



WORKERS' COMPENSATION PROCEDURE For State Employees

- The injured employee must obtain first aid or other necessary medical treatment as soon as possible. The doctor needs to be informed that the injury is work related. All medical fees must be billed to our insurance carrier:

The State Insurance Fund
8 Corporate Center Drive, 3rd floor
Melville, NY 1177-3166
Policy number 24096-0
(631) 756-4000

- The employee is required to notify his or her supervisor of the incident.
- All State employees must call the ARS (Accident Report System) to report the accident. (1-888-800-0029) An operator will take the report of an injury or illness quickly and confidentially. After providing the operator with the required information, the employee will receive an incident number, which can be used for Express Scripts prescriptions and tracking purposes. Your call to ARS helps make sure all of your Workers' Compensation benefits are available to you as soon as possible.
- An "Employee Accident and Investigation Report" (SUSB3019) must be completed by the employee and submitted to his or her supervisor. The report must:
 - ☞ be complete and accurate
 - ☞ include both the signature of the supervisor and the employee
 - ☞ include a detailed statement by the employee describing what the employee was doing at the time of the accident and specify what part or parts of the body were injured
 - ☞ include the ARS incident numberThe supervisor must submit the report to Time and Attendance within 24 hours of the accident.
- Time and Attendance completes form C-2 and files it with the State Insurance Fund and the Workers' Compensation Board.
- The State Insurance Fund files the required forms with the Workers' Compensation Board.
- The injured employee's supervisor must notify Time and Attendance immediately if the injured employee is losing time due to the work related injury.
- If medical treatment is not required at the time of the accident, but needed at a later date, the employee must notify Time and Attendance.

- When an employee is losing time, the injured employee is required to submit ongoing medical documentation to his or her supervisor. The documentation should be attached to the employee's timesheets during the time the employee is on Workers' Compensation leave. Satisfactory medical documentation must include the following:
 - ☞ Original letter head or pad imprinted with the doctor's name, address and telephone number
 - ☞ Brief statement of diagnosis
 - ☞ Inclusive dates of disability, and anticipated date of return to work
 - ☞ Signature of the medical practitioner

- Return to work procedure: A doctor's note must be provided to the supervisor 24 – 48 hours prior to the disabled employee returning to work. The supervisor must call Time and Attendance immediately with notification of the employee's return to work. A doctor's note documenting the employee's return to work must be attached to his or her current time sheet.

WORKERS' COMPENSATION INFORMATION For State Employees

INTRODUCTION

If a State employee is injured while on the job or becomes ill because of conditions in the work place, he or she may be entitled to benefits under the Workers' Compensation Law. These benefits include payment for medical care and cash payments for time lost from work.

In addition to the benefits provided under the Workers' Compensation Law, employees represented by PEF, CSEA, Council 82 and NYSCOPBA unions have negotiated additional benefits.

If your claim is disputed, you will have a hearing before an Administrative Law Judge. You are entitled to legal representation at the hearing by either your own attorney or a licensed claimant's representative. Any fees due your representative are set by the Administrative Law Judge and are deducted from your award.

EMPLOYEE RIGHTS

An employee injured on the job has certain benefits available under the Workers' Compensation Law.

An injured worker is entitled to all necessary medical care as the nature of the injury and the process of recovery may require. The employee is free to choose any medical practitioner authorized by the Workers' Compensation Board to render treatment. The practitioner cannot collect a fee from the employee. Payment for medical treatment, prescription drugs, and transportation costs are the liability of the State Insurance Fund. For assistance in identifying authorized practitioners in obtaining medical treatment, contact your local medical society.

Workers who suffer total or partial disability found compensable by the Workers' Compensation Board receive wage replacement benefits after the seventh day of disability. If the disability exceeds 14 days, cash benefits are payable from the first day of disability.

An employee may request a Workers' Compensation Board hearing regarding any disputed issues.

EMPLOYEE'S RESPONSIBILITIES

In order to guarantee these rights, an employee has certain responsibilities concerning the accident and their treatment.

The employee must inform the medical provider that the injury is work related and the State Insurance Fund is to be billed.

The employee must notify his or her supervisor about the injury and the way in which it occurred as soon as possible. Failure to notify the supervisor may jeopardize the employee's right to benefits. It is the employee's responsibility to complete the Employee Accident Report (SUSB3019).

Complete and accurate records are vital to an employee's claim. The employee should note all events surrounding the injury or illness including when and where it occurred, the time of the incident, how the incident happened and the names of witnesses. The employee should write down any symptoms and note any continuing health problems related to the incident.

The employee should keep all receipts for prescriptions, a record of all transportation expenses incurred while obtaining medical treatment, and all medical documentation.

It is the responsibility of the employee to keep all medical appointments and exams scheduled by the State Insurance Fund.

The employee must provide his or her supervisor with a current home address and telephone number to ensure proper delivery of the benefit.

While an employee is losing time from work, they must keep in contact with their department and continually provide satisfactory medical documentation. Satisfactory medical documentation must include the following:

- ☞ Original letter head or pad imprinted with the doctor's name, address and telephone number
- ☞ Brief statement of diagnosis
- ☞ Inclusive dates of disability, and anticipated date of return to work
- ☞ Signature of the medical practitioner

EMPLOYER'S RESPONSIBILITIES

Time and Attendance must complete a C-2 Report of Injury form and submit it to the Workers' Compensation Board. In addition to supplying State Insurance Fund with a copy of the report of injury form, the employer must also provide them with the most current information concerning the employee.

It is the employer's responsibility to respond to any inquiries from the State Insurance Fund regarding the employee.

Time and Attendance must notify employees that their absence may be counted towards their yearly Family Medical Leave Act (FMLA) entitlements.

Time and Attendance must advise the employee of their rights and responsibilities.

It is the responsibility of Time and Attendance to notify State Insurance Fund upon the employee's return to work.

DEPARTMENTAL RESPONSIBILITIES

The department must forward the Employee Accident Investigation Report to Time and Attendance within 24 hours of the accident.

The department must notify Time and Attendance if the employee is losing any time from work due to the injury. Time sheets with medical documentation attached must be submitted to Time and Attendance.

Upon the employee's return to work, the department must make sure the employee has satisfactory medical documentation:

- ☞ For return to full duty, the doctor's note must state that the employee may return to full duty without restriction.
- ☞ When an employee requests Mandatory Alternate Duty (MAD), a doctor's note must state that the employee is less than 50% disabled and expected to return to full duty within 60 calendar days. The doctor must specify the restrictions.
- ☞ When an employee is assigned to MAD, there must be a written agreement between the employee and the department stating the length of the assignment (no longer than 60 days), the specific restrictions the employee must abide by, the duties in which the employee will be participating, and the shift (hours) that the employee will be working.

STATE INSURANCE FUND RESPONSIBILITIES

The State Insurance Fund must ascertain the facts in the employee's claims. In an accepted claim, State Insurance Fund begins payment of compensation and continues to make payments every two weeks for the time period equivalent to the employee's period of disability. The State Insurance Fund mails the payment to the injured employee's home address. The following formula is used to calculate benefits:

$$\frac{2}{3} \times \text{average weekly wage} \times \% \text{ of disability} = \text{weekly benefit (up to a maximum of \$400.00)}$$

While an employee is using leave accruals and receiving salary, they do not receive wage replacements from the State Insurance Fund. The wage replacement benefit will be paid as "state credit."

State Insurance Fund representative attends hearings on the employee's Workers' Compensation claim whenever they are scheduled by the Workers' Compensation Board.

If State Insurance Fund determines that treatment should be terminated or refuses authorization for special services, it must file a notice with the Workers' Compensation Board.

If an employee's claim for Workers' Compensation is controverted, State Insurance Fund must file form C-7 with the Workers' Compensation Board and send a copy of that form to the employee. All undetermined issues raised by State Insurance Fund are resolved at hearings held by the Workers' Compensation Board.

If State Insurance Fund accepts the claim, payments are made every two weeks until the situation changes.

MEDICAL PRACTITIONER RESPONSIBILITIES

Medical reports (C-4) must be filed on time to insure prompt payment of benefits. When claiming Workers' Compensation, the employee is entitled to medical treatment by an authorized practitioner without charge. In a disputed claim, the employee may be asked to sign form A-9 to guarantee payment of medical fees in the event the Workers' Compensation Board disallows the claim.

Services of a specialist, consultant or surgeon, special lab tests, physiotherapeutic procedures or x-rays costing more than \$500 require authorization.

RESTORING LEAVE ACCRUALS

Leave credits will be restored after receiving a Notice of Decision from the Workers' Compensation Board crediting New York State for wages paid. The information needed to restore accruals will be obtained from the C-8 form issued by the State Insurance Fund.

CSEA and PEF receive a percentage of the number of days charged according to the contractual agreement.

CSEA: (example)

An employee charged 5 days of leave accruals to cover the initial waiting period following a workers' compensation injury. After the Workers' Compensation Board hearing, the C-8 from the SIF detailed a credit to NYS of a total of 5 days (1 week) with a net monetary credit of \$250 (\$350 minus \$100 attorney's fee). The employee's biweekly gross salary is \$770. The basic workweek of this employee is 40 hours.

$$* \quad \frac{\text{total net credit}}{\text{day credited}} = \frac{250}{5} = \$50 \text{ — daily rate for restoration}$$

$$\frac{\text{biweekly gross salary}}{10 \text{ days}} = \frac{\$770}{10} = \$77 \text{ — employee's daily rate}$$

$$\frac{\text{daily rate for restoration}}{\text{employee's daily rate}} = \frac{\$50}{\$77} = 64.935\% \text{ — sick leave restored}$$

$$.64935 \times 5 \text{ days sick leave used} = 3.24675 \text{ days}$$

$$3.24675 \times 8 \text{ hours per day} = 25.974$$

$$26 \text{ hours (rounded to the nearest } \frac{1}{4} \text{)}$$

*For PEF employees who received supplemental, the supplemental is added to the net credit to determine daily rate for restoration.