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ARGENT®
A DIVISION OF WEST BEND

– Vision –

To be the company of choice for associates, agents, and policyholders.

– Mission –

Exceed in service. Lead in results.

– Core Values –

Excellence

Integrity

Innovation

WORKERS' COMPENSATION REPORTING TIPS

– ATTENTION–
YOU MAY BE FINED IF YOU DO NOT REPORT ON–THE–JOB INJURIES ON TIME

You must complete an Employer's First Report of Injury immediately after an on–the–job injury occurs and forward the report to Argent. **You may be fined if you do not submit the report on time.**

Report online, fax, or email the Employer's First Report of Injury even if you do not have all the information about the injury.

- Do not wait for medical bills.
- Do not withhold the Employer's First Report of Injury because you believe the claim is questionable. Reporting a loss is not an admission of liability.
- Be sure to include the claim number on all correspondence.

Claim Reporting Options for NEW LOSSES ONLY:

- Online Reporting (Insured Access) - Our online reporting system is referred to as Insured Access. Online claim reporting is our **preferred** method, and allows you to instantly obtain confirmation of your report, as well as the claim number. Insured Access also allows you to have limited access to claim notes, claim reserves, and loss control resources. In order to set up Insured Access, please contact your dedicated claim representative. Or,
- Fax: 888-926-9299 or,
- Email: ArgentWCCLossScanCtr@wbmi.com

Do not withhold the Employer's First Report of Injury for any reason. You may be fined if the claim representative cannot make the initial lost time payment because you failed to send the Employer's First Report of Injury on time.

If you need to notify your agent, please send your agent a copy of the Employer's First Report of Injury and indicate the report has been filed with Argent. Direct reporting saves time.

If you have any questions, please call your claim representative.

For any follow up correspondence, please refer to the below instructions:

Submit follow up correspondence with the claim number to:

- Fax: 888-926-9299
- Email: Argent_WCC_scan_ctr@wbmi.com

HOW TO WRITE INJURY DESCRIPTIONS

The following instructions will help you avoid some common errors and save time when describing an injury on the Employer's First Report of Injury form.

For most accidents, you can describe what happened in one or two sentences. "He strained his lower back lifting a box." "She bruised her left knee when she fell on a wet floor." However, your descriptions must be specific. "Hurt back working" does not provide enough information.

Answer the following questions when describing an injury:

1.What part of the body was injured?

- Lower back
- Upper right leg
- Right forearm
- Third toe on left foot

2. How did the accident happen?

- Did the person fall?
- Did they twist their body as they got out of a chair?
- Were they moving or stationary when the accident happened?

3. Was the injured person carrying anything?

Even if it probably didn't cause the injury, we need to know if the person was carrying anything. For example, "Carrying broom, stepped wrong and twisted left ankle."

4. What specifically appears to have caused the accident?

If someone hurt their back lifting a box, say that. Don't say:

- Lifting a unit of material
- Lifting equipment
- They hurt their back lifting product

Avoid jargon or trade names for equipment. Explain precisely what they were doing.

- Lifting an air conditioner
- Carrying magazines
- Pushing a cart
- Bending over to pick up a wrench

If a machine caused the injury, tell us what kind.

- A grinder
- A shear
- A hoist

Again, avoid jargon or trade names.

5. What injury appears to have resulted?

- Strain
- Bruise
- Fracture
- Cut

Please be sure to include the injured person's birthdate or age and Social Security number. Also, indicate the geographical location of the accident (city, county, and state).

WORKERS COMPENSATION
COST CONTAINMENT INITIATIVES

Argent participates in several medical cost containment programs. The use of these programs helps reduce your workers' compensation expenses. A brief summary of each program is outlined below.

If you have any questions about any of the programs we offer, please call your dedicated claim representative at 888-236-5008.

PHARMACY PROGRAM

This program is designed to provide discounts on workers' compensation prescriptions submitted by your injured worker's. This service is provided by a national pharmaceutical management company using a network of retail pharmacies.

How the program works:

1. The injured worker files a workers' compensation claim with employer, seeks medical treatment, and receives a prescription from a provider.
2. The injured worker presents the prescription along with the temporary ID form to a participating pharmacy where the claim is electronically submitted by the pharmacy to our vendor.
3. Once Argent receives notification of the claim from the employer, an employee ID drug card is issued, along with a list of participating pharmacies and instructions on the use of the program.
4. The injured worker presents the ID drug card to a participating pharmacy for any workers' compensation prescriptions.
5. High cost/long term use medications are conveniently supplied through our vendor's mail service pharmacy.

DIAGNOSTIC TESTING PROGRAM

Using the services of a diagnostic management vendor, we can save money on diagnostic tests (i.e., CT scans, MRIs, EMGs, etc.) the treating provider orders for injuries an employee sustains in a work-related incident. Our vendor will schedule the test then notify the injured worker of the date, time, and location. Once the test is performed the films/x-rays will be forwarded to the referring provider.

To make this program successful, we ask that you encourage your employees to contact their Argent claim representative as soon as their provider orders a diagnostic test. We will handle it from there.

MEDICAL COST CONTAINMENT

Strong medical management brings about the early and safe return to work of your employees and reduces claim costs. In order to control the medical bill costs, we contract with a medical bill review service. All of our medical provider charges (hospital, physician, physical therapist, chiropractor, and pharmaceutical) are verified for the appropriateness of the charge, and to determine if they adhere to state mandated fee schedules or local usual and customary (U&C) reimbursement levels. This process often reduces our medical expenses by 10-30%.

Another way we are containing costs is through the use of PPO Networks. The Preferred Providers have agreed to discount their billings to the agreed upon PPO Network rates for our insured's injured workers. This in turn keeps your premium costs down.

Your support in encouraging your injured workers to use a PPO provider is important. It sends an important message to the medical care providers that we support them in their effort to offer quality, cost effective care to patients.

For a list of PPO's in your area, please visit our website, www.argentworkerscomp.com for a link to the PPO Directory.

Argent
Workers' Compensation Prescription Information

Employer:

Please fill out employee information below and provide employee with this document to take to any pharmacy with prescriptions.

Employee Name:	
Group#:	10602464
Member ID (SSN):	
Date of Injury:	
Processor:	myMatrixx
Bin#:	014211
Day supply is limited to 30 days for a new injury.	
myMatrixx Help Desk: (877) 804-4900	

Employer Signature:	Phone:	Date:

Employee:

Argent has partnered with ***myMatrixx*** to make filling workers' compensation prescriptions easy.

This document serves as a temporary prescription card. A permanent prescription card specific to your injury will be forwarded directly to you within the next 5 to 15 business days.

Please take this letter and your prescription(s) to a pharmacy near you. myMatrixx has a network of over 60,000 pharmacies nationwide. If you need assistance locating a network pharmacy near you, please call myMatrixx toll free at (877) 804-4900.

IF YOU ARE DENIED MEDICATION(S) AT THE PHARMACY PLEASE CALL (877) 804-4900

Pharmacist: Please obtain above information from the injured employee if not already filled in by employer to process prescriptions for the workers' compensation injury only. Document only valid if signed and dated by employer above.

For questions or rejections please call (877) 804-4900. Please do not send patient home or have patient pay for medication(s) before calling myMatrixx for assistance.

NOTE: Certain medications are pre-approved for this patient; these medications will process without an authorization. All others will require prior approval.

FOR ALL REJECTIONS OR QUESTIONS CALL: (877) 804-4900

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myMatrixx™
good medicine for business

P.O. Box 274070
Tampa, FL • 33688
877.804.4900

ARGENT™
A DIVISION OF WEST BEND

Joe Sample
123 2nd Street
Anywhere, FL 33635

Thu May 24 12:50 EDT 2007

RE: Argent Workers' Compensation Prescription Drug Program

Dear Joe Sample,

Argent has contracted with myMatrixx to have prescriptions for your work related injury filled at no expense to you.

What is Covered?
Only medication(s) prescribed by your authorized treating physician for your work-related injury will be approved. This program does not cover prescriptions for any other medical condition.

What do I do?
After receiving your prescription from your workers' compensation physician, visit any network pharmacy and present your prescription and prescription card. Your pharmacy will submit the required information to myMatrixx. You do nothing else.

In the event there is a problem processing your prescription(s) please call or have the pharmacist call myMatrixx 24 hours a day, 7 days a week at 877-804-4900.

Which pharmacies can I use?
Your prescription Card is honored at over 60,000 pharmacies nationwide. Here are just a few in your area. For more network pharmacy locations, please call 877-804-4900.

Walgreens Pharmacy
1211 Hillsborough Ave.

CVS #5196
11670 Country Way Blvd.

CVS Pharmacy
8801 W. Linebaugh Ave.

Publix Pharmacy
8975 Race Track Rd.

Publix Pharmacy
12139 W. Linebaugh Ave.

Publix Pharmacy
7835 Gunn Highway

Walgreens Pharmacy
7925 Gunn Highway

Kash N Kerry Pharmacy
10617 Sheldon Road

CVS Pharmacy
7920 Gunn Highway

Answers to your questions.

1. What is this card?
This card is for your workers' compensation prescription needs. Please take this card to the pharmacy when you are filling medications for your work-related injury.

2. Why did I receive this card?
You received this card due to an injury that occurred on the job.

3. What if I am not currently taking any medications due to the injury?
Please put the card in a safe place in case you start taking medications for your current injury.

4. When should I use this card?
Anytime you need to fill a medication for your work-related injury.

5. Are all medications pre-approved?
Your insurance company may have pre-selected medications that will go through without authorization. If you drop off a prescription at the pharmacy and it rejects for any reason the pharmacy should call us and we will call your insurance co. for approval. If you would like to know the types of medications that are pre-approved before going to the pharmacy, please call 877-804-4900 and a customer service rep will be happy to assist you.

6. Can my family members use this card?
No, this is only for your work-related injury.

7. What should I do if there is a problem with my card when I take it to the pharmacy?
Your pharmacy should call us with any problems they are having with the card. If for ANY reason they do not call us, or if you have any questions regarding your work-related medications, please call our customer service team at 877-804-4900.

8. Are you my workers' compensation insurance company?
No, we were contracted by your workers' compensation insurance company to handle all of your work-related prescription needs.

9. What happens if my medication doesn't provide any relief from my symptoms or pain?
You should contact your doctor or our pharmacist to verify that the medication prescribed for your pain is the most appropriate for your condition.

10. Should I tell my doctor about other medications I am taking not related to my injury?
Yes, it is very important that your physician and pharmacist know ALL the medications you are currently taking. Some medications may counter the effect of other medications you are taking and some may even be harmful or life threatening when taken together. If you are unsure of your current medications, call our myMatrixx pharmacist.

11. Can I talk to one of your pharmacists if I have a question?
Yes, our pharmacists are available to answer all of your medication related questions.

For any additional questions please contact myMatrixx at 877-804-4900

Patient - You must present this identification card each time you go to the pharmacy for your authorized prescriptions only. If you are denied medication, please call.

Pharmacist - For questions, please call 24 hours a day, 365 days a year. Dispensed quantity of medications is limited to a 30 day supply. Do not send patient home without first contacting myMatrixx for all rejections.

Note: Insurance company has pre-approved certain medications for this patient; these medications will process without an authorization. Any medications that are rejecting, must be called into myMatrixx for authorization.

Any questions or problems, please call:
877.804.4900

Regardless of normal job duties, light duty work will be accommodated.
Please prepare restrictions below:

ATTENDING PHYSICIAN'S RETURN TO WORK RECOMMENDATIONS RECORD

Claim No.

Patient's Name (First) (Middle Initial) (Last)

Date of Injury/Illness

TO BE COMPLETED BY ATTENDING PHYSICIAN – PLEASE CHECK

Diagnosis/Condition (Brief Explanation)

I saw and treated this patient on _____ (date) and based on the above description of the patient's current medical problem:

1. ☐ Recommend his/her return to work with no limitations on _____ (date)

2. ☐ He/She may return to work on _____ (date) **capable of performing the degree of work checked below with the following limitations:**

- ☐ **Sedentary Work.** Lifting 10 pounds maximum and occasionally lifting and/or carrying such articles as dockets, ledgers, and small tools. Although a sedentary job is defined as one which involves sitting, a certain amount of walking and standing is often necessary in carrying out job duties. Jobs are sedentary if walking and standing are required only occasionally and other sedentary criteria are met.
- ☐ **Light Work.** Lifting 20 pounds maximum with frequent lifting and/or carrying of objects weighing up to 10 pounds. Even though the weight lifted may be only a negligible amount, a job is in this category when it requires walking or standing to a significant degree or when it involves sitting most of the time with a degree of pushing and pulling of arm and/or leg controls.
- ☐ **Light Medium Work.** Lifting 30 pounds maximum with frequent lifting and/or carrying of objects weighing up to 20 pounds.
- ☐ **Medium Work.** Lifting 50 pounds maximum with frequent lifting and/or carrying of objects weighing up to 25 pounds.
- ☐ **Medium Heavy Work.** Lifting 75-80 pounds maximum with frequent lifting and/or carrying of objects weighing up to 40 pounds.
- ☐ **Heavy Work.** Lifting 100 pounds maximum with frequent lifting and/or carrying of objects weighing up to 50 pounds.

1. In an 8 hour work day patient may:
   a. Stand/Walk
      ☐None ☐1-4 hours ☐4-6 hours ☐6-8 hours
   b. Sit
      ☐1-3 hours ☐3-5 hours ☐5-8 hours
   c. Drive
      ☐1-3 hours ☐3-5 hours ☐5-8 hours
2. Patient may use hand(s) for repetitive:
   ☐Single Grasping
   ☐Pushing & Pulling
   ☐Fine Manipulation
3. Patient may use foot/feet for repetitive movement as in operating foot controls:
   ☐Yes ☐No
4. Patient is able to:

	Frequently	Occasionally	Not At All
a. Bend	☐	☐	☐
b. Squat	☐	☐	☐
c. Climb	☐	☐	☐
d. Twist	☐	☐	☐
e. Reach	☐	☐	☐

Other Instructions and/or Limitations Including Prescribed Medications:

These restrictions are in effect until _____ (date) or until patient is re-evaluated on _____ (date)

3. ☐ He/She is totally incapacitated at this time. Patient will be re-evaluated on _____ (date)

Physician's Signature | Date

Print name: | Phone number

Facility Name:

Argent, a Division of West Bend
FAX: 888-926-9299
EMAIL: Argent_WCC_Scan_Ctr@WBMI.COM

Loss Control Services

Argent offers a comprehensive, proactive approach to managing your workers compensation exposures. Our goal is to enhance the current safety culture within your organization. This is a sample of the variety of services Argent's Loss Control Department may provide.

- Comprehensive assessment of exposures specific to the operations that may impact workers safety:
  - Assessment of established controls for the physical environment;
  - Assessment of management approach to safety;
  - Employee responsibilities for safety;
  - In depth analysis of losses; and
  - Identification of loss drivers.
- Development of a comprehensive, collaborative safety plan to address those factors affecting the workers compensation program.
- Onsite and job site specific assessments of physical exposures:
  - Machine guarding;
  - Ergonomics;
  - PPE use; and
  - Identification of hazards in the workplace.
- Training of management, supervisors, and key personnel:
  - Accident investigation;
  - Costs and effects of workers compensation insurance;
  - Transitional return to work programs;
  - Safety roles;
  - Accountability; and
  - Loss drivers, observations, and opportunities to improve operational safety.

- Development of specific safety recommendations based on observations and interactions with management and employees.
- Hands-on approach for assisting in the development and implementation of safety recommendations.
- Personalized consultation for management based on the customer's individual needs.
- Hands-on assistance with developing:
    - Transitional return to work program;
    - Slip/fall prevention programs;
    - Safe patient/resident handling programs for medical facilities;
    - Effective safety committee;
    - Ergonomic committee;
    - Injury review committee; and
    - Fleet safety programs.
- Periodic service review meetings are provided to assure your needs are being addressed.
- Resources available for OSHA programs, training videos, and training documents.

The Silver Lining® ADVANTAGE

With the **Silver Lining Advantage,** you benefit from the expertise and guidance of qualified nurse case managers. Using their experience in the medical field, these professionals carefully examine the medical aspects of your company's workers' compensation claims to reduce the claim costs and the duration of the disability. This not only helps control the cost of these claims, it results in a more positive outcome for your employees and your company.

The **Silver Lining Advantage** program offers a variety of services customized to help your company reduce your workers' compensation claim costs. These services include:

- Reducing medical and disability costs through a collaborative approach;
- Expert medical resources available to all accounts;
- An average of 24 years of experience for each member of your nurse case manager team;
- A focus on building relationships with the medical community; and
- The ability to capture and report cost savings.

WEST BEND®

THE SILVER LINING®

WB-2593 (4-13)

ARGENT- Claim Practices

Initial Contacts – Within 24 hours of receipt of claim, contacts made to employee, employer and medical provider.

Investigation – Investigation of claims is to include, but not limited to: recorded statements of employees and witnesses, requesting prior and present medical records, obtaining job descriptions or videos, subrogation potential, Independent Medical Evaluations, and other investigative services when necessary.

Transitional Return to Work - Will be addressed immediately. Consult with employer as to availability and the importance of prompt return to work.

Reserves - Set for known and probable exposures based on the facts of the case.. If the reserves exceed $25K the Claims Representative will complete a reserve letter explaining the basis for the numbers and send to Employer, Agent, Underwriter, Loss Control and Claims Assistant Vice President.

Denials – After claim is denied, it will remain open based on the merits of the case. Upon denial, letters will be sent from Claims Representative to employee, employer, and medical provider.

Dedicated claim team- Lost time and medical only claim professionals will be assigned to your account.

Managed care program- We have a team of highly knowledgeable nurses who are proficient in treatment protocols and in getting the right care at the right time to injured workers.

Narcotic Program – Comprehensive internal program to mitigate the use of narcotic medications through education, early intervention and evaluation to facilitate favorable outcomes.

WR 0046 04 10

Subrogation

What is subrogation? Subrogation is process by which an insured/insurer can recover the amount paid on a claim from a legally-liable party. The workers' compensation policy grants the insurer subrogation recovery rights.

Why is subrogation important to your business? Subrogation allows the first- party payer (typically the insurer) to recover money paid from the liable party, thereby reducing the total costs incurred, as well as your experience modifier. This means your premium will not increase if an employee is injured in an accident for which someone else is liable.

How can you help our subrogation efforts to maximize recoveries?

- Discuss/explain the subrogation process in your safety committee meetings.
- Advise employees who work at or travel to other worksites to notify you and the off-premises property owner of any unsafe exposures, such as accumulated snow/ice, cluttered walkways, unsafe stairways, generally slippery floors, poor lighting, etc.
- Educate employees who work at or travel to other worksites to take photographs of off-premises accidents, such as motor vehicle accidents, falls from ladders, construction scene accidents, etc.
- For construction site accidents, provide the name of the general contractor and a list of all subcontracts involved.
- Advise your employees to immediately notify the property owner when/where the accident occurred.
- Report the workers' compensation claim to Argent immediately; subrogation investigations are extremely time sensitive.
- When applicable, provide Argent or our representative with copies of rental agreements, contracts, owner's manuals, maintenance records, photographs, diagrams, invoices, certificates of insurance, etc.
- Do not discard or repair any equipment that may have led to your employee's injury (i.e., broken ladder). The item may need to be inspected/tested by an independent engineer.

Subrogation considerations:

- Would the at-fault party pursue a liability claim against your company if the tables were turned?
- If the injury to your employee and its effect on your employee's family were life changing, would that influence your decision to subrogate?
- Should your insurance premiums increase because of exposures you can't control?

ARGENT™
A DIVISION OF WEST BEND

THE BEST REMEDY FOR WORKERS' COMPENSATION™

Management Accident Investigation Report

To Be Completed By One of the Following: Supervisor / Plant Manager / HR Director

Employee	Dept.	Job Title
Shift:	Date of Injury Time AM or PM	
Location of Incident		
Date Reported / / Time Reported	Reported to Whom?	

NAME OF WITNESS	DEPARTMENT/ADDRESS	PHONE
(1)		
(2)		

Have witnesses fill out separate forms and give attach.

1. What was employee doing when injured? BE SPECIFIC

2. How did the injury/illness occur?

3. Was employee performing function alone? ☐ yes ☐ no

loyee was assisting with the operations?

4. Did injury occur because of: Failure to follow safety rules ☐

Failure to use safety device ☐ Other ☐

5. How long has employee been doing this job? (days, months, years)

6. What safety equipment is required on the job the employee was performing?

7. Was the employee using all required safety equipment? Yes ☐ No ☐

8. If No, which specific personal protective equipment was not used & why?

9. Does an unsafe condition exist that contributed to the cause, if so, what is that condition?

10. How could the accident have been prevented? BE SPECIFIC.

RECOMMENDED ACTION			**Person Responsible**	**Assigned Date**	**Completed Date**
Re-instruction	Yes☐	No☐			
Equipment repair/replacement	Yes☐	No☐			
Reduce Clutter	Yes☐	No☐			
Improve Design/construction	Yes☐	No☐			
Workstation Modification	Yes☐	No☐			
Discipline of person(s) involved	Yes☐	No☐			
Other					

Signature of Person Completing Investigation: _____

Date: _____

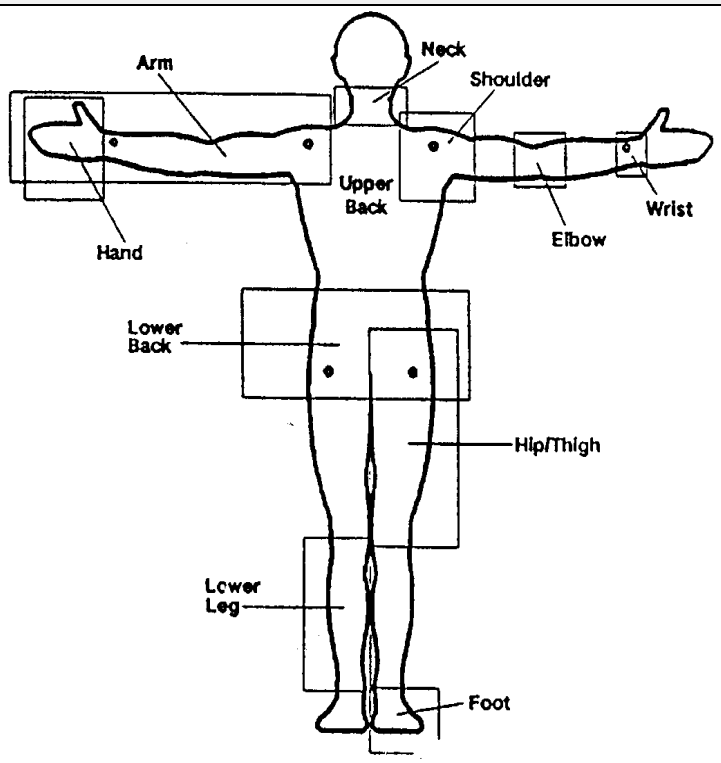
Employee Accident Report

Name: _____Accident Location: _____

Date of Injury: _____Time: _____a.m.☐ p.m.☐ Date Reported: _____

Witnesses:_____ Accident Description: _____

_____

Injured Area	Indicate Area of Injury	Type of Injury
1 ☐ Head 2 ☐ Eye: L / R 3 ☐ Shoulder L / R 4 ☐ Arm L / R 5 ☐ Elbow L / R 6 ☐ Wrist L / R 7 ☐ Hand L / R 8 ☐ Finger: Specify _____ 9 ☐ Back 10 ☐ Chest 11 ☐ Abdomen 12 ☐ Pelvis 13 ☐ Hip L / R 14 ☐ Leg L / R 15 ☐ Knee L / R 16 ☐ Ankle L / R 17 ☐ Foot L / R 18 ☐ Toe: Specify _____ 19 ☐ Other: _____ _____	 LEFT RIGHT	1 ☐ Abrasion 2 ☐ Amputation 3 ☐ Bite: _____ 4 ☐ Bruise 5 ☐ Burn 6 ☐ Concussion 7 ☐ Cut / Laceration 8 ☐ Foreign Body 9 ☐ Fracture 10 ☐ Hearing Impaired 11 ☐ Infection 12 ☐ Pain: _____ _____ 13 ☐ Puncture 14 ☐ Rash/Dermatitis 15 ☐ Respiratory 16 ☐ Strain/Sprain 17 ☐ Other: _____ _____

Have you ever injured this body party before? _____ if so, when? _____

Are you currently receiving medical treatment for the prior injury? _____

What do you believe caused this accident? _____

What can be done to prevent this from happening in the future? _____

_____

Signature: _____ Date: _____

ARGENT™
A DIVISION OF WEST BEND

THE BEST REMEDY FOR WORKERS' COMPENSATION™

WITNESS REPORT OF INCIDENT

Name: _____ Job Title: _____

Address: _____ Phone: _____

_____ DOB: _____

Date of Hire: _____ Injured Employee: _____

Date of Injury: _____ Time of Accident: _____ (AM/PM)

Location where injury occurred: _____

_____

Describe activity prior to the accident:

_____

_____

_____

Describe the accident:

_____

_____

_____

What do you believe caused the accident:

_____

_____

What part of the body was injured? _____

What do you think could prevent this type of accident from occurring again? _____

_____

Signed: _____ Date: _____

Transitional Work Schedule

DEFINITION: A form used by an employee returning to work in the Temporary Transitional Work Program.

POLICY

Every employee returning to temporary restricted work duty must use a Temporary Transitional Work Schedule. It is the employee's immediate supervisor's responsibility to thoroughly explain the use of the Temporary Transitional Work Schedule. The temporary Transitional Work Schedule must be completed daily. **The temporary tasks assigned to you may or may not be normal and customary job duties.**

The **employee's responsibility** to complete:

- Restrictions
- Symptom Control Techniques
- Date
- Hours Worked - Log Breaks, Rest and Lunch
- Duties Performed
- Employee Comments
- Employee Signature

The **supervisor's responsibility** to complete:

- Supervisor's Comments (document discussion of problems and actions taken)
- Supervisor's Signature

*The supervisor and employee must sign schedule daily.

Supervisors turn Work Schedule into Human Resources Department at end of week.

Employee should retain a copy for their file.

The Human Resources Department will forward copy to Argent Claims Representative and, if necessary, to treating physician.

Temporary Transitional Work Schedule

Name: _____

Supervisor: _____

Restrictions: _____

Symptom Control Techniques: _____

Date	Work Log (include breaks/lunch)	Tasks Assigned/Completed	Employee Signature and Comments	Supervisor Signature and Comments
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

I clearly understand, take responsibility for, and acknowledge the limitations my physician, Dr. _____*has placed on me while participating in this temporary transitional work program.*

_____ *(Employee Signature and Date)*

Go to Instructions | Print | Reset | **OCR 100**

EMPLOYER'S BASIC REPORT OF INJURY

Michigan Department of Licensing and Regulatory Affairs
Workers' Compensation Agency
PO Box 30016, Lansing, MI 48909

An employer shall report immediately to the agency on Form WC-100 all injuries, including diseases, which arise out of and in the course of the employment, or on which a claim is made and result in any of the following: (a) Disability extending beyond seven (7) consecutive days, not including the date of injury; (b) Death; (c) Specific losses. In case of death, an employer shall also immediately file an additional report on WC-106. See instructions on reverse side for filing/mailing procedures.

I. EMPLOYEE DATA

1. Social Security Number	2. Date of injury	3. Employee name (Last, First, MI)		
4. Address (Number & Street)		5. City	6. State	7. ZIP Code
8. Date of birth (MM/DD/YYYY)	9. Sex ☐ Male ☐ Female	10. Number of dependents	11. Telephone number	
12. Tax filing status: ☐ A. Single ☐ B. Single, Head of Household ☐ C. Married, Filing Joint ☐ D. Married, Filing Separate				

II. EMPLOYER/CARRIER DATA

13. Employer name			14. Federal ID Number	
15. Injury location code	16. Mailing location code	17. UI number	18. Type of business (SIC/NAICS)	
19. Employer street address		20. City	21. State	22. ZIP code
23. Insurance company name (if employer not self-insured)			24. Insurance company telephone number (if known)	

III. INJURY/MEDICAL DATA

25. Last day worked	26. Date employee returned to work (if applicable)		27. Did employee die? ☐ Yes ☐ No	28. If yes, date of death
29. Injury city	30. Injury state	31. Injury county	32. Did injury occur on employer's premises? ☐ Yes ☐ No (If no, see item 53)	
33. Case number from OSHA/MIOSHA log	34. Time employee began work ☐ a.m. ☐ p.m.		35. Time of event ☐ a.m. ☐ p.m.	If time cannot be determined, check here ☐

36. What was the employee doing just before the incident occurred? Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific.

37. How did the injury occur? Examples: "When ladder slipped on wet floor, worker fell 20 feet;" "Worker was sprayed with chlorine when gasket broke during replacement"

38. Describe the nature of injury or illness	39. Part of body directly affected by the injury or illness

40. What object or substance directly harmed the employee? Examples: concrete floor, chlorine, radial arm saw. If this question does not apply to the incident, leave it blank.

41. Name of physician or other health care professional	42. Was employee treated in an emergency room? ☐ Yes ☐ No	43. Was employee hospitalized overnight as an in-patient? ☐ Yes ☐ No

44. If treatment was given away from the worksite, where was it given? (Include name, address, city, state and ZIP code of facility)

IV. OCCUPATION AND WAGE DATA

45. Date hired	46. Total gross weekly wage (highest 39 of 52)	47. Number of weeks used	48. Value of discontinued fringes
49. Occupation (Be specific)	50. Was employee a volunteer worker? ☐ Yes ☐ No	51. Was employee certified as vocationally handicapped? ☐ Yes ☐ No	
52. Date employer notified by employee	53. If temporary service agency, provide name/address of employer where injury occurred.		

V. PREPARER DATA

I CERTIFY THAT A COPY OF THIS REPORT HAS BEEN GIVEN TO THE EMPLOYEE

Making a false or fraudulent statement for the purpose of obtaining or denying benefits can result in criminal or civil prosecution, or both, and denial of benefits.

54. Preparer's name (Please print or type)	55. Preparer's signature	56. Telephone number	57. Date prepared

Notice to employee: Questions or errors should be reported immediately to the individual listed above in space 54

If you are using this form as a replacement for the Form 301 to document the specifics of an injury or illness for purposes of compliance with the work-related injury and illness logging requirements, follow the instructions in Section A only.

If you are using this form to report a workers' compensation injury, follow the instructions in Section A and B.

Section A

This form can be used in lieu of the MIOSHA Form 301, *Injury and Illness Incident Report.* It is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the *Log of Work-Related Injuries and Illnesses* (Form 300) and the accompanying *Summary (*Form 300A*)*, these forms help the employer and MIOSHA develop a picture of the extent and severity of work-related incidents.

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out questions 1-9, 27-28, 33-45 and 54-57.

According to Public Law of 1970 (P.L. 91-596) and Michigan Occupational Safety and Health Act 154, P.A. 1974, Part 11, Michigan Administrative Rule for Recording and Reporting of Injuries and Illnesses, you must keep this form on file for 5 years following the year to which it pertains. **DO NOT mail this form to the Workers' Compensation Agency unless it meets the conditions listed below in Section B.**

Section B

You must complete all questions on this form if the injury or disease results in any of the following: (a) Disability extending beyond seven (7) consecutive days, not including the date of injury; (b) Death; (c) Specific loss. The original form must be mailed to the Workers' Compensation Agency, P.O. Box 30016, Lansing, MI 48909.

Authority: Completion: Penalty:	Workers' Disability Compensation Act, 408.31(1)(3) Mandatory Workers' Disability Compensation Act, 418.631	LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

Print Reset

AUTHORIZATION TO DISCLOSE CONFIDENTIAL WORKERS' COMPENSATION INFORMATION

Michigan Department of Licensing and Regulatory Affairs
Workers' Compensation Agency
PO Box 30016, Lansing, MI 48909

VOLUNTARILY PAID CLAIMS (CLAIMS THAT ARE NOT A "CONTESTED CASE") RECORDS ARE EXEMPT FROM DISCLOSURE UNDER THE FREEDOM OF INFORMATION ACT AND THE WORKERS' DISABILITY COMPENSATION ACT. RECORDS/INFORMATION REGARDING THESE CLAIMS CANNOT BE RELEASED WITHOUT A RECORDS RELEASE AUTHORIZATION SIGNED BY THE CLAIMANT.

Please type or print legibly - Illegible documents will not be processed

1. Claimant's Full Name	
2. Claimant's Street Address	3. City, State, ZIP Code
4. Claimant's Complete Social Security Number	5. Date of Birth

I Authorize: Michigan Department of Licensing & Regulatory Affairs
Workers' Compensation Agency
PO Box 30016
Lansing, Michigan 48909-7516

To Disclose (check one):

☐ Any/all of my workers' compensation claim(s) information.

☐ My workers' compensation claim(s) information limited to that specifically described here:

Records To Be Disclosed To (name and address):

_____

_____

_____

6. Signature of Claimant (authorizing release of records described above)	7. Date
8. Signature of Person Requesting Records (if applicable)	9. Date

LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.	Authority: Michigan Freedom of Information Act (FOIA), 1976 PA 442, as amended

LARA
LICENSING AND REGULATORY AFFAIRS
CUSTOMER DRIVEN. BUSINESS MINDED.

Workers' Compensation Agency
Rights & Responsibilities

Michigan's workers' compensation system provides wage replacement, medical treatment, and vocational rehabilitation benefits to individuals who are injured while at work. Each party in this system has rights and responsibilities that ensure the successful operation of the process.

EMPLOYEES

- Most workers are covered under workers' compensation from the date of employment.
- **Report all injuries to your supervisor immediately**.
- When injured, you can receive wage loss benefits, medical care, and rehabilitation services.
- A compensable injury is one that has arisen "out of and in the course of employment." The work must cause the disability.
- Workers' compensation is the "exclusive remedy" for work injuries, meaning that in most cases you cannot sue for other damages.
- **There is a 7-day waiting period for benefit payments.** You will not receive a workers' compensation check for disability lasting less than 7 days. However, medical benefits should be provided from the day of injury. If your wage loss lasts longer than 7 consecutive days, you are entitled to benefits as of the 8th day. If your wage loss continues for 14 days or longer, you are entitled to receive payment for that first week of disability.
- In most cases, wage loss benefits are calculated by taking the average of the highest 39 weeks of the last 52 weeks of gross wages prior to injury. This is your Average Weekly Wage (AWW). Generally you should receive 80% of the after-tax value of your AWW.
- In certain circumstances, the value of discontinued "fringe benefits" such as the cost of health insurance, employer contributions to a pension plan, and vacation and holiday pay may be included in determining the AWW.
- You should be paid your benefit on a weekly basis, and payments should continue as long as you are disabled and are suffering a wage loss.
- Your first check is due and payable on the 14th day of disability. However, a benefit check is not considered "late" until 30 days after the due date.
- If you have **more than one job** covered under the Act, the earnings from Michigan employers are added together to calculate the AWW.
- You may also be eligible for Family Medical Leave Act (FMLA) benefits. If you have questions, you should contact the U.S. Department of Labor.
- **Medical Benefits:** You are entitled to all reasonable and necessary medical care including surgical, hospital, and dental services, as well as crutches, hearing apparatus, chiropractic treatment, and nursing care. These services are provided indefinitely as long as there is a need.
- **Choosing A Doctor:** During the first 28 days of treatment, the employer has the right to choose the doctor. After that, you are free to change doctors providing that you notify the employer and insurance company, preferably in writing. You do not need authorization from the insurance company or the employer to be medically treated, as long as the treatment is reasonable and necessary, and your claim is not in dispute.
- **Maintaining Contact:** It is extremely important that you maintain regular contact with your employer throughout the treatment and recovery period so that they are aware of your progress. Provide your employer with updated work status reports and discuss early return to work options.
- **Vocational Rehabilitation:** If you have a work-related injury or illness which prevents you from returning to your job and you are currently receiving workers' compensation benefits, you are entitled to a maximum of 104 weeks of vocational assistance in returning to work. Vocational rehabilitation can help you return to your current job or a new one by identifying interests, skills and abilities, evaluating accommodations, providing job readiness assistance, outlining career objectives, and arranging retraining opportunities. Vocational rehabilitation services create a "win-win" scenario for employers, carriers, and injured employees, especially when utilized as an early intervention tool.

EMPLOYERS

- All public and most private employers in Michigan are covered by workers' compensation. Every employer subject to the Act must provide proof of insurance or be approved for self-insurance to ensure benefits can be paid to its workers should they become injured.
- Eligible employees are covered under workers' compensation from the date of employment.
- There are severe penalties if an employer fails to provide workers' compensation coverage.
- **Minors:** The Act provides that an illegally employed minor is entitled to double compensation if injured.
- **Reporting:**
  - ⇨ All claims must be reported to your insurance carrier.
  - ⇨ Form WC-100: must be filed with the Workers' Compensation Agency and your insurance carrier immediately upon the disability exceeding 7 consecutive days, death or specific loss. A copy of this form must also be given to the employee.
- You must ensure that reasonable and necessary medical treatment is provided promptly.
- You will need to provide a wage history report to the insurance carrier in order to calculate the correct benefit amount.
- You are encouraged to maintain contact with your employees while they are off work, and provide appropriate light-duty work options and accommodations when possible.

INSURANCE COMPANIES

- Prompt and regular payment of benefits is required by law.
  - ⇨ Form WC-701: must be filed with the Workers' Compensation Agency (WCA) when wage loss benefits begin, change or stop.
  - ⇨ Form WC-110: must be filed with the WCA 3 months post-injury, and every 4 months after, to report on vocational rehabilitation activity.
  - ⇨ Form WC-107: must be filed with the WCA if a claim is disputed.
- Medical services rendered are subject to the State of Michigan Health Care Rules and Fee Schedules. Injured employees are not to be "balance billed" for charges over and above the fee schedule.
- Benefits are not to be stopped for non-cooperation with vocational rehabilitation, but a hearing can be requested.

For more information contact: State of Michigan - Workers' Compensation Agency
Toll free: 1-888-396-5041 www.michigan.gov/wca

LICENSING AND REGULATORY AFFAIRS
CUSTOMER DRIVEN. BUSINESS MINDED.

State of Michigan
Workers' Compensation Agency

Employees -- Know Your Rights!

- **Remember** - **It is important to report your injury to your employer**.
- **Medical Care**
  You are entitled to reasonable and necessary medical care for work-related injuries or diseases. Employers or their insurance carriers are required by law to provide these services. During the first 28 days of treatment, your employer has the right to choose the physician. After 28 days you are free to change physicians, but you must notify your employer of the change. If you receive treatment from a physician of your choice, you shall obtain and promptly furnish a report to your employer.

  If your employer refuses to provide medical care, you should contact Michigan's Workers' Compensation Agency at its toll-free telephone number: **1-888-396-5041**.

  You should not receive a bill from a health care provider for treatment of a covered work-related injury or illness. If you do receive such a bill, you should contact your employer or the employer's insurance carrier.
- **Wage Loss Benefits**
  You are entitled to weekly workers' compensation benefits if you suffer a wage loss for more than seven consecutive days. These benefits may be claimed as long as a disability and wage loss continue. Generally, the benefit rate is 80% of your after-tax average weekly wage, subject to a maximum rate.
- **Vocational Rehabilitation**
  If you are unable to perform the work that you have done previously, you are entitled to vocational rehabilitation. The number one goal is your return to work with your employer. If you cannot do this or require assistance in finding a new job, vocational rehabilitation services can help.

To be completed by the employer

_____
Employer Name

_____
Employer Contact Person and Telephone Number

_____
Workers' Compensation Insurance Carrier Name

If you have questions, please call the
State of Michigan Workers' Compensation Agency
Toll-free 1-888-396-5041

Additional information is on the agency's website at www.michigan.gov/wca.

EMPLOYER: PLEASE POST THIS NOTICE FOR YOUR EMPLOYEES TO SEE!