

## **Instructional Sheet for Injured Employees on Workers' Compensation**

The goal of the Workers' Compensation Office is to ensure that our employee's obtain the proper medical care and to help them in their recovery process. It is equally important that the employee works to achieve the same goal. In order to do so it is important that the employee complete the following:

- 1) Our Department has received an Employee's Accident Report and has forwarded it to our 3<sup>rd</sup> party administrator, Risk Enterprise Management for claims handling and administration. Risk Enterprise Management will be contacting you to investigate your claim and determine benefit eligibility. **If you are eligible**, wage loss benefits are paid at the rate of 66 2/3 % of your gross average weekly wage. These benefits are tax exempted. **Once your claim has been assigned to Risk Enterprise Management, please direct all questions regarding your claim to your adjuster.**
- 2) Remember to keep **all** Doctors and Physical Therapy appointments. If you are unable to do so, please notify the Doctor's office of your cancellation and your adjuster. Failure to comply with reasonable medical care may affect your claim.
- 3) Depending on the nature of your injury, a Medical Case Manager maybe placed on your case to help in your recovery. Please work with your MCM to ensure proper care.
- 4) Provide your adjuster and your department supervisor with updates on your progress, as well as any **change in status** such as a release to modified or full duty. If you work in Nursing, a copy of your medical progress slip must also be submitted to **Nursing Services** after every visit.
- 5) If during the course of your recovery, you are released to return to work with temporary restrictions, a transitional duty position maybe offered to you. Please **contact** the Workers' Compensation Office on a **weekly** basis to see if a position is available. The employee is paid their regular rate of pay while on transitional duty. **Failure to accept a transitional duty position that has been approved by the posted panel may affect your benefits.**
- 6) Please notify your Department Timekeeper and your adjuster as to when you will be returning to work to avoid any delays in payroll. Supervisor should also notify the Timekeeper as to when an employee returns to work.

- 7) It is recommended that you check the current status of your employee benefits program and the impact upon your status if you expect to be out of work for an extended period of time. **You may be billed separately for your healthcare benefits premium while you are out of work due to your injury.**
- 8) Also please be advised that any Workers' Compensation disability leave you take in accordance with the University/Hospital policy and Federal law, which qualifies under the **Family and Medical Leave Act, will be counted towards the 12 weeks of the leave of which you are entitled to under the act.**
- 9) **If your request for Workers' Compensation is denied, you may still be eligible for leave under the Family and Medical Leave Act or under Jefferson's leave policy. Upon notice of denial, you should contact Matrix Disability Management at 888-477-5110 to discuss your eligibility for those leave options and to request the appropriate forms for completion.**
- 10) **Prior to returning to work from a Workers' Compensation leave in excess of ninety (90) days; a background check will be required. The employee must be seen at Healthmark before returning to work for a drug screen and physical exam clearance. Failure to return by the date identified without notification of a delay shall be considered an unauthorized absence and is subject to termination.**

The State requires that it be notified once an injured worker has returned to work. An Agreement of Compensation form is sent to the employee requiring a signature. There are **3** copies. One is for the employee to keep for their records. Another is for the State and the Last one is for the Insurance Company's records. Please review and sign all three copies. Please mail the forms back in the self –address stamped envelope that will be attached or you can drop them off at the Workers' Compensation Office. Should you have questions regarding the forms, please contact your adjuster or the Workers' Compensation Department for clarification. If you choose not to sign please notify your adjuster. A petition will be submitted to the State requiring a hearing before a Workers' Compensation Judge.

**10) Falsification of a work related disability could lead to immediate dismissal and possible criminal prosecution.**

Should you have any questions, please contact the Workers' Compensation Department at 215-955-6433 or Risk Enterprise Management at 215-592-6000.

I have been given a copy of the above information for my review and records.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please obtain a copy of employee's Identification.**