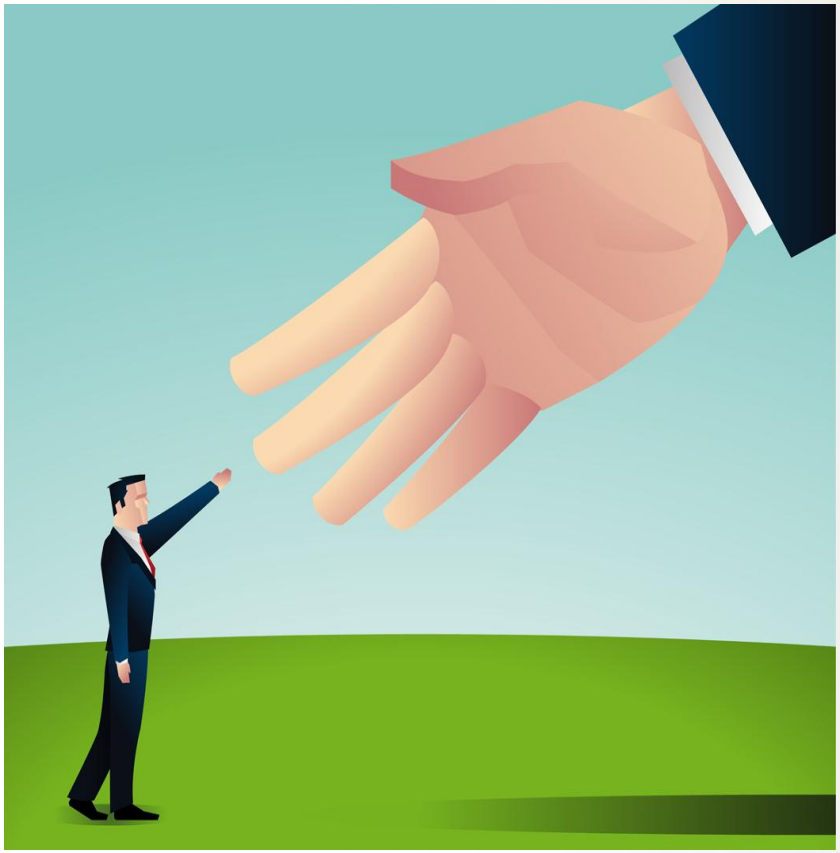
Office of Human Resources

Presents.....

PRAIRIE VIEW A&M UNIVERSITY

Worker's Compensation Information

WORKERS COMPENSATION INSURANCE



- **The Texas A&M University System maintains a Self-Insured Self-Administered program Pursuant to Chapter 502 of the Texas Labor Code.**

What is Workers' Compensation Insurance?

:

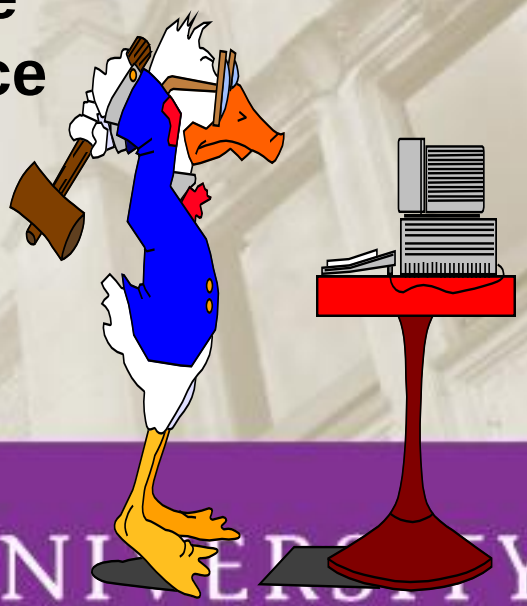
A form of coverage specifically designed to provide for medical payments, and in some cases financial payments, to employees whose name appears on the payroll. Coverage is only extended to employees who suffer injury, occupational diseases, or work related death in the course and scope of employment while doing some activity that furthers the affairs of the employer.

What is a compensable injury?

- An injury that arises out of and in the course and scope of employment for which compensation is payable under the Texas Workers' Compensation Act.

Course and Scope

An activity of any kind or character that has to do with and originates in the work, business, trade, or profession of the employer and that is performed by an employee while engaged in or about the furtherance of the affairs or business of the employer.



What is not covered by Workers' Compensation Insurance?

- Heart attack
- Repetitious mental trauma
- Ordinary disease of life
- State of intoxication
- Willful attempt to injure oneself or another
- Participation in off-duty recreational social activity
- An incident that arose out of an act of God
- Employee's Horseplay a producing cause of injury

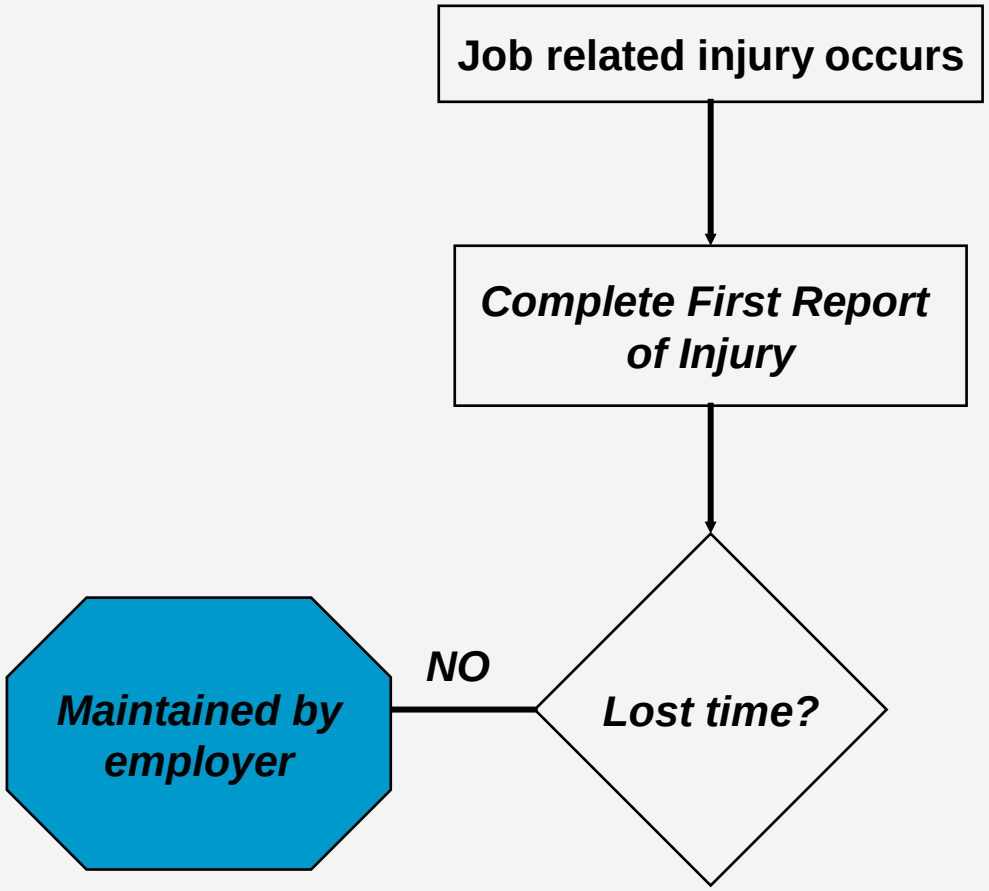
What are the employer's responsibilities?

- Maintain a record of all injuries
- Notify employees of their rights and responsibilities
- Monitor loss time due to a work related injury

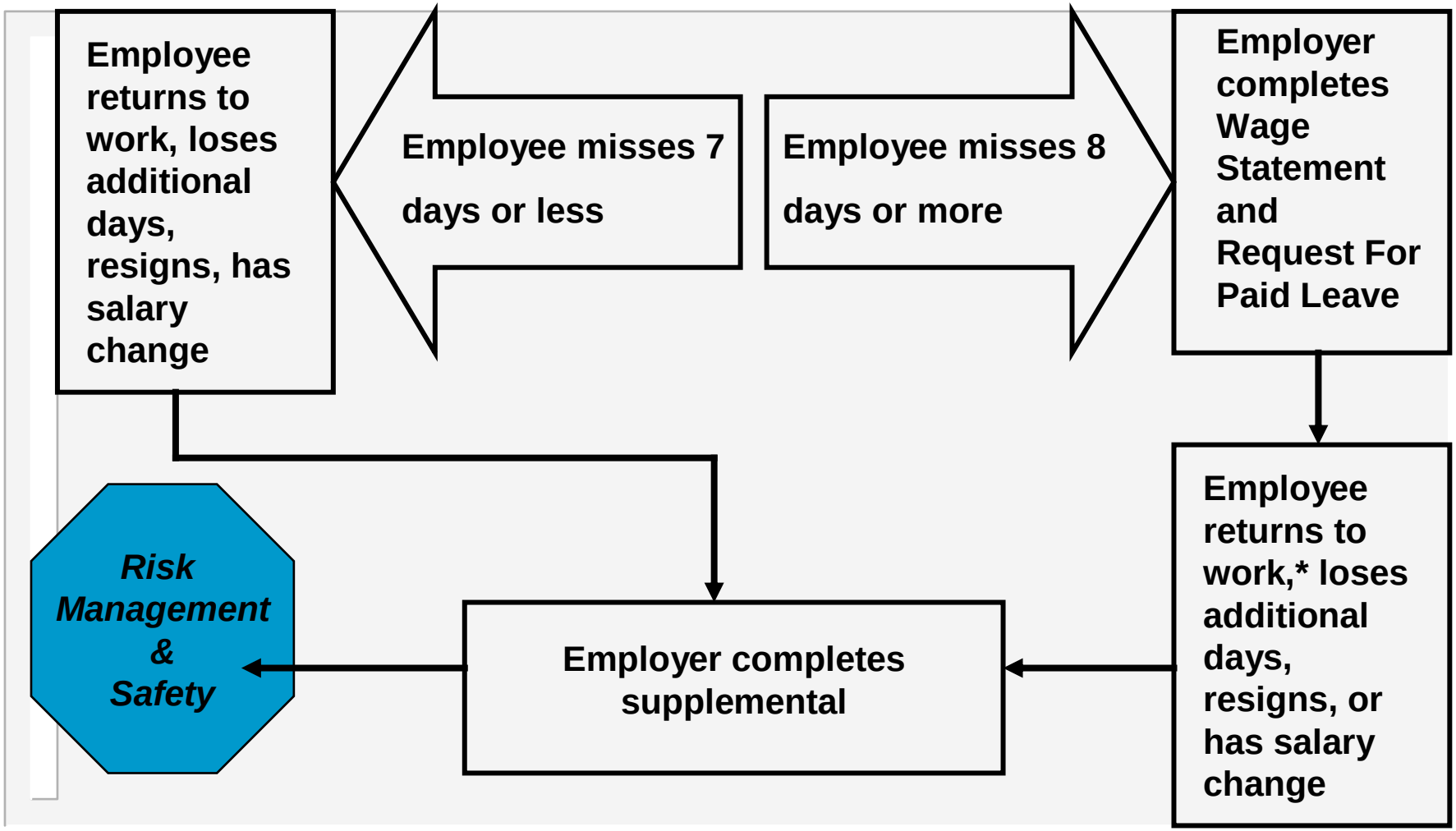
What does the employer need to provide The Office of Risk Management & Safety?

- First Report of Injury
- Supplemental Report of Injury
- Request for Paid Leave
- Employee Job Description
- Wage Statement

WCI claim process: no lost time



WCI claims process: lost time



What is the employer required to provide the employee?

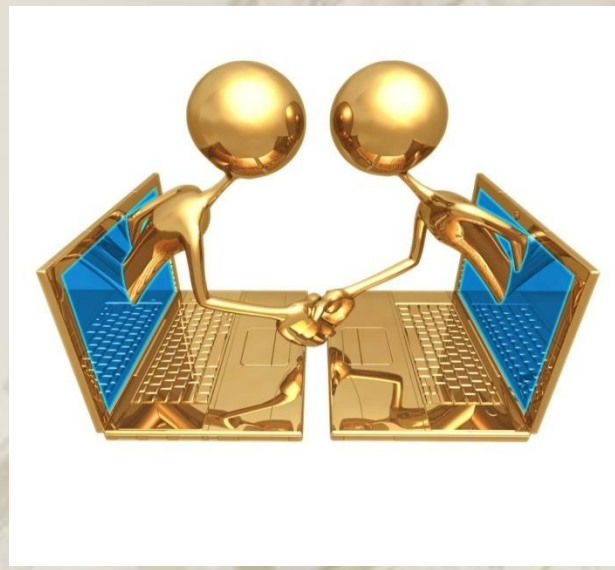
- Notice of Coverage
- Copy of employee's rights and responsibilities
- Copy of First Report
- Notice of Ombudsman Program
- Notice regarding certain work-related communicable disease
- Notify Employee's that they are required to inform all providers they filed a workers' compensation claim with their Employer

What should the injured employee provide the employer

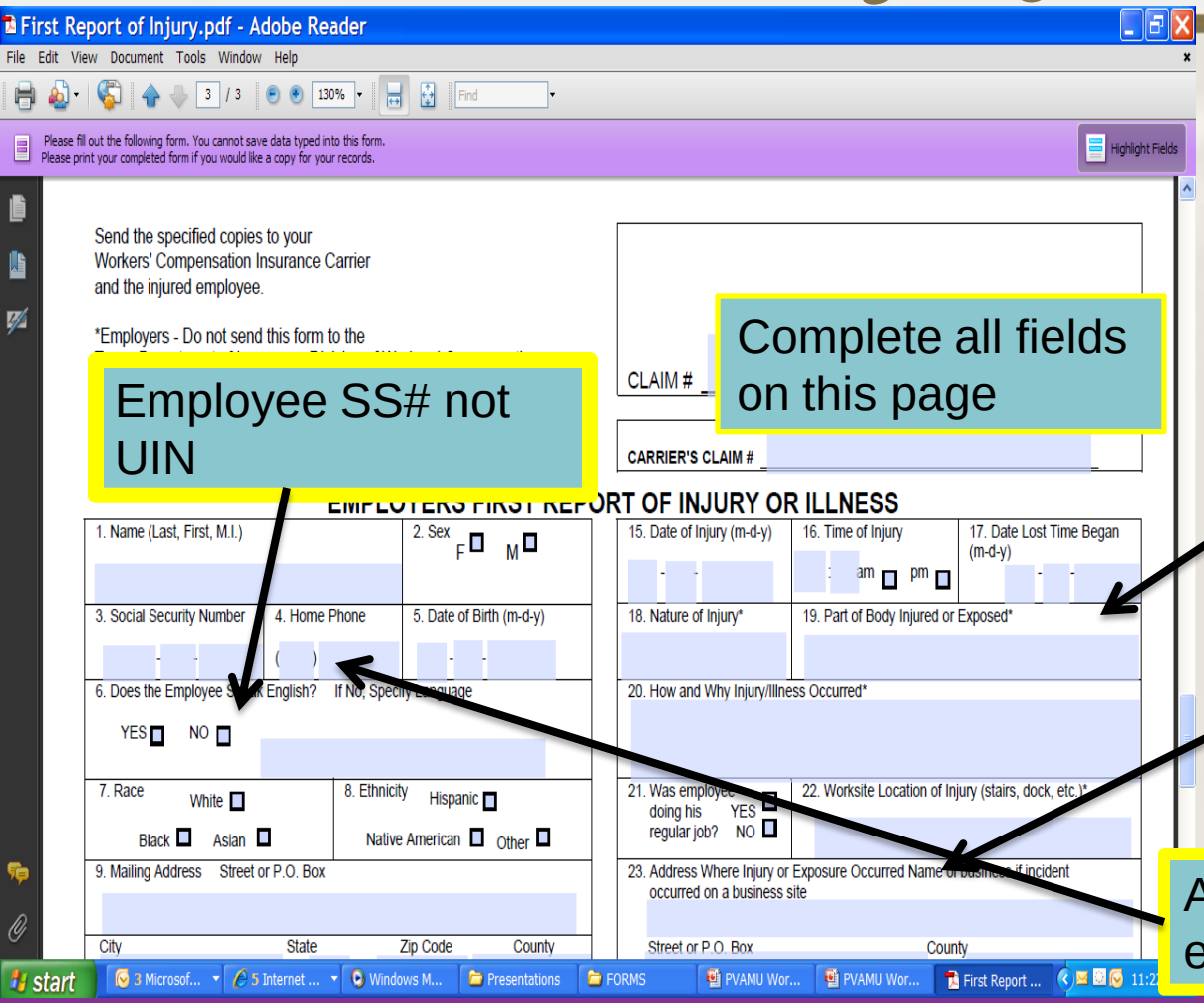
- All Work Status Reports received from his treating doctor.
- Notify Office of Human Resources of Additional Lost days of work due to work related injury

Early Return to Work Program

- Texas Employers are required, on written request, to notify all parties of opportunities for modified duty. All parties include:
  - Injured Employee
  - Employer
  - Treating Doctor
  - Insurance Carrier



How to Complete a First Report of Injury



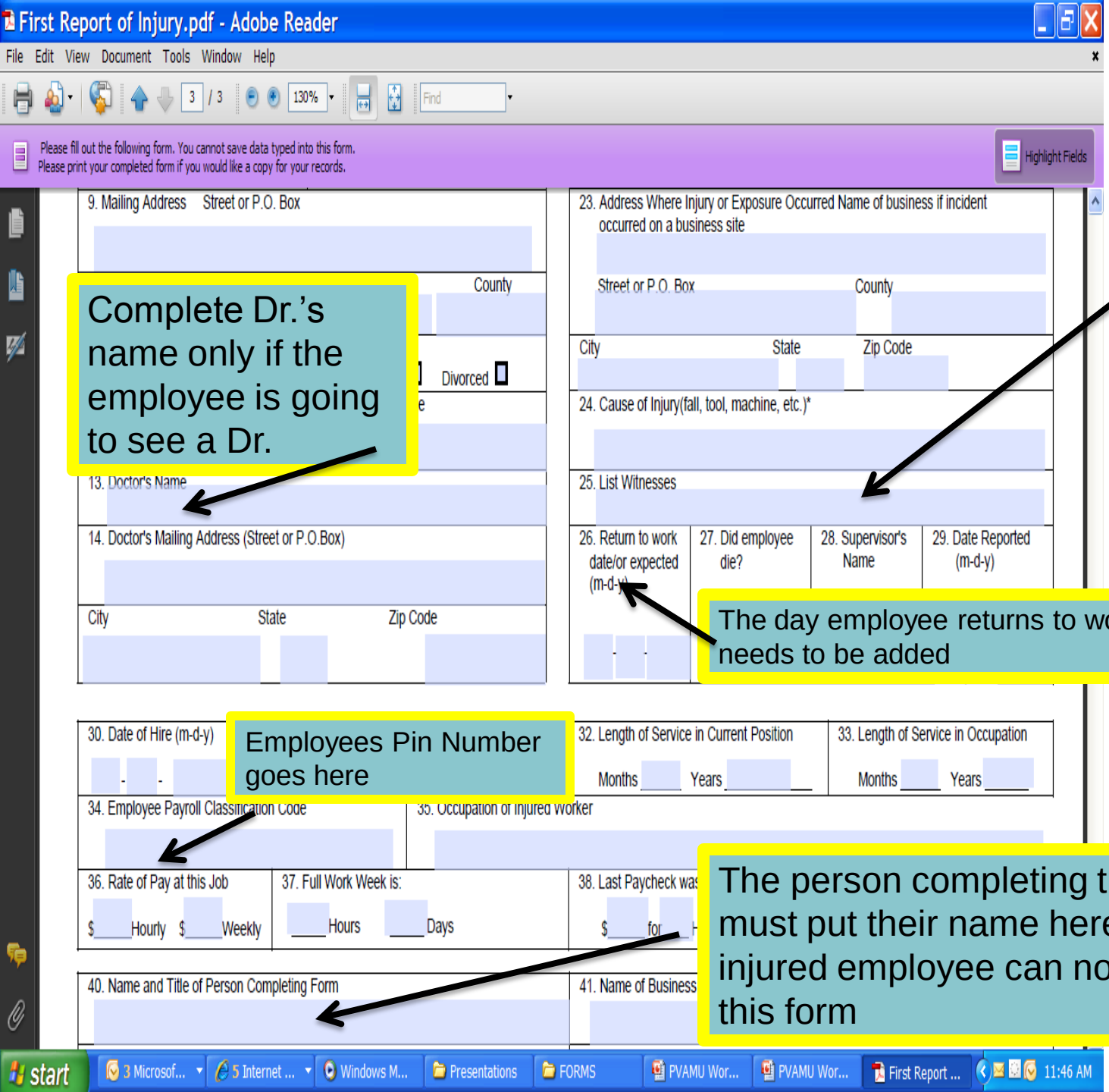
Complete all fields on this page

Employee SS# not UIN

Date employee began losing time

How did this injury occur. what (was the employee doing)

A current phone number for this employee


First Report of Injury.pdf - Adobe Reader
File Edit View Document Tools Window Help
Please fill out the following form. You cannot save data typed into this form.
Please print your completed form if you would like a copy for your records.
Highlight Fields
9. Mailing Address Street or P.O. Box
County
Divorced
13. Doctor's Name
14. Doctor's Mailing Address (Street or P.O.Box)
City State Zip Code
23. Address Where Injury or Exposure Occurred Name of business if incident occurred on a business site
Street or P.O. Box
County
City State Zip Code
24. Cause of Injury(fall, tool, machine, etc.)*
25. List Witnesses
26. Return to work date/or expected (m-d-y)
27. Did employee die?
28. Supervisor's Name
29. Date Reported (m-d-y)
30. Date of Hire (m-d-y)
32. Length of Service in Current Position
Months Years
33. Length of Service in Occupation
Months Years
34. Employee Payroll Classification Code
35. Occupation of Injured Worker
36. Rate of Pay at this Job
$ Hourly $ Weekly
37. Full Work Week is:
Hours Days
38. Last Paycheck was
$ for
40. Name and Title of Person Completing Form
41. Name of Business
Complete Dr.'s name only if the employee is going to see a Dr.
If there are any witness then the witness must submit a witness statement
The day employee returns to work needs to be added
Employees Pin Number goes here
The person completing the form must put their name here, the injured employee can not complete this form
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Benefits to the Employer- Direct Savings

- Workers' compensation costs are reduced when Temporary Income Benefits cease or are adjusted when an injured worker returns to work;
- Medical and disability costs are reduced and recovery time is shortened;
- Productivity is maintained; and
- Wage costs for substitute employees are saved.

Benefits to the Employer- Indirect Savings

- Employer retains the production of skilled and experienced workers'
- Injured workers continue to contribute to the company;
- No expenses are incurred for recruiting, hiring, training or salary of replacement workers;
- No overtime is required to make up for lost production;
- Work delays and business interruptions are eliminated when an experienced employee returns to work; and
- Company's interest and concern for employees are reinforced.

Benefits to Employees

- Recovery time is shortened;
- Injured workers remain active and productive;
- Concerns about continued employment are resolved;
- Full or partial wages are earned bringing the injured worker's income closer to pre-injury wages;
- Stress, boredom and depression from the injury or illness and from being unproductive are reduced or eliminated;
- Loss of physical fitness and muscle tone due to inactivity is prevented; and
- Injured workers maintain contact with and support from co-workers and friends;

Elements of Successful Return to Work

- Commitment to the program by all managers and supervisors;
- Consistent application of the program;
- Continuous communication with injured worker while off work;
- Monitoring an injured worker's progress and work assignments following return to work throughout the transition back to regular work; and
- Compliance with ADA and FMLA, the Texas Workers' Compensation Act, and any other state or federal law that might apply.

Bona Fide letter of employment

- Put into place when employee is returned to work at less than full duty status
- Should be signed and dated before employee returns to work
- The Work Status Report should be included

What makes a Bona Fide offer valid?

- Offer must be in writing
- Offer must include copy of Work Status Report the offer is based upon
- Location where the employee will be working
- Schedule the employee will be working
- Wages the employee will be paid
- Description of the physical & time requirements of the position
- Statement that the employer will only assign tasks consistent with the employees physical abilities, knowledge and skill, and will provide training if necessary

Case: Bob

Today is Wednesday, January 13. Bob approaches you at the beginning of his shift and states he has just slipped and fallen in the freezer. There are no witnesses. He is experiencing extreme pain in his left knee and feels he needs to go to the doctor. He comes back three hours later with a physician's note putting him out of work until February 1. On that date, he will be allowed to perform light duty work until February 8.

Fill out the first report of injury and all other appropriate paperwork that would apply to Bob's accident from start to finish.

Case: Bob

January **Date of injury**

					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

Where should bona fide offer be presented to the employee?

When would Bob's wage replacement begin? When would you send in a wage statement?

When would you send in a supplemental?

February

	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
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Return to work light duty

Return to work full duty


Office of Human Resources Workers Compensation Web address
http://www.pvamu.edu/pages/2016.asp