



# **Sedgwick Claims Kit Virginia**



P.O. Box 14779 | Lexington, KY 40512 | Toll Free: 866-738-9201 | Fax: 859-280-3275



**Dear Insured:**

**We would like to welcome you as a policyholder of Falls Lake National Insurance Company. Sedgwick is your Claims Administrator and we are pleased to be able to provide you with workers' compensation claims handling services. Please follow the below instructions for filing a new claim and note the claim kit attachment.**

*Where do I report a claim?*

- > **Phone:** 855-728-5277 (855-7ATLAS7)
- > **Email:** [6200AtlasGeneralInsurance@sedgwickcms.com](mailto:6200AtlasGeneralInsurance@sedgwickcms.com)
- > **Fax:** 866-383-3296

*Where do I send my injured employee for medical treatment?*

> Sedgwick will send a customized medical panel within the next 30 days. For interim needs access the website below.

> **Website:** [www.sedgwickproviders.com](http://www.sedgwickproviders.com)

*Sedgwick Claim Kit Attachments:*

- Employer's Notice for Posting
- Information for Employers
- Employer's First Report of Injury (Form 3)
- Employee's Claim For Benefits (Form 5)
- Employer's Statement of Wage Earnings (Form 7A)
- Facts for Injured Employees
- Express Scripts First Fill Temporary Pharmacy Card

*Need a loss run?*

> **Email us:** [Lossruns@atlas.us.com](mailto:Lossruns@atlas.us.com)

*Have more questions?*

Contact the Atlas Customer Care Team at Sedgwick - One of our friendly Client Services Associates will be happy to assist you.

- > **Phone:** 866-738-9201
- > **Email:** [AtlasTeam@Sedgwickcms.com](mailto:AtlasTeam@Sedgwickcms.com)

***We appreciate your business and believe that communication is critical for successful claims administration. We encourage you to contact us if you have any questions.***

**[www.Atlas.us.com/claims](http://www.Atlas.us.com/claims)**

# WORKERS' COMPENSATION NOTICE

The employees of this business are covered by the Virginia Workers' Compensation Act. In case of injury by accident or notice of an occupational disease:

## **THE EMPLOYEE SHOULD:**

1. Immediately give notice to the employer, in writing, of the injury or occupational disease and the date of accident or notice of the occupational disease.
2. Promptly give to the employer and to the Virginia Workers' Compensation Commission notice of any claim for compensation for the period of disability beyond the seventh day after the accident. In case of fatal injuries, notice must be given by one or more dependents of the deceased or by a person in their behalf.
3. In case of failure to reach an agreement with the employer in regard to compensation under the act, file application with the Commission for a hearing within two years of the date of accidental injury or first communication of the diagnosis of an occupational disease.
4. If medical treatment is anticipated for more than two years from the date of the accident and no award has been entered, the employee should file a claim with the Commission within two years from the date of the accident.

**NOTE:** The employer's report of accident is not the filing of a claim for the employee. The voluntary payment of wages or compensation during disability, or of medical expenses, does not affect the running of the time limitation for filing claims. An award based on a voluntary agreement must be entered or a claim filed within two years; one year in death cases.

## **THE EMPLOYER SHOULD:**

1. At the time of the accident, give the employee the names of at least three physicians from which the employee may select the treating physician.
2. Report the injury to the Commission through your carrier or directly to the Commission.
3. Accurately determine the employee's average weekly wage, including overtime, meals, uniforms, etc.

Questions may be answered by contacting the Commission. A booklet explaining the Workers' Compensation Act is available without cost from:

THE VIRGINIA WORKERS' COMPENSATION COMMISSION  
1000 DMV Drive  
Richmond, Virginia 23220

1-877-664-2566

[vwc.state.va.us](http://vwc.state.va.us)

Every employer within the operation of the Virginia Workers' Compensation Act MUST POST THIS NOTICE IN A CONSPICUOUS PLACE in his place of business.



COMMONWEALTH OF VIRGINIA  
VIRGINIA WORKERS' COMPENSATION COMMISSION  
1000 DMV DRIVE, RICHMOND VA 23220  
[www.workcomp.virginia.gov](http://www.workcomp.virginia.gov)  
1-877-664-2566  
804 205-3586

## **Workers' Compensation Insurance Information for Employers**

### **Workers' Compensation**

Virginia law requires that most employers carry workers' compensation insurance in order to cover their workers in the event of a work injury. Workers' compensation provides a tradeoff for both employers and employees. For the employer, it provides an exclusive remedy, shielding the employer from civil suit. For the injured worker, it provides prompt but limited benefits.

### **When is an Employer Required to Have Coverage?**

Virginia law requires that an employer who regularly employs more than two part-time or full-time employees carry Virginia workers' compensation coverage. If a business hires subcontractors to perform the same trade, business or occupation, or to fulfill a contract of the business, the subcontractor's employees are included in determining the total number of employees. For those employers required to have coverage, it is mandatory, there are no waivers and no exceptions.

### **Contractor and Subcontractor Issues**

A business or contractor that hires subcontractors to assist in their work or fulfill a contract must count the subcontractor's employees as well as their own when considering if they have more than two employees, if yes, the business /contractor is required to carry workers' compensation coverage. This is true even if all subcontractors have their own coverage. A contractor should be aware that their insurance carrier can charge insurance premium for any subcontractor that is hired, even a sole proprietor with no employees, therefore a contractor should request and maintain proof of coverage for all subcontractors hired and have such proof available for audit.

### **Who is an "Employee"?**

To properly count employees and determine if a business needs coverage it is important to know who counts as an employee. All of the following are considered employees:

- Corporate officers and LLC managers, even if they are not performing regular work for the business or earning a regular salary
- Family members that perform work for the business
- Undocumented workers
- Temporary, seasonal and part-time workers
- Minors
- Workers that perform work for churches, charities and non-profits

### **Does Virginia Have a Waiver or Exemption Form for a Sole Proprietor?**

No. Virginia law does not lend itself to providing a waiver or exemption form for a sole proprietor or other employer that considers it not required to insure under the Act.

### **Independent Contractor vs. Employee**

Some business owners will designate a worker as “independent contractor” or pay them on a 1099. Under workers’ compensation law, the designation and 1099 are not important. In the event a worker is injured, the facts of the work relationship are considered. The courts will particularly consider: 1) was the worker selected, 2) can the worker be dismissed, 3) does the worker earn pay or wages, and 4) does the business owner have the ability to exert control over the manner or means of how the worker’s work is performed. If employer control is found, an “employee” relationship is established.

### **Limited Liability Company (LLC)**

A Manager of a LLC is treated as an employee under the Act. A LLC may have one or more managers that are elected or appointed in accordance with the articles of organization or operating agreement. Conversely, the Act specifically states that a LLC having only one member shall only be covered upon electing to be covered. Members of a LLC are generally not viewed as employees under the Act. However, additional questions may be asked of a member. If the LLC member performs work or earns pay they are covered under the Act by virtue of being an employee.

### **How to Obtain Coverage**

In Virginia there are four means of insuring for workers’ compensation in Virginia: 1) commercial coverage 2) self-insurance 3) group self-insurance, or 4) through a registered professional employer organization (PEO). Commercial coverage is available from an insurance agent or carrier. The two Virginia insurance organizations that maintain membership of most Virginia insurance agents are listed:

1. The Independent Insurance Agents of Virginia, telephone 804-747-9300
2. The Professional Insurance Agents Association of Virginia, telephone 804-264-2582

### **Proper Virginia Coverage**

Virginia requires proper Virginia coverage for work performed in Virginia. Out of state employers sometimes lack valid Virginia coverage. For most out of state employers with a policy based outside Virginia, valid Virginia coverage can be accomplished by adding the Virginia Amendatory Endorsement on the existing policy. Virginia must be added to item 3A of the policy for the entity and FEIN (Federal employer ID) to be covered in Virginia. 3A of the policy lists the states where the business performs work and has “known exposure.” Virginia 3C listing is not sufficient.

If the out of state employer’s policy is with a carrier that is not licensed in Virginia, then the Virginia 3A endorsement cannot be added. Monopolistic state funds cannot cover Virginia. In the event Virginia endorsement cannot be added to a policy, the only way to properly insure is to obtain a Virginia workers’ compensation policy with a Virginia licensed insurance carrier.

### **Employer Responsibilities**

- Review coverage requirements
- Carry proper workers’ compensation coverage when required by law
- Report work injuries promptly to your insurance carrier using carrier’s preferred method
- Post a Workers’ Compensation Notice (VWC Form 1) in the workplace
- Be aware the cost of workers’ compensation cannot be deducted from employee wages

**How Much Does Workers' Compensation Insurance Cost?**

The cost varies depending on how hazardous work is in your industry. The three main factors that establish how workers' compensation premium is calculated are: 1) classification code (industry) 2) payroll; and 3) experience modifier, which is based on claim/loss history. A higher premium will be charged in a more hazardous industry, with higher payroll and when there are more claims.

**How Can I Reduce the Cost of Workers' Compensation?**

Employers can take a variety of actions to reduce costs. Employers who are proactive with workplace safety, training and prevention have fewer work injuries which can lower premium. Reporting work injuries promptly and ensuring injured workers receive prompt medical treatment can reduce claim costs. Providing transitional duty and return to work opportunities for injured workers can also reduce claim costs.

**Are There Penalties if an Employer is Uninsured?**

Yes. An employer that fails to insure for workers' compensation when required by law shall be assessed a civil penalty of up to \$250 for each day uninsured, subject to a maximum penalty of \$50,000. plus costs pursuant to § 65.2-805. Such employer shall also be liable to any employee for compensation for their injuries. Continued failure to obtain workers' compensation coverage can result in an order prohibiting an employer from operating their business and can subject the employer to criminal prosecution. Uninsured employers are also at risk of suit by employees for damages resulting from work injuries.

**Insurance Underwriting Question and Disputes**

Bureau of Insurance in State Corporation Commission regulates underwriting and can advise on such matters as rates, premium, classification codes and audits. You may contact the Bureau by phone at: (804) 371-9185 or by email at [bureauofinsurance@scc.virginia.gov](mailto:bureauofinsurance@scc.virginia.gov).

**Workers' Compensation Insurance Questions**

For additional information or questions please utilize the following resources:

Insurance Department main number, hours 8:30 a.m. – 4:45 p.m., M-F: **(804) 205-3586**

Insurance Department e-mail: [vwcinsurance@workcomp.virginia.gov](mailto:vwcinsurance@workcomp.virginia.gov)

# First Report of Injury

Virginia Workers' Compensation Commission  
1000 DMV Drive Richmond Virginia 23220  
1-877-664-2566



Reason for filing:  
VWC Jurisdiction Claim #: \_\_\_\_\_  
(If assigned) \_\_\_\_\_

SEE INSTRUCTIONS ON REVERSE SIDE

[www.vwc.state.va.us](http://www.vwc.state.va.us)

Claim Administrator File#: \_\_\_\_\_

Employer		
Employer's Legal Name		Federal Employer Identification Number (FEIN)
Employer's Mailing Address		
Name/FEIN of Entity on Policy		Nature of Business
Name and Address of Insurer or Self-Insurer for this Claim		Policy Number
Time and Place of Accident		
Location where accident occurred	Date of injury	Hour of injury a.m. p.m.
Date injury or illness reported	If fatal, give date of death	If fatal, give marital status Single Divorced Married Widowed
	If fatal, give number of dependent children	
Injured Worker		
Name of Injured Worker	Phone Number	Injured Worker ID Number
Injured Worker's mailing address		Type of ID Social Security No. Employment Visa Green Card Passport No. Unknown
Occupation at time of injury or illness	Date of birth	Sex Male Female
Nature and Cause of Accident		
Machine, tool, or object causing injury or illness		
Describe fully how injury or illness occurred		
Describe nature of injury, occupational disease, or illness, including body parts affected		
Signatures		
Submitter (name, signature, title)	Date	Phone number
Submitter's Address		

## **First Report of Injury**

### **Filing Instructions**

The Virginia Workers' Compensation Act requires that **ALL** injuries occurring in the course of employment be reported to the Commission pursuant to Va. Code §65.2-900.

#### **Employer**

The employer is responsible for accurately completing all sections of this form when an employee is injured. It should be typed or legibly printed, signed, and dated by the preparer. Send the original form to the claim administrator for the insurance company who provided insurance coverage on the date of the occurrence. The claim administrator will report this information to the Commission. Contact your workers' compensation insurance provider for additional information.

#### **Claim Administrator**

Claim administrators who are EDI enabled will use the information contained on the paper form and submit electronic data to the Commission.

Claim administrators who are NOT EDI enabled must immediately file the completed form with the Commission. Please note: EDI is mandatory no later than June 30, 2009, after which time paper reports will no longer be accepted. Until you are in EDI production, mail the completed form to the Virginia Workers' Compensation Commission, 1000 DMV Drive, Richmond, VA 23220. At the top of the form, use a numerical code (1-7) to indicate the reason for filing the form for accidents meeting one of the filing criterion.\* If none of the criteria apply, you must still report the accident, but may use either Form 45A or this form to do so. (Leave "reason for filing" blank in such a case.)

For questions or assistance in completing the form, please contact the Commission toll-free at 877-664-2566.

\*Criteria for filing are: (1) lost time exceeds seven days; (2) medical expenses exceed \$1,000.00; (3) compensability is denied; (4) issues are disputed; (5) accident resulted in death; (6) permanent disability or disfigurement may be involved; and (7) a specific request is made by the Virginia Workers' Compensation Commission.



# Claim For Benefits

Virginia Workers' Compensation Commission  
1000 DMV Drive Richmond Virginia 23220  
1-877-664-2566



Jurisdiction Claim #: \_\_\_\_\_

Claim Administrator #: \_\_\_\_\_

[www.workcomp.virginia.gov](http://www.workcomp.virginia.gov)

## PLEASE PROVIDE INFORMATION BELOW

### PART A – CLAIM FORM (REQUIRED)

All injured workers should complete this section for workers' compensation injuries

SEE "FILING INSTRUCTIONS" AND  
"BENEFITS COVERED" ON REVERSE SIDE

Injured Worker's Name:	Employer's Name:
Address:	Address:
City: State: Zip:	City: State: Zip:
Home Phone: Work Phone:	Employer's Phone:
Parts of Your Body Injured: _____	
How injury occurred: _____	

Date of Injury: \_\_\_\_\_ Average Gross Earnings per week: \$ \_\_\_\_\_

Location of accident (City or County): \_\_\_\_\_ State \_\_\_\_\_

*If claiming an occupational disease:*

- *n a m e o f o c c u p a t i o n a l d i s e a s e :*
- *date you last worked for this employer:* \_\_\_\_\_
- *date doctor told you disease was caused by work:* \_\_\_\_\_

I hereby file this claim to protect my rights under the Virginia Workers' Compensation Act for the injury or disease described above. Unless indicated in Part B below, I am not requesting the Commission take any specific action at this time.

\_\_\_\_\_  
Injured Worker's Signature (Required)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

### PART B - REQUEST FOR BENEFITS (Optional)

I need assistance obtaining the following benefits and request a hearing if necessary:

- ☐ I need a lifetime Award of medical benefits for my injury (including any treatment already received & paid for) \*\*
- ☐ I missed work because of my injury for the periods: From: \_\_\_\_\_ To: \_\_\_\_\_ \*\*  
From: \_\_\_\_\_ To: \_\_\_\_\_
- ☐ I earned less pay while at work because of my injury for the periods: From: \_\_\_\_\_ To: \_\_\_\_\_ \*\*  
From: \_\_\_\_\_ To: \_\_\_\_\_
- ☐ I have a loss of use or amputation of a body part, loss of hearing/vision, lung disease or bodily scarring/disfigurement. \*\*  
I have unpaid medical bills or out of pocket medical/prescription/transportation expenses relating to my injury. \*\*  
I am requesting death benefits to dependents or funeral expenses.  
Other \_\_\_\_\_  
(i.e. Change in Condition, Permanent Total Disability, etc.)

\*\* Attach medical records, itemized bills, or receipts.

If there are any questions regarding this form, please contact the Commission toll-free at 1-877-664-2566.

**Claim for Benefits  
VWC Form #5**

**Filing Instructions**

1. If you have been paid by your employer or claim administrator for time missed from work because of your injury or for medical treatment for your injury, you must file a claim with the Virginia Workers' Compensation Commission to protect your right to benefits under Virginia law. Even if you are not requesting specific benefits at this time, you should still submit this form with Part A completed within two years of the date of your accident or diagnosis of disease.
2. If you are requesting specific benefits or if the claim administrator has denied your claim, complete Part B of this form and submit the medical reports either attached to the form, or as soon as possible. You may obtain copies of your medical records directly from your physician.

**Importance of Medical Records:**

Medical records showing that your accidental injury or disease is work related must be filed with the Commission. File these medical records with your claim or as soon as possible. If you are unable to obtain copies of your medical reports and bills, you may request a subpoena by sending the name and address of the medical provider to the Clerk of the Virginia Workers' Compensation Commission. A \$12.00 money order made payable to the Sheriff of the city or county where the medical provider is located must be included for each subpoena. The Commission cannot issue subpoenas outside Virginia.

3. For questions or assistance with completing this form, please contact the Virginia Workers' Compensation Commission toll free at 1-877-664-2566 or visit our website at

[www.vwc.state.va.us](http://www.vwc.state.va.us)

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**Benefits Covered under the Virginia Workers' Compensation Act:**

- Lifetime Medical Benefits – Payment for expenses related to the injury or occupational disease. Includes payment/reimbursement of out of pocket medical, prescription and transportation expenses.
- Wage Loss Replacement (Temporary Total/Temporary Partial Disability): Full or partial wage loss replacement for medically authorized disability from work.
- Permanent Partial Disability – Compensation for loss of use of a body part, loss of hearing/vision, amputation, lung disease or bodily disfigurement/scarring.
- Permanent Total Disability – Lifetime wage replacement for loss of both hands, arms, feet, legs, eyes or any two in the same accident, or is paralyzed or disabled from a severe brain injury.
- Death Benefits – In cases where injury results in death, surviving spouse, children, or certain other dependants may be entitled to wage loss replacement benefits and payment of funeral/transportation expenses.
- Other: Mileage reimbursement, Cost of Living Increases, if eligible. (total wage loss and fatal benefits)

# Wage Chart

Employer's Statement of Wage Earnings

Virginia Workers' Compensation Commission  
1000 DMV Drive Richmond VA 23220

The boxes to the right are for the use of the insurer.

Reserved

VWC File Number

Insurer Code

Insurer Location

Insurer Claim Number

	<b>Employee</b>		<b>Address</b>								
Name of Employee				Date of Accident				Date of Hire			
	<b>Employer</b>		<b>Address</b>								
Name of Employer				Employee's Social Security Number							

**PLEASE REFER TO THE FILING INSTRUCTIONS PRINTED ON THE BACK OF THIS FORM**

Week No.	Week Ending Date	Days Worked	Gross amount paid, including overtime	Week No.	Week Ending Date	Days Worked	Gross amount paid, including overtime	Week No.	Week Ending Date	Days Worked	Gross amount paid, including overtime
1				19				37			
2				20				38			
3				21				39			
4				22				40			
5				23				41			
6				24				42			
7				25				43			
8				26				44			
9				27				45			
10				28				46			
11				29				47			
12				30				48			
13				31				49			
14				32				50			
15				33				51			
16				34				52			
17				35				<b>Totals</b>			
18				36							

Value of perquisites for entire year:

Total gross earning \$ \_\_\_\_\_ Total weeks worked

Bonuses \$ \_\_\_\_\_ Electricity \$ \_\_\_\_\_  
 Meals/Lodging \$ \_\_\_\_\_ Water \$ \_\_\_\_\_ Total value of perquisites \$ \_\_\_\_\_  
 Meals Only \$ \_\_\_\_\_ Telephone \$ \_\_\_\_\_  
 Temporary Lodging \$ \_\_\_\_\_ Uniforms \$ \_\_\_\_\_  
 House Rent \_\_\_\_\_ \$ Laundry \_\_\_\_\_ \$  
 Total earnings & perquisites \$ \_\_\_\_\_  
 Tip Income \$ \_\_\_\_\_

*VWC use only:*

AWW: \_\_\_\_\_  
CR: \_\_\_\_\_

INSURER OR EMPLOYER (include name & signature)	Date	Telephone number
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## FILING INSTRUCTIONS

(Instructions Updated 09/01/07)

### Wage Chart VWC Form No. 7A

The information at the top right of the form should be provided by the insurer. Please note that the insurer code refers to the five-digit numeric code assigned by The National Council on Compensation Insurance (NCCI). Self-insured employers are assigned a similar five-digit code number by the Virginia Workers' Compensation Commission.

Illegible forms will be returned to the insurer.

#### **How to complete the Wage Chart:**

- Indicate gross weekly earnings for the 52 weekly periods immediately **preceding** the date of accident.
- Note that these earnings are GROSS earnings and include overtime and tips, before any deductions are made for taxes or Social Security. If there were any perquisites, please list the TOTAL value separately at the bottom of the chart.
- If an injured employee lost more than seven consecutive calendar days, although not in the same week, these periods should be noted on the Wage Chart (VWC Form No. 7-A) using an asterisk in the Week No. column and are not to be counted in the calculations. Va. Code § 65.2-101.
- If injured employee has worked less than 12 months, the earnings for the time worked should be used. The earnings for a similar employee may be used if the employee has worked less than 60 days.

#### **How to calculate the Wage Chart:**

- If a full year's wage information **has been** provided covering the 52 week period prior to the date of accident:
  - determine the total wages earned, including yearly perquisites;
  - divide the total wages earned for this period by 52;
  - the sum will be the average weekly wage.
- If a full year's wage information **has not been** provided covering the 52 week period prior to the date of accident:
  - determine the total wages earned, including yearly perquisites;
  - divide the total wages earned by the number of weeks wages were earned (Note: if warranted, the weeks can be converted into days and calculated on that basis);
  - the sum will be the average weekly wage.
- If the form is completed on a **bi-weekly basis**:
  - determine the total wages earned, including yearly perquisites;
  - divide the total wages earned by the number of weeks worked (employee paid 26 times a year represents 52 weeks of wages);
  - the sum will be the average weekly wage.
- Samples of properly completed wage chart(s) are available through the Commission's Website at [www.vwc.state.va.us](http://www.vwc.state.va.us) under the forms menu.
- For questions or assistance with completing this form, please contact the Awards Unit using the Commission's Toll-Free number at (1-877) 664-2566.

## **INFORMATION FOR EMPLOYEES**

If you have been injured at work, you should file a claim immediately.

### **TYPES OF INJURIES UNDER THE ACT:**

Employees are entitled to receive compensation for an "injury by accident" or an "occupational disease."

In order to be covered, an "accident" must:

1. Occur at work or during a work-related function.
2. Be caused by a specific work activity.
3. Happen suddenly at a specific time. (Injuries incurred gradually or from repetitive trauma are not covered, although certain diseases caused by repetitive trauma are covered.)

In order to be covered, a disease must:

1. Be caused by the work.
2. Not be a disease of the back, neck, or spinal column.

### **MINOR INJURIES:**

If you suffered a minor injury at work, you should file a claim with the Commission within the time limits stated below if your injury requires additional medical treatment or results in time loss from work.

### **TIME LIMITS FOR FILING A CLAIM:**

An employee must file a claim with the Workers' Compensation Commission within two years from the date of the accident or any right to benefits may be lost.

Claims for an occupational disease must be filed within two years from the date the doctor tells the employee the disease is work related, or five years from the date the employee was last exposed to the work condition causing the disease, whichever is sooner. (Certain diseases, such as asbestosis, byssinosis, silicosis and coal workers' pneumoconiosis have different limitation periods.)

If after returning to work, you are again disabled, you must file a claim within two years of the date for which you were last paid compensation under an award. (This is called a "change in condition.") Payment only goes back 90 days from the date of filing with the Commission.

Even if the employer has paid lost wages or provided medical care, it is still the employee's responsibility to file a claim with the Commission. If no claim is filed with the Commission or no award entered, the employer may stop paying medical expenses or wage loss at any time.

The employer or carrier may get information from the employee to send to the Commission, but this is not the filing of the employee's claim.

The employee must file a claim even if the employer filed reports with the Commission. **BENEFITS UNDER THE ACT:**

The employer must pay the following benefits under the Act:

1. Wage Replacement (Temporary total or partial)

While temporarily unable to perform any work, an employee is entitled to 2/3 of his or her gross average weekly wage up to a set maximum weekly limit. There must be seven (7) days of disability before benefits are payable. However, if disabled for more than three weeks, the employee receives payment for the first seven days. Benefits cannot exceed 500 weeks unless the person is totally and permanently disabled.

If the injured employee cannot return to regular work and is given a light duty job at a lower wage, benefits are 2/3 of the difference between the pre-injury wage and the current pay up to the maximum weekly limit. Cost of living supplements are not paid on temporary partial benefits.

2. Lifetime Medical Benefits

Medical expenses for conditions caused by the accident or occupational disease are payable for as long as necessary, provided a claim was filed by the employee within the required time period.

The employee must select a doctor from a panel of three physicians provided by the employer/carrier. If a panel is not offered after notice of the accident, the employee may seek treatment from any physician. The treating physician may refer the employee to other doctors. Once treatment begins, the physician cannot be changed without approval of the employer/carrier or after a hearing by the Commission. The employee must cooperate with medical treatment or the weekly benefits may be suspended.

Medical bills should be sent to the insurance carrier for payment.

3. Permanent Partial Impairment

Separate benefits are payable for the permanent loss of use of a body part such as an arm, leg, finger, or eye. Vision and hearing loss, as well as disfigurement may also be compensated. This does not include the back, neck or body as a whole. Benefits are for a specific number of weeks depending on the percentage of loss. The employee can receive these benefits while working if maximum medical improvement has been reached.

4. Permanent and Total Disability

Lifetime wage benefits may be payable if an individual loses both hands, arms, feet, legs, eyes, or any two in the same accident, or is paralyzed or disabled from a severe brain injury.

5. Death Benefits

A surviving spouse, children under 18, children under 23 enrolled full time in an accredited educational institution, parents in destitute circumstances or other qualifying dependents may be entitled to wage loss benefits.

Death benefits include funeral expenses not to exceed \$10,000 and transportation cost of \$1,000.

## 6. Cost of Living Increase

A person receiving temporary total, permanent total or death benefits is entitled to cost of living increases effective October 1 of each year if the date of the accident is prior to July 1 of that year and if the combination of compensation and Social Security benefits are less than 80% of the pre-injury earnings. Cost of living increases must be specifically requested by the employee.

## 7. Vocational Rehabilitation

Employees who are released to light duty work must prove that they are actively looking for a light duty job, even if they expect to return to their regular job. You must accept all suitable positions offered, or risk suspension of benefits.

Where appropriate, an employee may be entitled to retraining.

## **PROCEDURE IF CLAIM IS DENIED BY EMPLOYER:**

The Workers' Compensation Commission makes the final decision whether the employer must pay for the injury or disease.

If the employer/carrier denies the claim or refuses to make certain payments, this does not mean you are not entitled to benefits. It only means that the benefits will not be voluntarily paid. The employee should then send a written request for a hearing to the Commission.

At the hearing, the employee must prove through testimony, witnesses and medical reports, that the injury or disease and disability were caused by the work. If the employee was released to light work, then the employee must submit evidence that he/she has actively sought work. This includes seeking employment at the pre-injury employer, registering with the Virginia Employment Commission and listing dates and places where applications for work were made.

The employee is entitled to have a lawyer at the hearing at his/her own expense. All attorneys' fees are subject to approval by the commission.

## **REQUEST FOR REVIEW**

If you disagree with the written hearing opinion, you must notify the Commission in writing within 20 days after receipt of notice of such award that you are requesting a review of the decision.

## **RESPONSIBILITIES OF AN INJURED EMPLOYEE:**

1. Give notice to the employer as soon as possible.
2. File a claim with the Workers' Compensation Commission within two years from 1) the date of the accident or 2) the date the doctor diagnoses an occupational disease.
3. Select a doctor from a panel of three provided by the employer/carrier. Do not change doctors without employer/carrier permission or after a hearing by the Commission.
4. Seek and accept employment if released to light duty, and cooperate with "rehabilitation counselors."

# Workers' Compensation Temporary Prescription ID Card

## » To the Injured Worker:

On your first visit, please give this notice to any pharmacy listed on the back side to speed processing your approved workers' compensation prescriptions (based on the guidelines established by your employer).

Questions or need assistance locating a participating retail network pharmacy? Call the Express Scripts Patient Care Contact Center at 1-866-590-5882.

## Atencion Trabajador Lesionado:

Este formulario de identificación para servicios temporales de prescripción de recetas por compensación del trabajador DEBERÁ SER PRESENTADO a su farmacéutico al surtir su(s) receta(s) inicial(es).

Si tiene cualquier duda o necesita localizar una farmacia participante, por favor contacte al área de Atención a Clientes de Express Scripts, en el teléfono 1-866-590-5882.

## » To the Pharmacist:

Express Scripts administers this workers' compensation prescription program. Please follow the steps below to submit a claim. Standard claim limitations include quantity exceeding 150 pills or a day supply exceeding 14 days. This form is valid for up to 30 days from DOI. Limitations may vary. For assistance, call Express Scripts at 1-866-590-5882.

### Pharmacy Processing Steps

- Step 1: Enter bin number 003858
- Step 2: Enter processor control A4
- Step 3: Enter the group number as it appears above
- Step 4: Enter the injured worker's nine-digit ID number
- Step 5: Enter the injured worker's first and last name
- Step 6: Enter the injured worker's date of injury

### Express Scripts

**ID #:** \_\_\_\_\_  
Your SSN is your temporary ID number; present to the pharmacy at the time prescription is filled. You will receive a new ID number shortly.

**Date of Injury:** \_\_\_\_\_  
MM/DD/YYYY

**Group #:** GIC6200

**Employee Date of Birth:** \_\_\_\_\_

**Thank you** for using a participating retail network pharmacy. Even though there is no direct cost to you, it's important that we all do our part to help control the rising cost of healthcare.

*Please see other side for a list of participating retail network pharmacies.*

» **To the Supervisor:** Please fill in the information requested for the injured worker.

### Employee Information

\_\_\_\_\_  
First M Last  
\_\_\_\_\_  
Street Address or PO Box  
\_\_\_\_\_  
City State ZIP

**Employer Name**





## Participating Retail Network Pharmacies

A & P	Drug	Major Value	Schnucks
Acme Pharmacy	Emporium	Marsh Drugs	Scolari's
Albertson's	Drug Fair Drug	Medic Discount	Sedano
Albertson's/Acme	Town Drug	Medicap	Shaw's Shop
Albertson's/Osco	World Eckerd	Medistat	'N Save
Albertson's/Sav-On	Econofoods	Meijer	Shopko
Amerisource	EPIC	Minyard	ShopRite
Bergen	Pharmacy	NCS HealthCare	Snyder Stop
Anchor Pharmacies	Network	Neighborcare	& Shop Sun
Arrow	FamilyMeds	Network	Mart Super
Aurora	Farm Fresh	Pharmaceuticals	Fresh Super
Bartell Drugs	Farmer Jack	Northeast	Rx Target
Bigg's	Food City Food	Pharmacy Services	Texas
Bi-Lo	Lion Fred's	Osco	Oncology
Bi-Mart	Gemmel	P & C Food	Srvs
BJ's Wholesale	Giant	Markets	The Pharm
Club	Giant Eagle	Pamida	Thrifty White
Brooks	Giant Foods	Park Nicollet	Times
Brookshire Brothers	Hannaford	Pathm ark	Tom Thumb
Brookshire Grocery	Harris Teeter	Pavilions	Tops
Bruno	H-E-B	Price Chopper	Ukrop's
Carrs	Hi-School	Publix	United Drugs
Cash Wise	Pharmacy	Quality Markets	United
Coborn's	Hy-Vee	Raley's	Supermarkets
Costco	Jewel/Osco	Randalls	Vons
Cub	Kash n Karry	Rite Aid	Waldbaums
CVS	Keltsch	Rosauers	Walgreens
D&W	Kerr	Rx Express	Wal-Mart
Dahl's	Kmart	RXD	Wegmans
Dierbergs	Knight Drugs	Safeway	Weis
Discount Drugmart	Kroger	Sam's Club	Winn Dixie
Doc's Drugs	LeaderNet (PSAO)	Sav-On	
Dom inicks	Longs Drug Store	Save Mart	



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