

BOCES is committed to ensuring a safe and healthy work environment.

The following procedures will assist staff in knowing how to get prompt attention if injured at work and what to expect in terms of follow up and Worker's Compensation contractual benefits.

WHAT TO DO IF YOU ARE INJURED AT WORK

1. Secure medical care immediately, if necessary, or see the school nurse for medical attention.
2. Notify your supervisor as to when, where and how you were injured, and complete the BOCES Employee Incident Form (attached), as soon as possible. In the event of emergency, you may complete the Employee Incident form later.
3. Advise your doctor to file medical reports with your employer or our insurance carrier –
PMA Companies

WSWHE BOCES Carrier Code: W875504

4. If at any time you need assistance, contact us at the following:

WSWHE BOCES - Human Resource Services

1153 Burgoyne Ave, Suite 2
Ft. Edward, New York 12828

Contact: Laurie Kincaid

workerscomp@wswebooces.org
Ph: (518) 746-3302
Fax: (518) 746-3359 / 3301

PMA Companies (Effective May 1, 2013)

PMA Customer Service Center
P.O. Box 5231
Janesville, WI 53547-5231

Contact: Customer Service Center

claimsmail@pmagroup.com
Ph: (888) 476-2669
Fax: (800) 432-9762

What happens next?

- A. **Initial Reporting** – The completed Employee Incident Report is signed by school nurse and supervisor, and sent to the Human Resource Services office.
- B. **Claim Processing** –
 1. BOCES files the claim with PMA, resulting in a claim number being issued. In the event of emergency, BOCES files the claim while awaiting the Employee Incident Report.
 2. If medical attention has been or will be sought for the work related injury/illness, a C-3 packet will be mailed from PMA directly to the employee to be completed by the employee, and sent to the Worker's Compensation Board district office.

Instructions are provided to return the C-3 to the appropriate Worker's Compensation Board district office:

***Worker's Compensation Board Albany District Office, 100 Broadway-Menands
Albany, New York 12241 (866) 750-5157***

C. **Medical Documentation** - A statement from the treating physician must be provided to the Human Resource Services Office at the onset of the disability, and at least every thirty days thereafter. When released to return to work, staff must provide documentation from the treating physician.

D. **Reporting Absences** - If unable to work based on medical reports, staff must report absences to SubFinder as "Personal Illness". After the claim is confirmed by PMA to be compensable, and proper medical documentation is provided, Human Resource Services will convert the days taken to Paid Workers Compensation Leave.

E. **Worker's Compensation Benefits under the Negotiated Agreement (Article 15)** –

1. Paid Worker's Compensation Leave (full salary) for each claim may not exceed 6 months (120 days).

a. This six month fully paid benefit is cumulative throughout the life of the claim for the same injury.

b. FMLA leave will run concurrently as it does for any other long term absence.

2. If 6 months (or 120 days) of paid leave is exhausted, and staff are not released to return to work, no additional sick leave or sick bank leave may be used to extend the paid Worker's Compensation leave.

a. Salary payments from the BOCES will cease and any applicable worker's compensation benefit payment will be made directly to staff by PMA.

b. Staff must submit a request to the District Superintendent for unpaid worker's compensation leave.

c. Health insurance may be continued through COBRA.

F. **Medical Treatments / Appointments and Worker's Compensation Hearings**

Paid Worker's Compensation Leave may not be used on the date of the injury or for medical appointments or Worker's Compensation Hearings after being released to return to work.

1. Any follow-up medical appointments must be called in as "Personal Illness", unless the treating physician declares the staff member disabled for the entire day.

2. Any Worker's Compensation Hearings must be reported as Personal Business.

Your Claim information:

Name: _____

Date of Incident: _____

Claim #: _____

Type of Injury: _____