Workers Compensation Medical/Loss Time

If you are injured while at work and are planning to seek immediate medical attention or end up seeking medical attention please make sure to read all the information below.

- Please make sure that you have noted on the Accident Report Form that you are going to a Dr. to be seen for your work related injury.
    - Also contact the Human Resources office at 781-283-2231 to notify us prior to being seen as some Dr.'s offices require pre-approval from our workers compensation company for your visit.

- If you are going to be out due to a work related injury:
    - you need to make sure to have a note from your treating physician putting you out of work
    - please have this note faxed to the Human Resources office at 781-283-3663

- If you are managing your own care for your work related injury:
    - please make sure that both FutureComp and the Human Resources Office receive updates from your treating physician
    - The treating physician may fax us at:
      FutureComp – 610-537-9928
      Human Resources – 781-283-3663

- Once your physician has cleared you to return to work:
    - Fax the return to work information to both FutureComp and the Human Resources Office.
    - If there are restrictions with your return to work the Human Resources Office will go over these restrictions with your department to make sure they are able to accommodate the restriction and the Human Resources Office will contact your directly to confirm your return to work date.

- If you would like to make changes or stop any of your Wellesley College benefits while you are out of work, please contact our Benefits Specialist at 781-283-2212.

- Please make sure to provide your Dr.'s offices with our workers compensation company information below. You will receive a confirmation letter from FutureComp when your claim has been approved which will include a claim number to provide to your Dr.'s office for billing purposes.

    - Any bills that you receive directly should either be forwarded by you to FutureComp or you should contact your physician's office to have them redirect the bills to FutureComp
      .

      FutureComp/York Risk Services
      Attn: OSC
      PO Box 183188
      Columbus, OH 43218
      Main # - 781-376-2706

Please sign and return this page to the Human Resources Office immediately

- While you are out due to your work related injury you must make arrangements with the Human Resources Office to pay for the employee portion of your health and/or dental benefits, and/or supplemental Life insurance, if applicable.

  Benefits Payment Options:
  Please check off which option you would prefer and return this form to the Human Resources office by fax, mail or drop off.

  _____ Please supplement my time with sick/vacation/personal time so that I am receiving full pay while I am out due to my work related injury.

  _____ Please supplement my time with sick/vacation/personal time to cover my health/dental benefits/supplemental Life insurance.

  _____ I do not wish to supplement my time and please bill me for my portion of my health/dental benefits/supplemental Life insurance.

**If you run out of time to continue to supplement we will then start to bill you for your portion of your health and/or dental benefits. If you have questions/concerns about paying for your benefits please contact our Benefits Specialist at 781-283-2212.

Important - Please Read: If the Human Resources Office does not receive this form or hear from you directly then you will go into an unpaid status and will be automatically billed for you benefits. Continuation in the benefit programs while on leave, requires you continue to make your plan contributions. Failure to pay your contributions will result in removal from the benefit plan. Removal will be effective following 60 days of non-payment.

Please feel free to call us at 781-283-2231 with any other questions or concerns.

_____ _____
Employee Signature Date

_____
Print Name

Please sign and return this page to the Human Resources Office immediately

abstract of the document here. The abstract is typically a short summary of the contents of the document.]

SUPERVISOR'S ACCIDENT INVESTIGATION REPORT

Member:

Address or Location No.:

WHEN:

Date and Time of Accident: Reported to:

Report to Supervisor or First Aid Delayed? Yes o No o If "Yes," Why:

WHO:

Injured Person: Occupation:

Dept.: Length of Employment: Age:

Full time o Part time o Temporary o Student o Date of Hire:

INJURY/LOSS:

Nature/Extent of Injuries or Property Damage:

WHERE:

Exact Location Where Accident Occurred:

WHAT:

Type of Accident:

Was employee doing something other than required duties at time of accident?

Yes o No o If "Yes," what and why:

Description of Accident (detail what employee was doing, and what physical objects, tools, machines, structures of equipment were involved):

WHY:

Determine Accident causes and comment fully here.

1) Immediate Causes

1) Unsafe act(s) / unsafe condition(s) :

2) Basic Causes

2) Management, people, equipment, material, environment :

PREVENTION:

What should be done and by whom to prevent recurrence of this type of accident?

What action are you taking to see that this is done?

Follow-up requirements:

Date of follow-up:

Investigated By Date:

Supervisor's Signature: Date of this report:

Department Manager's Signature: Date:

Executive's Signature: Date:

Accident Reporting Form

Today's Date:

Employee Information

Employee Name		Incident Date
Job Title	Department	
Shift	Date of Hire	
Current Mailing Address		
Home Phone	Cell Phone	Date of Birth
Employee Signature (if available):		Date:

Incident Detail

Incident Description	
Supervisor	Reported To
Witnesses	
Location where injured	
Medical Treatment Required: **Yes** ☐ **No** ☐	
Treating Physician/Facility	
Address	
Phone Number	
Injury Description	

Body Part	Side of Body	Type of Injury (i.e. sprain/strain, bruise)

Will you lose any time due to this injury? **Yes** ☐ **No** ☐	First day out of work:

Notes/ Comments

Please put in any additional information here:

When completed please fax form to the Human Resources office at 781-283-3663 and to the Health and Safety Department at 781-283-3643.