendo beneficios, es posible que Ud. pueda obtener beneficios de Seguro Estatal de Incapacidad (SDI). Llame al Departamento Estatal del Desarrollo del Empleo (EDD) al (800) 480-3287.

Ud. puede obtener información gratis, de un oficial de información y asistencia, de la División estatal de Compensación al Trabajador (*Division of Workers' Compensation - DWC*), o puede escuchar información grabada, así como una lista de oficinas locales, llamando al (800) 736-7401. Ud. también puede ir al sitio electrónico en el Internet de la DWC en [www.dir.ca.gov](http://www.dir.ca.gov). Enlázese a la sección de Compensación para Trabajadores.

**Ud. puede consultar con un(a) abogado(a).** La mayoría de los abogados ofrecen una consulta gratis. Si Ud. decide contratar a un(a) abogado(a), sus honorarios se tomarán de sus beneficios. Para obtener nombres de abogados de compensación para trabajadores, llame a la Asociación Estatal de Abogados de California (*State Bar*) al (415) 538-2120, ó vaya a su sitio electrónico en el Internet en [www.californiaspecialist.org](http://www.californiaspecialist.org).



**WORKERS' COMPENSATION CLAIM FORM (DWC 1)**

**PETITION DEL EMPLEADO PARA DE COMPENSACIÓN DEL TRABAJADOR (DWC 1)**

**Employee:** Complete the "Employee" section and give the form to your employer. Keep a copy and mark it "Employee's Temporary Receipt" until you receive the signed and dated copy from your employer. You may call the Division of Workers' Compensation and hear recorded information at (800) 736-7401. An explanation of workers' compensation benefits is included as the cover sheet of this form.

You should also have received a pamphlet from your employer describing workers' compensation benefits and the procedures to obtain them.

**Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.**

**Empleado:** Complete la sección "Empleado" y entregue la forma a su empleador. Quédese con la copia designada "Recibo Temporal del Empleado" hasta que Ud. reciba la copia firmada y fechada de su empleador. Ud. puede llamar a la División de Compensación al Trabajador al (800) 736-7401 para oír información gravada. En la hoja cubierta de esta forma esta la explicación de los beneficios de compensación al trabajador.

Ud. también debería haber recibido de su empleador un folleto describiendo los beneficios de compensación al trabajador lesionado y los procedimientos para obtenerlos.

**Toda aquella persona que a propósito haga o cause que se produzca cualquier declaración o representación material falsa o fraudulenta con el fin de obtener o negar beneficios o pagos de compensación a trabajadores lesionados es culpable de un crimen mayor "felonia".**

**Employee—complete this section and see note above      Empleado—complete esta sección y note la notación arriba.**

1. Name. *Nombre.* \_\_\_\_\_ Today's Date. *Fecha de Hoy.* \_\_\_\_\_
2. Home Address. *Dirección Residencial.* \_\_\_\_\_
3. City. *Ciudad.* \_\_\_\_\_ State. *Estado.* \_\_\_\_\_ Zip. *Código Postal.* \_\_\_\_\_
4. Date of Injury. *Fecha de la lesión (accidente).* \_\_\_\_\_ Time of Injury. *Hora en que ocurrió.* \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.
5. Address and description of where injury happened. *Dirección/lugar dónde ocurrió el accidente.* \_\_\_\_\_  
\_\_\_\_\_
6. Describe injury and part of body affected. *Describe la lesión y parte del cuerpo afectada.* \_\_\_\_\_  
\_\_\_\_\_
7. Social Security Number. *Número de Seguro Social del Empleado.* \_\_\_\_\_
8. Signature of employee. *Firma del empleado.* \_\_\_\_\_

**Employer—complete this section and see note below.      Empleador—complete esta sección y note la notación abajo.**

9. Name of employer. *Nombre del empleador.* \_\_\_\_\_
10. Address. *Dirección.* \_\_\_\_\_
11. Date employer first knew of injury. *Fecha en que el empleador supo por primera vez de la lesión o accidente.* \_\_\_\_\_
12. Date claim form was provided to employee. *Fecha en que se le entregó al empleado la petición.* \_\_\_\_\_
13. Date employer received claim form. *Fecha en que el empleado devolvió la petición al empleador.* \_\_\_\_\_
14. Name and address of insurance carrier or adjusting agency. *Nombre y dirección de la compañía de seguros o agencia administradora de seguros.* \_\_\_\_\_  
\_\_\_\_\_
15. Insurance Policy Number. *El número de la póliza de Seguro.* \_\_\_\_\_
16. Signature of employer representative. *Firma del representante del empleador.* \_\_\_\_\_
17. Title. *Título.* \_\_\_\_\_ 18. Telephone. *Teléfono.* \_\_\_\_\_

**Employer:** You are required to date this form and provide copies to your insurer or claims administrator and to the employee, dependent or representative who filed the claim within **one working day** of receipt of the form from the employee.

SIGNING THIS FORM IS NOT AN ADMISSION OF LIABILITY

Employer copy/Copia del Empleador       Employee copy/ Copia del Empleado

**Empleador:** Se requiere que Ud. feche esta forma y que provéa copias a su compañía de seguros, administrador de reclamos, o dependiente/representante de reclamos y al empleado que hayan presentado esta petición dentro del plazo de **un día hábil** desde el momento de haber sido recibida la forma del empleado.

EL FIRMAR ESTA FORMA NO SIGNIFICA ADMISION DE RESPONSABILIDAD

Claims Administrator/Administrador de Reclamos       Temporary Receipt/Recibo del Empleado

# Workers' Compensation with Care<sup>SM</sup>

"Caring for injured workers is one of our highest priorities." That is not something you hear from many insurance companies. Yet, workers' compensation is all about helping people—employers and injured workers—when on the job injuries occur.

## 'HUMANIZING' THE INSURANCE BUSINESS

Accidents happen and people get hurt at work. Life for the injured worker, and the employer, has changed. How change is managed, and how people are cared for, makes all the difference in terms of financial cost of the injury, impact on business productivity, morale of the workforce and the likelihood of future accidents.

Immediate personal contact is critical to achieving the best possible outcome from the trauma of a workers' compensation injury. Contact from the employer, and contact from us. The injured worker is hurt and in pain. They need caring interaction and help understanding the complex workers' compensation system. Together, if we don't help them, they will seek out or be swayed by an attorney. If that happens, unnecessary costs and lost productivity occur.

When we hear about an injury, we reach out right away to the injured worker and you. Our senior examiners, not clerical staff, make contact and stay with the injured worker throughout recovery and back to work. We make time to listen, build trust and explain the medical and disability support available.



## STRAIGHT TALK IS OUR STYLE

Workers' Compensation is governed by laws and regulations. The system is complex and ever changing. It does not lend itself to a caring approach by insurance companies. At CompWest, we believe you can change the approach—and we invested the time, money, and resources to build a company culture that is Workers' Compensation with Care<sup>SM</sup>.

We provide straightforward explanations of the State's rules and the benefits. We put ourselves in the shoes of the worker, anticipating their concerns and conveying timely solutions. We share tips and coaching based on decades of experience with the system.

## IMPROVING QUALITY AND CARE

We look for ways to improve benefit delivery. We don't wait for problems with medical care, expense reimbursement or disability payments. We constantly check for issues to anticipate common concerns of injured workers such as understanding their diagnosis and treatment plan, how and where to fill a prescription without cost and what day to expect a disability check.

## WHAT MAKES COMPWEST A BETTER VALUE?

Insurance companies don't make the regulations and don't set the benefit levels or the medical reimbursement schedules. How then do employers discern value from a workers' compensation insurer? Beyond competitive prices, we believe that value is created by pro-actively partnering in the prevention of accidents and in a caring approach to the management of injuries when they occur.

CompWest acts quickly with care and experience. And, we ask our policyholders and their injured workers through surveys how we are doing. Workers' Compensation insurers rarely ask you, but we do! Workers' Compensation with Care<sup>SM</sup> is not easy, and may not be for everyone, but we know it's a better value.

# Benefits of Rapid Claim Reporting

When employers report injuries rapidly, they help CompWest control the cost of workers' compensation claims. Rapid claim reporting helps us gather time sensitive investigative information crucial to proper claim acceptance & benefits delivery. Additional benefits include:

## LIMIT EXPOSURE TO TREATMENT COST

All reported workers' compensation claims are exposed to up to \$10,000 in medical treatment costs until a claim is rejected. Early identification and investigation of questionable claims can limit this exposure for non covered injuries.

## EARLY EVIDENCE GATHERING

Fraud prevention includes investigation and this could mean taking statements. The sooner we obtain witness statements and protect evidence, the easier and faster we can identify potential fraudulent claims.

## IDENTIFICATION OF POTENTIAL MONETARY RECOVERY ACTIONS

If the investigation reveals a third party (defective product, service provider, vehicle operator) is at fault for the accident, we may recover benefits paid out on the resulting workers' compensation claim. Prompt reporting helps us identify this potential before evidence is destroyed or witnesses vanish.



## INSURING THAT PROPER MEDICAL TREATMENT IS BEING PROVIDED

Prompt reporting helps us get the injured worker to a designated network medical provider for the most appropriate and cost effective treatment.

## ALLEVIATE INJURED WORKERS' CONCERNS AND ANXIETY

Prompt notification allows us to quickly contact the injured worker and advise the worker of his or her medical and disability benefits. This also allows us to immediately start building a rapport with the injured worker to be a source for information during the recovery process, leading to a reduction of litigation and unnecessary disputes.

## AVOID EMPLOYER PENALTIES

Penalties must be paid when benefits are paid late as a result of late reporting.

## COORDINATE AN EARLY RETURN TO WORK FOR THE EMPLOYEE

We can often get workers back on the job much sooner than full recovery would indicate by letting the medical providers and injured worker know that the employer may be able to modify the worker's job or provide alternate duties within his or her medical restrictions. This eliminates or reduces costly wage replacement benefits.

# Early Return to Work Program

Return to work programs help injured employees transition from injury or illness to productivity and reduce costs by speeding up recovery time and lowering or eliminating disability benefits. Return to work programs are focused on either a temporary modification of the employee's job duties or a reassignment to another position within the medical restrictions while recovering. Either way, the injured worker gets back on the job sooner. What can an employer do to be prepared and to take full advantage of this cost saving technique?

## PRE-SELECT AND IDENTIFY MODIFIED JOBS

Establish a formal modified-duty program in all departments. Verify that the jobs available are productive light-duty assignments. A modified job must not be demeaning or degrading. When a disabling injury occurs, let the employee, supervisor and physician know right away that modified/light duty work is available if it is within the employee's temporary work restrictions.

## ASSIGN THE CORRECT TYPE OF ALTERNATE WORK

Understand that there are different types of transitional, modified and alternate work that you can assign depending on the restrictions during the recovery process. CompWest can help you to verify that the jobs you have to offer are within the employee's limitations through coordination with the treating physician. (Even part time work is a solution in some cases and will lead to reduced disability benefits costs.)



## DESIGNATE A CONTACT PERSON TO MONITOR INJURED EMPLOYEES

Have the contact person work with the employee as he or she transitions from injury recovery to full duties. Advise CompWest of any changes in work assignment, pay or additional lost time from work.

## EXPLAIN ALL OPTIONS TO EMPLOYEES

An injured employee can refuse to return to modified work. If this occurs, the employee will be ineligible for some or all of his or her workers' compensation disability benefits.

If work restrictions from an injury are permanent and preclude the employee from returning to his or her usual job, providing modified/alternate jobs can reduce permanent disability benefits by 15%, while failure to provide such work can increase these benefits by 15%. Most importantly, return to work programs show your injured workers that you care about their recovery and ability to return to gainful employment.

CompWest and our network medical providers are committed to assisting our employers and injured workers after an injury has occurred. We are here to help both the employer and employee understand the complicated workers' compensation process and answer any questions you may have.

# Litigation Avoidance

Taking steps to avoid litigation will help control medical expenses and eliminate costly attorney's fees. The vast majority of work related injuries are concluded without the injured worker seeking representation by an attorney. The main reasons given by injured workers for seeking attorney representation are lack of information regarding benefits and confusion as to how and when those benefits will be provided. What can an employer do to lessen the incidence of costly litigation?

## CREATE OPEN ATMOSPHERE FOR REPORTING INJURIES

Make it easy for your injured worker to talk to you and don't treat an injured employee like an enemy. If the injury was caused by the employee's violation of a safety rule, save the counseling or disciplinary action until after the employee returns to work.

## SHOW COMPASSION AND EMPATHY

Ask for suggestions to prevent similar injuries in the future.

## ASSURE YOUR INJURED EMPLOYEE THAT MEDICAL EXPENSES AND DISABILITY ARE COVERED

Be sure the employee understands that he or she will be receiving quality medical care and all workers' compensation benefits will be provided in a timely manner from CompWest.

## GIVE YOUR EMPLOYEES ALL THE REQUIRED INFORMATION PAMPHLETS AND WORKERS' COMPENSATION CONTACT INFORMATION

Encourage them to be informed about their benefits and to ask questions when indicated.

## DIRECT YOUR INJURED EMPLOYEE TO YOUR DESIGNATED NETWORK MEDICAL PROVIDER

This will insure proper and timely care. The network medical provider will also report disability status directly to CompWest and make sure that wage replacement benefits are paid on time and that the injured worker is not billed for any medical services. (Injured workers often cite delays in providing wage replacement or being billed for medical treatment as another major cause of seeking attorney representation.)

## MAINTAIN CONTACT WITH YOUR INJURED EMPLOYEE

We recommend contacting the employee at least 2 times per month while he or she is off work. Keep an ongoing

dialogue with the employee regarding your ability to provide modified work assignments to expedite an early return to work. Remind your injured employee that you will have him or her back as soon as they are well enough to be released by their doctor and that he or she is a valuable resource.

## ASK QUESTIONS WHEN THERE ARE CONCERNS ABOUT A CLAIM

Keep communication open with your employee and CompWest so that additional investigations are expedited when indicated and the proper benefits provided.

## REMIND YOUR INJURED EMPLOYEES THAT THEIR MEDICAL CONDITION IS TO REMAIN CONFIDENTIAL

Remind them that only the employer is privy to work restrictions as they relate to their jobs. CompWest will maintain all medical information as confidential. We will work as a team to insure that all medical treatment issues are kept confidential.

## DON'T DISCRIMINATE

Do not refuse to reinstate any injured employee without consulting with your company's legal counsel.

## WHEN AN EMPLOYEE LITIGATES, OR THREATENS TO LITIGATE, NOTIFY COMPWEST IMMEDIATELY

Timely litigation management is crucial to claims handling and expedited attention is indicated.

If an attorney represents an employee, CompWest cannot contact the injured worker regarding the case. We must go through his or her attorney. The employer is allowed and encouraged to contact the injured worker without harassing the employee or discussing issues in dispute.

# Zero Tolerance for Injuries

Too many companies rarely ask why occupational injuries occur. Management wonders why this year was injury-free, and why that other year was unlucky? But it's not luck. Management that sets clear expectations for continuous improvement in injury prevention achieves increasingly safer and more productive workplaces.

## COMMIT TO A NEW GOAL OF 'ZERO INJURIES'

Most organizations expect to have 'some' injuries. Nobody wants an employee to be hurt on the job, yet the underlying expectation is that some employees will be injured each year. Instead, change that expectation and choose to establish a new goal:

*"Zero tolerance, because even one injury is too many."*

## TOP MANAGEMENT ARE THE SAFETY LEADERS

As senior executives, you set the tone for how seriously safety is addressed. Become a safety leader and lead by example. Talk up safety in all meetings; celebrate successes and review set-backs. When an employee is injured, go in person to speak with the employee and their supervisor. Show compassion and concern for what occurred, determine accident causes and take immediate action to prevent another injury from occurring. Everyone will see that injuries are not casual events; they are signals that an error in the safety process occurred.

When departments or groups complete a month or a quarter with zero injuries, praise the group and its leaders—put the praise in writing and communicate it across

the company. Employees will notice that management acts on missteps and successes. If nothing is said, it says that management takes safety for granted.

To promote the fun and success of your safety culture, posting pictures of employees succeeding in their safety goals is worth a thousand words.

## MIDDLE MANAGEMENT AND SUPERVISORS INVOLVE ALL EMPLOYEES

Ask employees for their input in improving safety, and achieving zero accidents. Employees doing the work every day are in the best position to know the proper procedures for accomplishing high quality results in the safest manner. Encourage employees to share 5-minute reports on their work technique or an improvement idea at regular safety meetings. Ask them how safety meetings and training can be made more fun and informative. The more that employees plan the agenda and participate, the more the safety process is their process.

## EMPLOYEES ARE THE 'OWNERS' OF THE SAFETY PROCESS

Encourage employees to participate in, and take ownership of the safety process. If your safety process is too small to allow everyone a role or assignment, expand how safety tasks are done. Employees can develop into safety leaders. Praise and reward them for bringing unsafe behaviors to the attention of the team safety leaders.

Invite employee safety leaders from different work groups to meet regularly to improve the safety process. Each task group establishes 2-3 safety improvement goals that they determine are the most important. Goals can be as simple as planning barbeques to celebrate safety milestones or as complex as re-designing a room or process. Outside facilitators can assist the groups. CompWest Loss Control can provide facilitation, and recommend other consultants.

