A GUIDE TO YOUR WORKERS COMPENSATION FUND POLICY
<table>
<thead>
<tr>
<th>Page</th>
<th>Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Utah’s Workers Compensation System</td>
</tr>
<tr>
<td>4</td>
<td>About Your Policy</td>
</tr>
<tr>
<td>6</td>
<td>Red Flags of Fraud</td>
</tr>
<tr>
<td>7</td>
<td>Ways to Reduce Fraud</td>
</tr>
<tr>
<td>8</td>
<td>Your Guide to WCF Online</td>
</tr>
<tr>
<td>10</td>
<td>How E-Mods Affect the Bottom Line</td>
</tr>
<tr>
<td>12</td>
<td>Workplace Safety</td>
</tr>
<tr>
<td>14</td>
<td>Managing Claims Costs</td>
</tr>
<tr>
<td>16</td>
<td>When an Accident Happens</td>
</tr>
<tr>
<td>17</td>
<td>Filing a Claim</td>
</tr>
<tr>
<td>18</td>
<td>Preferred Provider Organization</td>
</tr>
<tr>
<td>20</td>
<td>The Basics of the Audit Process</td>
</tr>
<tr>
<td>22</td>
<td>WCF Notice of Privacy Policy and Information Practices</td>
</tr>
<tr>
<td>23</td>
<td>Description of Fields on the Report of Injury Form</td>
</tr>
</tbody>
</table>
Dear Policyholder,

Thank you for choosing Workers Compensation Fund. We are proud to be Utah’s oldest and largest workers compensation insurer.

I hope you will find this handbook useful. Whether you’re reporting an injury or setting up an accident prevention program, this reference will help you more effectively manage your workers compensation program.

To keep this handbook brief, we have omitted complete explanations of every situation. If you need additional information about a problem or question, please contact the appropriate department and we will be happy to assist you.

If you have any suggestions on how we can improve this handbook or any of our services, please contact us. Again, we appreciate your business and hope we will continue to merit your confidence.

Remember, be careful out there.

Sincerely,

Ray D. Pickup
President & CEO
UTAH'S WORKERS COMPENSATION SYSTEM
WHAT IS WORKERS COMPENSATION INSURANCE?
Workers compensation insurance provides no-fault coverage, which, under Utah law, allows employees injured on the job to receive the benefits outlined in state statutes regardless of who caused the injury. In return for providing workers compensation coverage for their employees, employers receive exclusive remedy protection. This means that, in most situations, employees cannot sue employers for damages for workplace injuries.

Coverage is divided into two categories: (1) workers compensation insurance and (2) employer’s liability insurance. Workers compensation insurance covers medical expenses and reimburses employees for wages lost due to a work-related accident. Employer’s liability insurance protects employers from lawsuits brought against them outside of the workers compensation system by employees injured in job-related incidents. As with all types of insurance, there are some conditions and exclusions to both coverages that WCF’s underwriting department can explain.

WHO NEEDS WORKERS COMPENSATION INSURANCE?
Utah law requires that employers who have one or more employees (full time, part time, temporary or seasonal) obtain workers compensation insurance. Employers who hire workers for certain household and agricultural duties should refer to Section 34A-2-103 (4-6) of the Utah Code to determine their requirements. There are other limited exceptions.

WHAT IS WORKERS COMPENSATION FUND (WCF)?
WCF has insured Utah employers since 1917. WCF is a non-profit, mutual insurance company managed by a board of directors. WCF is financed entirely by premium payments from customers and investment income.

WCF employs more than 300 people who provide underwriting, safety, claims and legal services to more than 23,000 Utah employers. We pay the same premium taxes as other insurance companies and contribute to Utah’s economy by providing a stable and competitive source of workers compensation insurance.

WCF can arrange workers compensation insurance coverage for Utah employers in other states as well. Coverage is provided by insurance companies doing business outside of Utah.

All workers compensation insurance carriers in Utah, including WCF, are regulated by the Utah Insurance Department and the Utah Labor Commission.

WHAT IS THE UTAH INSURANCE DEPARTMENT?
The Utah Insurance Department regulates all companies providing insurance coverage in the state. The Insurance Department approves the premium rating plans used by workers compensation insurance carriers. Premium rates charged for workers compensation insurance in Utah are revised annually based on statistical data provided by the National Council on Compensation Insurance (NCCI).

WHAT IS THE UTAH LABOR COMMISSION?
The Utah Labor Commission is the state regulatory agency that adjudicates disputes between injured workers and their employers/insurance carriers. In Utah, less than two percent of claims are litigated. These cases are assigned to an administrative law judge to determine what benefits, if any, an injured worker is entitled. In some cases, employer representatives will be asked to provide testimony and records regarding a claim in adjudication. The Utah Labor Commission is also responsible for ensuring that every Utah employer has workers compensation insurance or provides coverage through an approved self-funded program.

WHO OWNS WCF?
WCF is not just another insurance company. It is your insurance company—owned entirely by policyholders. This entitles policyholders to share in the Company’s financial success with dividends. WCF has distributed dividends every year for the last 20 years. Policyholder ownership also holds WCF accountable to employers and their employees.

CLARIFICATION OF OWNERSHIP
WCF is a quasi-public corporation. What does this mean?
Utah law defines a quasi-public corporation as being a corporate entity that is private in ownership while serving a public purpose.

Q: Who owns WCF?
A: In 2005, the Utah Supreme Court ruled that WCF’s assets are owned by the Company’s policyholders, not the State of Utah. The ruling upholds numerous Supreme Court decisions dating back to 1936.

Q: What does “ownership” of WCF mean to its policyholders?
A: Operating as a mutual insurance company, WCF gives a portion of its profits back to its owners—policyholders—in the form of dividends. Since 1992, WCF has distributed more than $320 million in total dividends.

Q: WCF is a quasi-public corporation. What does this mean?
A: Utah law defines a quasi-public corporation as being a corporate entity that is private in ownership while serving a public purpose.

Q: What is WCF’s public role to the State of Utah?
A: Some of the confusion about our ownership stems from WCF’s beginnings as a state agency. Although no longer a state agency, WCF continues to be the insurer of last resort. As such, WCF insures Utah businesses that cannot purchase workers compensation insurance in a regular competitive market. WCF is the only insurance carrier in Utah required to fulfill this obligation. In return, WCF receives a federal income tax exemption. WCF pays state premium taxes and all other taxes, just like any other insurance company.
**Definition of Employee**

Anyone who works for an employer in providing goods or services of a business may be considered an employee for workers compensation purposes. It does not matter whether the person is paid through the company’s payroll or as an independent contractor. Individuals who qualify as independent contractors for federal taxation purposes may still be classified as an employee for workers compensation purposes.

If you are a contractor and have a subcontractor working for you, you may be responsible for workers compensation claims if that subcontractor does not have workers compensation insurance. Regarding subcontractors, state law states:

> If any person who is an employer procures any work to be done in whole or in part for the employer by a contractor over whose work the employer retains supervision or control, and this work is a part or process in the trade or business of the employer, the contractor, all persons employed by the contractor, all subcontractors under the contractor, and all persons employed by any of these subcontractors, are considered employees of the original employer for the purposes of workers compensation.

To avoid additional premiums because of work performed by subcontractors, obtain a certificate of insurance verifying workers compensation coverage from all subcontractors working for you prior to beginning work on the jobsite.

A certificate of insurance verifies that the subcontractor has workers compensation coverage of his/her own. WCF will assess a premium charge if you do not provide certificates of insurance showing coverage for your subcontractors during the time work was performed.

**Sole Proprietor, Partners, Corporate Officers and Directors**

Proprietors and partners of a company are not covered by their company’s workers compensation policy unless they elect coverage by completing a Proprietor or Partnership Coverage Form. Coverage for proprietors and partners is not effective until WCF receives the completed form and endorses the policy accordingly.

Corporate officers and directors are considered employees of the corporation they work for and are covered by the workers compensation policy unless they elect not to be covered. Corporate officers and directors are covered until WCF receives a completed Corporate Officer Exclusion Form and endorses the policy accordingly. Coverage changes for proprietors, partners, and corporate officers and directors cannot be made retroactively.

**Employees Working Outside of Utah**

Generally, your WCF policy does not cover employees who are hired or who regularly work outside of Utah. Coverage for these employees must be obtained in accordance with the workers compensation laws of the jurisdiction where they are working. WCF may be able to help you find such coverage.

Workers compensation coverage provided by WCF may cover employees who are hired in Utah but are working temporarily outside of Utah. You must determine whether workers compensation coverage provided by WCF will be accepted in the jurisdiction where your Utah employees are temporarily working. If you have questions about coverage, please contact your WCF representative or agent.

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**POLICY CHANGES**

**Address, Ownership and Other Changes**

Your policy is not transferable. If the ownership of your firm changes, notify WCF in writing. Although your policy is not transferable, job classifications and experience modifications may transfer to new owners of a business and will be reflected on a new policy issued to them following a notification of change in ownership. Also notify WCF in writing if any of the following occur:

- The legal name of your business, your DBA, or trade name changes
- Your mailing address changes
- The location of your business changes
- The nature of your business changes
- Your federal tax identification number changes
- Your company’s principals change
- Your company’s legal status changes
- Your business ceases operations or files for bankruptcy

Policy change forms are available online at wcfgroup.com
Classifications and Rates
WCF, like all other workers compensation carriers in Utah, uses the classification system designed and maintained by the National Council on Compensation Insurance (NCCI). NCCI has established basic classifications for most types of businesses and industries. NCCI also assigns loss cost (base rates) for each classification code. These rates are based on the loss experience of companies with employees assigned to this code. It is important that employers are assigned to the proper classification to protect the integrity of the rating system and ensure that employers are charged a rate reflective of their exposure.

If you have any questions concerning the classifications assigned to you, please call your WCF representative directly or call 385.351.8000 or toll free 800.446.2667.

Premium Calculation
When the underwriting department prepares an insurance proposal, they use information from the application to calculate annual premium. The estimated annual premium is determined by multiplying the estimated annual payroll in each classification by the rate for that classification. A WCF auditor may review the policy during the coverage period or after the expiration date to determine the final premium. The policyholder will be billed for any additional premium due, or be refunded premium paid in excess of the final premium. (Please see The Basics of the Audit Process on page 20.)

Adjustments to Premium
The number and dollar value of claims charged against your policy will have an effect on the ultimate cost of your workers compensation insurance. There are several possible adjustments to premium:

Experience Modification Factor (e-mod)— E-mods are calculated for customers paying $3,500 in premiums for two of the last three years or $7,000 in one year. The e-mod is calculated by NCCI based on historical payroll and claims cost information. Your company will retain this factor even if you change insurance carriers.

In most cases, the e-mod is based on your company’s payroll and claim history for three years excluding the most recently completed year. For example, your e-mod for 2010 includes payroll and claims history for 2006, 2007 and 2008.

For each classification, NCCI determines the expected claims based on your payroll dollars. If your claims were higher than expected, the e-mod will be higher resulting in a higher premium. If your claims were less than expected, your premiums will be less.

Schedule Rating Adjustment— Available to WCF customers with annual manual premium greater than $5,000. Schedule rating provides a discount or a surcharge based on your workplace safety programs and risk characteristics.

Premium Size Discount— A discount is applied to policies with annual premium greater than $5,000.

Minimum Premium—For some employers, the actual payroll and rates for the assigned classifications may not generate enough premium to cover the costs of providing insurance. A minimum premium of $400 is charged for these policies.

CUSTOMER SERVICES AND RESOURCES

UNDERWRITING— WCF’s underwriting department receives applications for workers compensation insurance, determines appropriate classifications and premiums, and prepares quotes. If you have questions regarding your workers compensation rates or coverage, or if your business address or scope of operation changes, contact your underwriter or call 1.800.446.2667.

CLAIMS MANAGEMENT— WCF pays medical benefits and reimburses a percentage of an employee’s lost wages while he/she is unable to work because of a work-related injury or illness.

Our claims representatives manage all aspects of a claim, from receiving the claim to paying the employee’s medical bills and disability compensation. Our claims staff will investigate questionable claims and monitor medical utilization. WCF’s focus is on quality and cost-effective care for legitimate workers compensation claims.

MANAGED CARE— WCF is leading the way in providing quality services at reduced costs with its in-house managed care team. Managed care is an organized method of managing the many aspects of a workers compensation claim while significantly reducing claims cost.

This innovative program consists of many components: utilization review, medical case management, vocational rehabilitation counseling, bill review, prescription drug discounts, and a preferred provider network.
THE RED FLAGS OF WORKERS COMPENSATION FRAUD

Employee Red Flags
- Is seldom available at home
- Delays return to work after maximum medical improvement
- Refuses light duty opportunities
- Is vague or contradictory about how the injury occurred
- Was in jeopardy of termination or probation prior to injury
- "Shops" for a provider and/or is noncompliant with treatment
- Conceals pre-existing medical information relevant to the claim
- Delays reporting the injury
- There is evidence that the employee has other concealed employment and/or is participating in activity that is contradictory to reported physical limitations
- There is no witness to the injury nor resulting symptoms

Employer Red Flags
- Fabricates location or type of operation
- Under reports payroll

Medical Provider Red Flags
- Bills for services not actually rendered
- Bills for products not actually provided
- Over bills
- Fabricates procedures
- Unbundles services

Please report any suspensions of fraud to WCF immediately. Reports are confidential.

Fraud Hotline: 866.FRAUD.50
10 Ways to Reduce Fraud

1. Educate your employees about workers compensation fraud and its consequences. Re-enforce that workers are the real victims of fraud. If your premiums are high, you can’t afford raises, bonuses and other incentives.

2. After an accident, refer the employee to your designated physician. Avoid “doctor shopping” by using a WCF preferred provider who understands workers compensation injuries.

3. Interview the injured employee for details of the accident.

4. Interview witnesses and obtain written statements. Pay attention to what other employees are saying to each other about the accident.

5. Investigate the scene for facts that corroborate or contradict the employee’s account of the accident.

6. Enforce drug testing. It is important to have a policy in place that requires screening after an accident.

7. Watch for the red flags of possible fraud. Stay in close contact with your injured employee. Contact makes an employee feel valuable and promotes an early return to work.

8. Implement modified duty when possible. Bringing an employee back to work can reduce costs and increase communication.

9. Fill out the Employer’s First Report of Injury Form in detail, even if it requires an extra page.

10. Report any concerns to your adjuster as soon as possible. With early intervention, you can document information that may be lost, forgotten, or concealed later.

REPORT FRAUD

To report any suspicions of fraud, whether it is an employee, employer, or medical provider, please call 1.385.351.8140, or 1.866.FRAUD.50, or e-mail stopfraud@wcfgroup.com.
Your Guide to WCF Online

At WCF we focus on developing friendly and accessible Internet services to get you the information you need quickly. We also offer a variety of services to help you manage your workers' compensation policy 24 hours a day, seven days a week.

Home Page
The home page is organized by user and category. For example, clicking on Employer’s Resources will take you to information on what employers should do after an injury occurs, how to manage claims costs, how to establish a return-to-work program, and much more.

You can also find policy information and safety resources on the home page. In the safety section, you can find a wealth of information on accident prevention and register for free WCF safety classes.

WCF Online
WCF Online contains a majority of the applications and forms available to WCF policyholders. To view specific information on your policy, you will need a user name and password (which you can create at WCF Online).

Here are some of the things you can do in the WCF Online section:
- File a claim
- Review claim status
- Maintain an OSHA 300 log
- Print a certificate of insurance
- Make a payment
- Obtain a loss run
- View payment history and invoices

NON LOGIN APPLICATIONS
File Online for Faster Processing
Nearly 80% of all claims filed with WCF are completed online. Claims filed online are processed within four hours, while claims filed offline can take up to five days.

Utah law requires that employers report injuries within seven days of an accident. When an employer submits a claim online
WCF, a copy of the claim is immediately forwarded to the Labor Commission. Keep in mind that even after you've filed a claim online, you can easily review online.

Make a Payment Online
You can easily make check payments online from the WCF Online section. All you need is your policy number, invoice number, and your federal tax identification number.

If you are a sole proprietor, your federal tax identification number is your Social Security number. If you are a corporation, partnership or trust, your federal tax identification number will be the nine-digit number the IRS gave you.

Online Invoice Viewing
Online Invoice Viewing allows you access to information about your policy.

In the Online Invoice Viewing section, you can view:
- Periods of policy coverage
- Payment history
- Current and past invoices
- Payroll reports
- Dividend history

LOGIN APPLICATIONS
Print a Certificate of Insurance
With this feature, you can quickly print a certificate of insurance. All you need is your policy number. WCF will print, mail, or fax your certificate upon request.

Review Claim Status
After inputting a claim number, the claim status feature allows you access to specific information about existing claims.

Obtain a Loss Run
Loss runs provide a history of compensation and medical payments made on claims during a certain period of time. They are available in summary, partial, and full detail format.

Maintain an OSHA 300 Log
The OSHA 300 Log application was created for policyholders to generate and maintain a report of claims that have been marked as OSHA recordable. The WCF website contains many links with pertinent information about OSHA regulations and maintaining an OSHA 300 Log.
TOTAL SAVINGS for Company 1 over Company 2: $52,000

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<th>Estimated Payroll</th>
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How E-mods Affect the Bottom Line

If you do not understand the definition of an experience rating modification factor (e-mod), you are not alone. However, it is a critical part of many employers’ workers compensation insurance costs. While this article attempts to explain how e-mods are determined in simple terms, it is not inclusive of every detail or aspect that could affect your company’s e-mod.

Classification
Many insurance carriers use a basic business and industry classification system developed by the National Council on Compensation Insurance (NCCI). Under the system, each classification groups employers with similar exposures for loss. Many employers have multiple classifications on their policies because not all employees do the same job.

For example, a printing company might employ printing staff, office personnel, delivery drivers and sales people who all face different workplace hazards and therefore, different classifications.

NCCI assigns each classification a rate that is based on collective loss experience of companies within that code.

Adjustments to Premium
With the manual premium determined, adjustments (discounts or surcharges) are made to reflect the individual characteristics of the policyholder, and used to help create the final premium. One such adjustment is the e-mod.

Like classifications, e-mods are calculated by NCCI. Employers must meet certain criteria to qualify for an e-mod. Generally, employers paying $3,500 in annual premium for two of a three year period, or $7,000 in premium in one year are eligible. The e-mod calculation is generally based on the last three years’ losses and payroll per classification excluding the most recent year.

E-mods are intended to predict future losses of an individual employer by analyzing its past losses. Generally, the frequency of accidents is a larger component of the e-mod calculation than the severity cost of the accidents.

For example, Company A has one loss of $100,000 and Company B has 20 losses of $2,000 each. Company A will probably have a lower e-mod than Company B. However, cost cannot be completely ignored in the calculation. To achieve this blend of frequency versus cost, e-mods are ‘split rated.’

Split rating divides the actual costs of a claim between two buckets: basic/primary and excess. For each claim, the first $5,000 is primary. Any additional costs are excess. In the formula, the primary value is given more weight than the excess. In the example above, Company A’s primary value is $5,000 and Company B’s primary value is $40,000.

The expected losses are estimated and also split between the primary value bucket and the excess bucket. The actual losses are divided by the expected losses. The resulting number is the e-mod.

Medical-only claims do not have as much of an impact on the experience modification. Only 30% of the actual primary and excess portions of an individual medical-only claim is included in the calculation of the modification factor. As a result, medical-only claims are reduced by 70%.

An employer with an e-mod below 1.00 has had less than expected losses during the experience period. An employer with an e-mod above 1.00 has had losses that were more than expected compared to other employers in the same industry.

In the manual premium example on the other side, if the employer has an e-mod of .85, the final premium would be $43,000 x .85= $36,550. If the employer had an e-mod of 1.15, the final premium would be $43,000 x 1.15= $49,450—almost a $13,000 difference.

An e-mod can be a reward for a good safety record or a penalty for a poor one. To keep your premiums and e-mod as low as possible, it is essential to create a safe workplace.

For more information on e-mods, contact your agent or WCF marketing representative, or see NCCI’S website at www.ncci.com.

FACTS

E-mods are mandatory for any company that qualifies to be rated.
E-mods are calculated by NCCI, not by insurance carriers.
E-mods include all businesses under common ownership and in all states of operations.
E-mods are re-rated once a year, usually at policy renewal time.
Employers retain their e-mod even if they change insurance carriers.
E-mods can be transferable to new owners if the business is sold.
As your business partner, WCF would like to help you find solutions to help protect your employees and assist you in operating your business efficiently. WCF offers several safety and health resources for you and your employees. We offer these services through a variety of learning activities and on-site safety and health support.

WCF SAFETY SERVICES
Accidents at work have a significant impact on your workers compensation costs and have many hidden costs associated with your business operations. WCF has a safety department that can assist you in developing an effective safety and health program for your organization. The safety department can help you:

- Implement and monitor an effective safety program
- Evaluate your existing safety program and make improvements
- Conduct safety surveys and train supervisors and employees to recognize and eliminate safety hazards
- Evaluate exposures to chemicals, noise, heat, or other hazards associated with industrial processes
- Assess ergonomic hazards associated with manufacturing, computer use, shipping and receiving, manual material handling and other jobs with potential for repetitive stress injuries

CREATING A SAFE WORK ENVIRONMENT
WCF has found that implementing the following procedures will keep your company's workers compensation premiums as low as possible.

1. Obtain senior management's commitment to a safe workplace
2. Organize an employee safety committee
3. Develop an incentive program with monthly, quarterly, and annual goals
4. Require drug screens for all new hires, after every accident, and for all employees on a random basis
5. Develop a medical partnership with a physician or clinic that has an early return-to-work philosophy
6. Create a light duty program for injured employees and communicate the program in writing to employees and medical care partners
7. Investigate every accident to determine the cause. Make the appropriate corrections to avoid a similar accident in the future
8. Implement and enforce common sense safety rules relevant to your type of business
9. Communicate a caring attitude to your employees; safety is a win-win
10. Establish a mandatory seatbelt policy

SAFETY PROGRAM GUIDE
A company with an effective safety program in place will have fewer accidents. This reduced frequency translates into lower costs. WCF offers a practical guide to get you started in setting up your safety program. To receive a free copy of the Safety Program Guide, call the safety department at 385.351.8103 or 800.446.2667 ext. 8103.

SAFETY SEMINARS
WCF offers more than 100 workplace safety seminars a year free of charge to policyholders. Seminars range from defensive driving to ergonomics and managing OSHA programs. WCF also offers OSHA 10-Hour Construction Safety and OSHA 10-Hour General Industry Safety training for a nominal fee. To see a listing of upcoming seminars or to register, visit our website at wcfgroup.com.

ONLINE SAFETY TOPICS
Complementing our safety seminars are more than 60 safety topics on our website. The topics can be used for safety and tailgate meetings, and as a good starting place for a company program. Topics are located on our site at wcfgroup.com. Some topics are also available in Spanish.

SAFETY ELECTRONIC NEWSLETTER
Policyholders can sign up to receive current safety and policy information from WCF with WCF's electronic newsletter. The publication provides monthly information on a specific workplace safety topic and general policy tips along with useful safety resources such as payroll stuffers and posters. If you would like to receive a monthly copy of our electronic newsletter, go to our website at wcfgroup.com.

ASK A SAFETY CONSULTANT
To ask questions about safety for your company, simply access WCF’s website at wcfgroup.com and click on Safety Resources and link to the Ask a Safety Consultant page.

After submitting a question, you will receive a response from one of WCF's trained safety professionals who offer assistance in all areas of occupational safety and health. This free service is one of your benefits as a WCF policyholder.
As an employer, it is to your benefit to assist WCF in reducing claims costs. Good claims cost management will eventually save you money in premiums.

There are several ways to decrease claims costs, including prompt reporting of accidents, properly tracking and reporting claims you believe are fraudulent or questionable, and informing WCF of any third-party claims. WCF has also established managed care programs to help employers substantially reduce claims costs.

Early Reporting
Research has shown that the faster the claims process is started, the lower the workers compensation costs will be. Delayed reporting of claims results in longer periods of disability, higher medical costs, higher rates of attorney involvement and litigation, and disputes over cause, treatment, and return to work.

Fraudulent and Questionable Claims
If you suspect a claim is fraudulent, or if there are questionable circumstances surrounding an accident, thoroughly document the incident and contact your claims adjuster at WCF immediately. Documentation should include written statements from the injured employee, supervisor, witnesses to the accident and the person to whom the claim was reported. Proper handling of questionable and fraudulent claims can save you money. If you suspect a fraudulent situation involving other employers, medical providers or injured employees, call WCF’s Fraud Hotline at 385.351.8140, or 866.FRAUD.50. WCF will actively investigate the incident on a confidential basis.

Third-Party Claims
Employees who are injured by a negligent third party may either file a civil action against the third party or assign the cause of action to WCF. If the employee assigns the action to WCF, we can take legal action against the third party on behalf of the injured worker and recover expenses.

WCF has a statutory lien on any amount an employee collects from a third party. In other words, any money recovered in the third-party action can be used to offset amounts paid for the related workers compensation claim. This will keep claims costs down and eventually decrease your premiums.

Information from the Employer’s First Report of Injury or Illness Form helps WCF identify any liable third parties. The most common third-party situations include motor vehicle accidents, animal bites, defective products, faulty rental equipment, assaults, explosions, toxic spills or leaks, slips and falls, and construction site accidents. Always save defective products or faulty equipment as evidence in case there is a third-party lawsuit.

Drug and Alcohol Testing
Under Utah law, companies have the right to establish and maintain a drug-free workplace. Many companies have realized significant reductions in workers compensation claims by initiating pre-employment, post-accident, and random drug testing. Please contact WCF’s Safety Department at 385.351.8103 for assistance in establishing a program for your company.
To keep premiums low, we use managed care programs to control costs. Our claims services bring together a preferred provider network, prescription drug discounts, provider bill and utilization review, medical case management and vocational rehabilitation. This combination of tools gives injured employees a solid foundation of care and support. It also allows us to control costs for our policyholders.

PREFERRED PROVIDER ORGANIZATION (PPO)
WCF has agreements with a network of hospitals and physicians that offer quality care at discounted rates. Utah law requires injured employees to use an established PPO as long as they have been notified of the program. If the employee chooses not to use a PPO facility, the employee may be required to pay any excess fees charged by the provider. A listing of all PPO facilities and hospitals is available on our website at wcfgroup.com or by calling WCF’s claims department at 385.351.8010.

DISABILITY MANAGEMENT
Disability management is the process of coordinating efforts to return an injured employee to work as soon as possible. The claims adjuster, employer, medical provider, and injured worker communicate the status of the case so that all parties are aware of the prognosis, early return to work possibilities, surgery, or rehabilitation needs. These efforts are directed by the claims adjuster.

UTILIZATION REVIEW
In-patient hospitalizations and many outpatient procedures are pre-authorized through our Utilization Review Department. Registered nurses and physician consultants offer proactive reviews of medical treatment. Pre-authorization of medical treatment is an excellent way to control medical care costs and to identify potential high-risk claims that may benefit from medical case management or vocational rehabilitation.

PROVIDER BILL REVIEW
WCF reviews every medical bill to ensure appropriate codes are used for the services rendered and payments are made according to the Utah Labor Commission’s fee schedule. They also conduct training within the medical community on correct billing procedures.

MEDICAL CASE MANAGEMENT
Medical case managers provide onsite evaluation of the injured employee’s situation and coordinate with health care providers to facilitate recovery and return to work. WCF also has a specialized team to monitor employees with catastrophic injuries. All WCF medical case managers are registered nurses with specialty certifications in disability and rehabilitation.

VOCATIONAL REHABILITATION
Vocational rehabilitation focuses on returning the injured employee to work in a timely manner. Counselors coordinate with employers and physicians to verify work capabilities and assist with job modifications. They also assist employers in developing their own return-to-work programs.

RETURN TO WORK
You will reduce your premium costs by helping employees return to work as quickly as possible after an injury. Through early and frequent contact with employees, you can also calm their anxieties about the injury, medical treatment, and their jobs. When employees are partially disabled and are unable to return to their regular job duties, you can decrease claim costs by finding other job duties they can perform.

VOLUNTEER RETURN TO WORK PROGRAM
Often employers want to offer modified duty but do not have appropriate positions available. For this reason, WCF has partnered with various charitable organizations to offer a return-to-work plan that provides modified duty for injured employees. This plan can lower claims costs, decrease premiums, and increase morale. For more information, contact Shelly Stephens at 385.351.8926 or call your assigned claims adjuster. For a list of participating organizations, visit our website at wcfgroup.com under Controlling Claims Costs.
Injured employees should report any work-related accidents as soon as possible, regardless of severity. Encouraging your employees to report injuries promptly will significantly reduce claim costs.

**AS THE EMPLOYER, YOU SHOULD:**

1. Notify the employee of your designated physician or clinic.
2. Immediately report the incident to WCF and the Labor Commission. Labor Commission rules require that all injuries be reported within seven days of notice. Failure to submit a timely report may result in legal sanctions imposed by the Labor Commission.
3. Obtain the names and contact information of anyone who witnessed the accident or who may be able to provide additional details.
4. Conduct an investigation to document the circumstances surrounding the injury.
   - Look at the accident site.
   - Determine why the accident happened.
   - Secure evidence by taking photographs or retaining any faulty tools or equipment.

**Company Physician**

You have the right to direct injured employees to a designated physician or clinic for all initial care that is not life or limb threatening. Establishing a working relationship with a physician or clinic familiar with industrial medicine will help reduce costs by avoiding unnecessary trips to the emergency room and will assist you in returning your injured employee to work. Your claims adjuster can assist you in establishing a relationship with an industrial clinic.

If the injury is life or limb threatening, direct your employee to the nearest emergency medical facility. Medical care is available at numerous clinics for injuries that occur after hours and are non-emergencies. A list of the clinics can be found on page 18 or on our website at wcfgroup.com.

If after hours care or emergency treatment is rendered, the injured employee should follow up with your designated physician rather than returning to the emergency room. Once treatment is established with a private physician, emergency room treatment is prohibited unless there is a referral from the treating physician or the condition becomes life or limb threatening. Any employee that returns to the emergency room for conditions that are not life or limb threatening will be responsible for the medical bills associated with the visit.

**Physician Referrals**

An employee may elect to change physicians once during the course of treatment for a job-related injury. WCF must be notified of an employee’s request to seek care from a different physician. If WCF does not receive notice of change, the provided care may be denied. Changes from emergency rooms or referrals from the treating physician are not considered a change of physician.

**Independent Medical Evaluations**

WCF may request an independent medical evaluation of an injured employee to clarify appropriate diagnosis, treatment, return-to-work issues, and other relevant medical questions.

**EMPLOYEE BENEFITS**

Workers compensation insurance provides three types of benefits: compensation for lost wages, medical benefits, and death benefits.

**Compensation Benefits**

Employees who are injured in work-related accidents are entitled to wage replacement benefits if the injury prevents them from returning
to work during their recovery. In order to qualify for lost time benefits, an injured employee must have a note from a physician stating that the employee is disabled because of the industrial injury. There are four types of disability benefits.

Temporary Total Disability (TTD)
If employees are unable to return to work in any capacity for a temporary period during their recovery, the employee will receive two-thirds of their pre-injury wage up to a statutory maximum. This benefit is paid until the injured employee is able to return to work or the condition reaches a fixed state of recovery known as maximum medical improvement (MMI). A three-day waiting period is applied for any lost time not exceeding 14 days. If the injury prevents the employee from returning to work within the first 14 days, the three-day waiting period does not apply.

Temporary Partial Disability (TPD)
If employees are able to return to work during their recovery in a modified or light-duty position but is not receiving a full wage, partial disability benefits are paid at two-thirds of the difference between the pre-injury wage and the wage the employee is able to earn under the light-duty agreement.

Permanent Partial Disability (PPD)
If an employee is declared medically stable and is left with a residual loss of function, the employee may qualify for an impairment rating. The impairment ratings are established under the Utah Guides to Physical Impairment or the American Medical Association Guides to Physical Impairment as adopted by the Utah Labor Commission. This benefit is paid at two-thirds of the employee’s pre-injury wage up to a statutory maximum.

Permanent Total Disability (PTD)
At recovery, if an injury prevents an employee from returning to any type of gainful employment, the employee will be entitled to lifetime compensation benefits.

Death Benefits
If an accident results in death, burial expenses are reimbursed up to $8,000. Wage compensation benefits are provided to the surviving spouse and dependent children for six years following the death. If the surviving spouse re-marries within the six years following death, the spouse will receive a lump sum equal to one year of wages or the remainder of the balance due, whichever is less. The benefit then transfers to any dependent children until they reach age 18. The surviving spouse can declare continued dependency annually at the end of the initial six-year period.

Employee Responsibilities
Informing your employees of their responsibilities following an industrial accident will help ensure a quick response to the review of their eligibility for workers compensation benefits.

1. Report the injury or disease promptly to a supervisor and assist with the completion of the Employer’s First Report of Injury. Use clear details to describe your accident.
2. Seek immediate medical or first aid treatment. Ask your employer which medical provider or facility to attend. If your employer has designated a company physician, make sure to seek care there for all non-emergencies. If your employer has not designated a company physician, seek care at one of the IHC WorkMed facilities. WCF has contracted with all IHC facilities and the University of Utah hospitals and clinics.
3. Provide the treating physicians with information regarding your work accident or exposure. Let the provider know that your employer is insured with WCF.
4. Follow all recommended care.
5. Maintain contact with your employer regarding return to work and recovery status.
6. Call your claims adjuster with any questions you have regarding your benefits or care.

FILING A CLAIM
There are four options for filing a claim:

1. Report online. To file a claim via the Internet, access WCF’s site at wcfgroup.com, go to WCF Online and click submit a claim. WCF will file a copy with the Utah Labor Commission for you.
3. Report by fax. Fax a copy of the form to 385.351.8275.
4. Report by mail. Send the form to the following:

   **White Copy**
   WCF
   P.O. Box 2227
   Salt Lake City, Utah
   84091-2227

   **Yellow Copy**
   Utah Labor Commission
   Industrial Accident Division
   P.O. Box 146610
   Salt Lake City, Utah
   84114-6610
SALT LAKE COUNTY + PARK CITY

**INDUSTRIAL MEDICINE URGENT CARE FACILITIES**

Intermountain WorkMed
201 E 9000 S #100
Murray, UT 84107
801-288-4900
M-F 8AM - 5PM

Intermountain WorkMed
1885 W 2200 S
SLC, UT 84119
801-972-8850
M-F 7:30AM - 5:30PM

**U of U InstaCare**
Redwood Health Center
1525 W 2100 S
SLC, UT 84119
801-213-9700
M-F 5PM - 8PM
Sat 8AM - 8PM
Sun 8AM - 8PM

West Jordan InstaCare
2655 W 9000 S
West Jordan, UT 84088
801-256-6343
M-Sun 9AM - 10PM

**South Sandy Health Ctr**
955 E 11400 S
Sandy, UT 84094
801-571-0030

Summit Health Center
1750 W Sun Peak Dr
Park City, UT 84068
801-647-5740

U of U Greenwood Health Ctr
7495 S State St
Midvale, UT 84047
801-213-9400
By Appt.

**HOSPITAL NETWORK**

Alta View Hospital
9660 S 1300 E
Sandy, UT 84094
801-501-2100

Heber Valley Medical Ctr
1485 S Highway 40
Heber City, UT 84032
801-654-2500

Intermountain Med. Ctr.
5121 S Cottonwood Dr., Murray, UT 84107
801-507-7000

LDS Hospital
800 S Medical Dr.
Sandy, UT 84094
801-501-2600

**Primary Children’s Med. Ctr.**
10 N Medical Dr.
SLC, UT 84113
801-581-2000

River Hospital
3741 W 12600 South
River, UT 84065
801-285-4000

U of U Medical Center
50 N Medical Dr.
SLC, UT 84132
801-581-2121

**CLINICS**

Sandy Health Center
9500 S 1300 E
Sandy, UT 84094
801-501-2100

Snowbird Clinic
3730 W 4700 S
West Valley City, UT 84118
801-742-2222

South Sandy Health Ctr
955 E 11400 S
Sandy, UT 84094
801-571-0030

Summit Health Center
1750 W Sun Peak Dr
Park City, UT 84068
801-647-5740

U of U Greenwood Health Ctr
7495 S State St
Midvale, UT 84047
801-213-9400
By Appt.

U of U Hospital Clinic
50 N Medical Drive
SLC, UT 84132
801-581-2121
By Appt.

U of U Madsen Health Center
555 S Fruitland Blvd
SLC, UT 84112
801-581-8000
By Appt.

U of U Redstone Health Center
1750 W Sun Peak Dr.
Park City, UT 84068
801-647-5740
By Appt.

U of U South Jordan Health Center
11441 S 1700 W
South Jordan, UT 84095
801-253-5900
By Appt.

**INDUSTRIAL MEDICINE URGENT CARE FACILITIES**

Burley WorkMed
1501 Hiland Ave
Burley, ID 83318
808-677-6428
M-F 8AM - 5PM

**HOSPITAL NETWORK**

Bear River Valley Hsptl
440 W 600 N
Burley, ID 83318
808-677-6428

Cassia Memorial Hsptl
1501 Hiland Ave
Logan, ID 83318
808-677-6428

Logan Regional Hsptl
1400 N 500 E
Logan, UT 84341
435-716-1000

McKay-Dee Hospital
4401 Harrison Blvd
Logan, UT 84341
808-677-6428

North Ogden Instacare
2400 N Washington Blvd
Ogden, UT 84414
801-786-7500
M-Sat 9AM - 9PM
Sun 9AM - 5PM

South Ogden Instacare
975 E Chamber Ave
South Ogden, UT 84403
801-387-6200
M-F 9AM - 9PM
Sat 9AM - 5PM
Sun 9AM - 1PM

Herefordshire InstaCare
1915 W 5900 S
Roy, UT 84067
801-387-8100
M-F 8AM - 9PM
Sat 9AM - 9PM
Sun 1PM - 5PM

Layton InstaCare
2075 N 1200 W
Layton, UT 84041
801-779-8200
M-F 8:30AM - 9PM
Sat-Sun 8:30AM - 5PM

Logan Instacare
412 N 200 E
Logan, UT 84321
435-713-2710
M-Sat 9AM - 9PM

North Ogden Instacare
2400 N Washington Blvd
Ogden, UT 84414
801-786-7500
M-Sat 9AM - 9PM
Sun 9AM - 5PM

South Ogden Instacare
975 E Chamber Ave
South Ogden, UT 84403
801-387-6200
M-F 9AM - 9PM
Sat 9AM - 5PM
Sun 9AM - 1PM
These facilities have agreed to provide quality care at discounted rates. If you have access to a PPO facility and choose not to receive treatment there, you will be responsible for any charges in excess of our PPO rates. If you are in an outlying area and do not have reasonable access to a PPO facility, seek treatment at the nearest medical facility. You will not be responsible for excess charges.

Industrial Medicine Urgent Care Facilities are the preferred choice for treating industrial injuries.
Workers compensation insurance premiums are based on actual payrolls for your classifications. When your policy is issued, your payments are calculated on estimated payroll. At the end of a policy period, an audit collects your actual payroll by classification and calculates your final premium.

Equitable premium rates require accurate data. If a business is misclassified, not only can data become skewed, but there’s also a chance that certain businesses may end up paying too much or too little premium. Audits help balance this system.

How WCF Collects & Verifies Information
WCF collects payroll data in two ways: (1) Gathering Audits and (2) Term Final Payroll Reports. Both instruments help gather needed information. During a Gathering Audit an auditor comes to your business and reconciles the estimated payroll you gave WCF at the beginning of your policy to actual figures (in total and by classification). All policies fitting a predetermined premium criteria or with multi-state coverage receive a Gathering Audit. Most policyholders receive a Term Final Payroll Report. This report accomplishes the same goal as a Gathering Audit, but without auditor assistance. The policyholder provides WCF with actual payroll figures and WCF does the rest.

Approximately 25% of Term Final Payroll Reports are selected randomly to also receive a Verification Audit (Desk/Phone Audit or Field Audit). This audit compares the data gathered on your Term Final Payroll Report to source documentation. If you received a Gathering Audit, you will not receive a Verification Audit.

Considering that it is unusual for your estimated payroll and actual payroll to match, most Gathering Audits and Final Payroll Reports result in a premium adjustment. If your payroll estimate was high, you will receive a refund. If your estimate was low, additional premium will be assessed. You will receive a detailed report for any premium adjustment generated as a result of a Field Audit.

Benefits of the Audit Process
During an audit, WCF is able to:
- Ensure that you are not paying more than you should for your coverage
- Make adjustments to your current policy (based on audit figures) and avoid large, unsettling premium increases at the end of a policy term
- Assure the class codes assigned to your policy are accurate
- Provide education on correctly classifying and reporting your payroll
- Save you time and reduce the likelihood of erroneous reporting by gathering and compiling correct information for you
- Verify that all claims charged to your policy are in fact for your employees and that each one is classified properly

**The Audit Process: Gathering & Verifying Information**

Every year you will receive either a GATHERING AUDIT or a TERM FINAL PAYROLL REPORT

**GATHERING AUDIT**
- Mandatory for all policies meeting specific premium criteria, all multi-state, and those designated by underwriting
- An auditor visits the organization at an agreed upon date and time to collect payroll information

**OR**

**TERM FINAL PAYROLL REPORT**
- Distributed to Utah policies that don’t receive a gathering audit, provide WCF with payroll figures, during the course of or at the end of the year. This form can be completed online.
- No auditor involvement

If you receive a TERM FINAL PAYROLL REPORT you may also receive a DESK/PHONE AUDIT or FIELD AUDIT to verify payroll information reported in the final payroll report.

**DESK/PHONE AUDIT**
- Worksheet is sent to policyholder to complete and return with a copy of either quarterly 941s or state unemployment reports
- A follow up call may be made

**FIELD AUDIT**
- A WCF auditor visits the organization to review and verify records and data at an agreed upon date and time

**Tips to Improve the Audit Process**
- During the audit have someone available to the auditor who is knowledgeable about your operations and the duties of all employees. If possible, have detailed explanations of employees’ duties in writing.
- Tell the auditor anything you deem relevant about your operations, payroll, etc.

- Ask the auditor as many questions as you would like. Tell your auditor if you disagree with an audit’s outcome, so that the auditor can review the report with you. If a resolution is not possible, your auditor will provide you with an appeal worksheet that you should complete with as much detail and documentation as possible. Once you submit this form you can expect a response within two weeks. In addition, your agent, marketing representative and/or underwriter may help craft a resolution. Act immediately if you feel you have been unfairly treated during an audit. Contact the audit department at 800.446.COMP or 385.351.8127.

**To avoid large, unexpected adjustments to your premium:**
1. **Read Carefully**
   A thorough reading of your policy information page, the payroll premium report including the instructions, your policy endorsements, and all correspondence from WCF should provide the basic knowledge necessary to determine your premium.
2. **Ask Questions**
   If you are concerned about the treatment of a particular issue, please call your underwriter, agent, or auditor.
3. **Use the Resolution Process**
   If you disagree with the audit findings, discuss them with your auditor to make sure all relevant information was considered and understood. An audit supervisor will examine your review with you if a disagreement with the auditor remains unresolved.

**Commonly requested records:**
- Tax reports (federal payroll 940s/941s, state unemployment reports, W-2s and 1099s) are used for verification and balancing figures. An audit will balance payroll figures obtained from detailed payroll records to your tax returns.
- Payroll summaries are used to get detailed payroll figures for each employee by department or classification. This information helps an auditor assign the correct amounts of payroll to the proper classifications.
- Your general ledger is a balancing source that provides details of wages and contract labor.
- Certificates of insurance provide proof that your subcontractors had workers compensation insurance. If a valid certificate is on file at the time of audit, payments made to subcontractors will be excluded from your audit.

**Payroll includes:**
- Wages/salaries, retroactive wages, commissions & draws against commissions, bonuses, stock bonus or purchase plans, holiday vacation & sick pay, statutory insurance or pension plans, piecework, profit sharing and incentive plans, value of a rental house or apartment provided for employee, meals and lodging received as part of pay, store merchandise, certificates or credits, employee payments to cafeteria (IRC 125), retirement or savings plans, Davis-Bacon Act wages, annuity plans, any expenses not incurred as a valid business expense
We appreciate the trust you have placed in us and we continuously strive to earn and maintain that trust. We understand the importance of protecting the confidentiality and security of your nonpublic personal information. We have a long history of protecting our customers’ privacy.

The following notice describes our policies and practices with collecting and disclosing nonpublic personal information about our customers and former customers.

**Confidentiality and Security of Your Nonpublic Personal Information**

We maintain appropriate physical, electronic, and procedural safeguards to assure the confidentiality and security of your nonpublic personal information contained in our records. Internally, we restrict access to nonpublic personal information contained in our records about you to our employees who need to know that information to provide services to you.

**Categories of Information That We Collect**

We may collect nonpublic personal information about you from the following sources:
- Information we receive from your employer;
- Information we receive from applications and other forms;
- Information about your transactions with our affiliates, others, or us; and
- Information that we receive from consumer credit agencies.

**Categories of Parties to Whom We May Disclose Information**

We may disclose information about you to our affiliates. We may also disclose information to service providers who assist us in marketing our products, or to other financial institutions with which we have joint marketing arrangements.

We also may disclose nonpublic personal financial information about you to nonaffiliated third parties as permitted or required by law.

**Changes to Our Notice of Privacy Policy and Insurance Information Practices**

We reserve the right to change our privacy policies and insurance information practices. If we make any changes to our policies or practices, we will provide you with a copy of a revised notice as required by applicable law.
GENERAL SECTION

**Carrier/Administrator Claim Number**: Identifies a specific claim within a claims administrator’s claims processing system.

**Report Purpose Code**: Code identifying purpose of the filing (codes will be distributed at a later date). (Examples: original filing, delete, change, etc.)

**Jurisdiction (state)**: The governing body who will administer the claim and whose statutes will apply to the claim adjustment process. Used to identify the jurisdiction administering the claim.

**Jurisdiction Claim Number**: The number assigned by the Commission to identify a specific claim.

**Insured Report Number**: A number used by the insured to identify a specific claim.

**Employer’s Location Address (if different)**: The address of the employer’s facility where the claimant was employed at the time of injury if not listed above.

**Location Number**: A code defined by the employer which is used to identify the employer’s location of the accident (for insured loss prevention program management).

**SIC Code**: This code represents the nature of the employer’s business which is contained in the Standard Industrial Classification Manual published by the Federal Office of Management and Budget.

**Employer FEIN**: The employer’s Federal Employer’s Identification Number.

**CARRIER CLAIMS ADMINISTRATION SECTION**

**Carrier (name, address and phone number)**: The employer’s workers compensation insurance carrier.

**Policy Period**: The effective date and expiration date of the workers compensation policy under which the claim occurred.

**Claims Administrator (name, address and phone number)**: Carrier or self-insured financially responsible for the claim.

**Carrier FEIN**: The FEIN of the carrier or self-insured assuming the employer’s financial responsibility for workers compensation claims.

**Policy/Self-Insured Number**: The number assigned to the workers compensation policy for the employer (self-insureds currently are not assigned a number).

**Administrator FEIN**: The FEIN of the claims administrator.

**Agent Name and Code Number**: Name of the insurance agent (broker) who wrote the policy and the number assigned to the agent.

**EMPLOYEE SECTION**

**NCCI Class Code**: A code which corresponds to the primary occupation in which the claimant was engaged at the time of accident or injurious exposure. The code is according to the Basic Manual for Workers Compensation and Employers Liability Insurance, and can be found on the policy Information Page.

**WAGE SECTION**

**Rate**: Claimant’s rate of pay - check one of the following: day, week, month, other. If other is checked, specify.

**OCCURRENCE SECTION**

**Date of Injury/Illness**: For injuries, the date on which the accident occurred. For occupational illnesses or cumulative injuries, the date of injury is the date of last injurious exposure to the cause or substance creating the condition as determined by the date when the illness or cumulative injury was diagnosed. As a last resort, use the date reported to the employer.

**Last Work Date**: The date the employee last worked.

**Date Employer Notified**: The date that the claimant reported the injury/illness to a representative of the employer.

**Date Disability Began**: The first day on which the claimant originally lost time from work due to the occupational injury or illness.

**Type of Injury/Illness**: The type of accident or exposure classification identifies the event which directly resulted in the injury or illness. (Examples: fall, overexertion, struck by, etc.)

**Type of Injury Illness Code**: Detailed claims information (DCI) codes will be provided at a later date to carriers and self-insureds.

**Part of Body Affected Code**: Detailed claims information (DCI) codes will be provided at a later date to carriers and self-insureds.

**Department or Location where Accident or Illness Exposure Occurred**: If occurrence was on employer’s premises, note department. If occurrence was off site, note location along with city and state.

**Cause of Injury Code**: Detailed claims information (DCI) codes will be provided at a later date to carriers and self-insureds.

**Date Return(ed) to Work**: Date employee returned to work after the injury or illness.

**OTHER SECTION**

**Witnesses (name and phone number)**: Give witnesses’ names and telephone numbers.

**Date Administrator Notified**: The date notification of the occurrence is received by the carrier, third party administrator or self-insured that is financially responsible for the claim.

**WORKERS COMPENSATION FUND SECTION**

**Office/Partner**: An indicator to denote whether the injured worker is a corporate officer or a partner in the company. Check YES or NO. If yes, give the title of the officer/partner. (Examples: president, owner, etc.)

**Did injury happen during performance or regular duties**: An indicator to denote whether the injured worker was engaged in the performance of his/her usual duties at the time that the injury/illness occurred. Check YES, NO, or UNKNOWN.

**Policy Department Code**: This field is for employers who are reporting their injuries at the department level. If this applies to your company, enter the policy department code corresponding to the department in which the injury occurred.

**Accident Cause Code**: The field is for employers who are reporting an extra level of details about how the accident occurred. If this applies to your company, enter the accident cause code corresponding to what caused the injury. (Examples: ice, liquid on the floor, power hand tool, etc.)

**Was accident caused by failure of a machine or product? If yes, explain**: An indicator to denote whether the accident may have been caused by the malfunction of a machine or product. Check YES or NO. If yes, briefly describe the machine and how it may have malfunctioned.
You Must:

1. Notify your supervisor immediately. Your employer is required to file an Employer’s-Report-of-Injury-or-Illness form within seven days.
2. Seek medical treatment. Use your company’s designated physician listed below for all non-emergency injuries as soon as possible. Please give your company’s WCF policy number to your medical provider.
3. Keep in contact with your employer. Continually inform your employer of your condition and work capabilities.

You Should:

1. Review your rights and responsibilities. Workers compensation insurance covers the following benefits for work-related accidents:
   + Reasonable and necessary medical treatment
   + Compensation for lost wages
   + Mileage reimbursement for travel to medical appointments
   + Prescription drugs
2. Call the WCF First-Report-of-Injury Hotline if you have any questions:
   385.351.8285 or toll free: 1.800.561.8008
SI SE LASTIMA EN EL TRABAJO

Usted tiene que:

1. **Notificar a su empleador de inmediato.** Es un requisito para su empleador el llenar el formulario de Primer Reporte del Accidente o Enfermedad Industrial. Su empleador tiene siete días para llenar el formulario.

2. **Recibir tratamiento médico.** Visitar lo antes posible al doctor designado por la compañía, cuyo nombre se halla abajo, para cada lesión que no sea amenaza de vida. Favor de dar el número de póliza de la compañía al proveedor médico.

3. **Mantener comunicación con su empleador.** Mantener informado a su empleador de su condición y capacidad de trabajar.

Usted debe:

1. **Revisar sus derechos y responsabilidades.** El seguro de compensación al trabajador cubre lo siguiente para un accidente de trabajo:
   - Tratamiento médico necesario y razonable
   - Compensación por el tiempo que usted no pueda trabajar
   - Medicina
   - Reembolso de millaje para las consultas médicas

2. **Llame a la línea en español si tiene preguntas:**
   385.351.8511

Número de póliza de la compañía:

____________________________

Doctor de la compañía:

____________________________

Hospital de la compañía:

____________________________
The next time you see a warning sign, remember who is waiting for you to come home safely.