

2017 WORKER'S COMPENSATION PACKET

SADLY, ONE OF YOUR EMPLOYEE'S WAS INJURED ON YOUR WATCH, NOW WHAT?

- 1. PLEASE REFERENCE THE JAX KC INJURED EMPLOYEE HID (available on learn.bigredf.com)
- 2. PRINT THIS PACKET OUT
- 3. GIVE THE INJURED EMPLOYEE PAGES 4, 5 & 6
- 4. VERY IMPORTANT: BE SURE THE EMPLOYEE GIVES THE MEDICAL PROVIDER THE MEDICAL PROVIDER LETTER AT THE TIME OF SERVICES. THIS WILL ENSURE THAT PINNACOL IS BILLED FOR MEDICAL SERVICES AND YOUR EMPLOYEE IS **NOT**
- 5. BEST PRACTICE IS TO FILE THE CLAIM WITH PINNACOL, IF YOU EXPERIENCE DIFFICULTY WITH THE ONLINE PORTAL, PLEASE CALL OR FAX THE CLAIM IN.
- 6. CLAIMS MUST BE FILED WITHIN 24 HOURS OF TIME OF INJURY OR WHEN THE EMPLOYEE INFORMS YOU OF THEIR INJURY



PINNACOL ASSURANCE OTHER STATES COVERAGE WORKERS' COMPENSATION PROGRAM CLAIMS REPORTING

SHOULD A WORKPLACE ACCIDENT OCCUR, FOLLOW THESE STEPS:

1) PROVIDE IMMEDIATE MEDICAL ATTENTION. Apply appropriate first aid and obtain professional medical care. For severe injuries, call an ambulance to transport the injured worker to a hospital. For minor injuries, refer the worker to one of the recommended physicians in your area.

To find a medical provider:

- Go to www.zurichna.com
- Click on Online Services
- Click on Customers
- Click on Zurich C.a.r.e. Directory Online
- Click on Access the C.a.r.e. Directory Now
- Search by name or distance from location
- Select the type of clinic you need
- Click on "Find Providers"

2) REPORT THE INJURY IMMEDIATELY AT ONE OF THE FOLLOWING:

- Web: https://webclaims.zurichna.com
- Call Zurich Services at 1-877-405-9045 (available 24 hours, 7 days a week)
- Fax into Zurich at 1-800-622-8081
- Via the web at pinnacol.com
- Fax into Pinnacol Assurance at 1-888-329-2251
- Call it into Pinnacol Assurance at 1-800-873-7242
 - a) A Pinnacol Assurance customer service representative will promptly transfer the claim information to Zurich American Insurance Company Claim Office.
 - b) You should provide as much detail as possible to Zurich. Critical information includes the following:
 - Your Policy #:

Effective Date:

- The injured worker's name, social security number, address, and phone number(s)
- Witness name(s)
- Description of the accident
- Date and time of the accident
- Did the worker lose time from work? If so, what date did he/she stop working?
- Injured worker's salary information (hourly rate or salary)
- c) Prompt reporting of workplace injuries allows the Zurich claims specialist to:
 - Investigate claims promptly
 - Work with you and the injured worker to secure the best medical care for the injury
 - Provide timely delivery of benefits to the injured worker
 - Work with you, the injured worker, and the treating physician to facilitate appropriate return to work

3) INVESTIGATE EACH ACCIDENT PROMPTLY. As the policy owner and employer, you should:

- Utilize a Supervisor's Report of Accident, which is included in your packet.
- Investigate the accident immediately after the injured worker has been treated, before the scene can be changed and important evidence removed or destroyed.
- Discuss the accident with the injured worker, if possible, after first aid or medical treatment has been administered.
- Correct any unsafe conditions or procedures discovered during the investigation, and advise your company's safety committee or upper management of needed corrections.

A thorough and prompt investigation will help Zurich identify the cause of the accident and any unsafe condition that may exist, and it will enable Zurich to identify any potential outside party responsible for the accident. All questionable accidents or serious injuries will require a thorough investigation to be coordinated by your Zurich claims specialist.



TO REPORT AN OUT-OF-STATE INJURY FAX 1-800-873-7242

IMMEDIATE REPORTING IS CRITICAL – Do not delay in calling, even if you do not have all of the following information.

| General Information: Date of Injury: | Time of Injury | Pinnacol | Policy No · | |
|---|---------------------------------|------------------|----------------------|-------------|
| Date of injury. | | | ch Policy No.: | |
| Employer Name Address & Phone | | | | |
| Employer Name, Address & Phone: | | | | |
| | | | cation code (s) | |
| Loss Location: (If different than above) (incl.) | ude business name, address, zip | and county) | | |
| Employee (Injured Worker) Informat | <u> 10n:</u> | | | |
| Injured Worker SSN #: | | | | |
| Date of Birth:/ N | | | | |
| Home Address: | | | | |
| Language: English Spanish | | | | |
| Date Hired:/ Employe | ee Status: | Part Tin | ne Seasonal | ☐ Volunteer |
| Average Weekly Wage: \$ | Hourly Wage: \$ | Days Worke | d Per Week: | |
| Accident/Injury Information: | | | | |
| Did Accident Occur on Employer Premi | ses: Yes No | | | |
| Name of Employer Representative Notif | řed: | | Date Notified | 1:/ |
| How Did Injury Occur: | | | | |
| Specific Activity the Employee Was Eng | gaged In: | | | |
| Equipment Being Used: | Bod | y Parts Injured: | | |
| Full Pay on Injury Date: Yes Yes | | | | |
| Returned to Work: Yes No Dat | te Returned to Work: | // | | |
| Estimated Return to Work Date: / | | | | |
| Name & Phone No: of Witness(es): | | | | |
| Safety Equipment Provided | Safety Equipment Use | | ossible Drugs/Alcoho | l Involved |
| Medical Information: | | | | |
| ☐ No Medical Treatment ☐ Treat | ted by Employer 9 | 11 Called [| Walk-In Clinic | |
| ☐ Emergency Room ☐ Hospitalize | ed > 24 Hours Possi | ible Surgery | | |
| Medical Provider Name: | | | | |
| Provider Address: | | | | |
| Fatal Injury: Yes No / If Fatal I | Injury: Date of Death: | // | | |
| Prepared By: | | | | |
| Phone No.: Fax No. | | | | |
| Date Prepared: // | L IV | | | |



RE: LETTER TO INJURED EMPLOYEE

Dear BigRedFer,

We are so sorry to learn that you have been injured. To ensure that you receive the care you need, we are filing a claim with our workers' compensation insurance carrier, Pinnacol Assurance. A Pinnacol Representative will contact you with your claim number and additional information very soon. In the meantime, you should see one of the medical providers we have selected to treat our injured employees. These medical providers specialize in on-the-job injuries and I want you to have the best care.

Our Designated Providers are:

Concentra Medical Center 200 Southwest Blvd Kansas City, MO 64108 OR

Research Medical Center Brookside 6601 Rockhill Road

Kansas City, MO 64131

816-842-1146

816-276-7000

Please contact one of them to be seen as soon as possible. After your first appointment, please follow up, so that we can review your medical status and work capabilities together. If you have any questions, please feel free to call or email. Our goal is to ensure that you receive the care you need to recover quickly and return to work as soon as possible.

Name and contact information for BigRedF's authorized representative:

Iva Townsend iva.townsend@bigredf.com 303-448-9182 ext 119

Zurich NA via Pinnacol Assurance is our workers' compensation insurance company. Please see the contact information below:

Zurich North America 1-877-405-9045

Worker's Compensation Insurance Policy # 4166213

Sincerely,

BigRedF's 'People Division' [aka Human Resources]



Your health and safety is of utmost importance to us. To ensure that you receive the proper care, we will file a claim with our workers compensation provider, Zurich American Insurance Company. Please proceed to one of the designated providers listed below for your medical needs. These providers specialize in on-the- job injuries and will provide the best care. After your appointment, please follow up with your manager to discuss your medical status and work capabilities.

Designated Providers [employees should use one of the two designated providers if the injury occurs within business hours of the provider and is non-life threatening. ALL follow up care should occur at one of the two designated providers

OR

OR

Occupational Health Clinic Research Medical Center Brookside 6601 Rockhill Road Kansas City, MO 64131 816-276-7000 Occupational Health Clinic Concentra Medical Center 200 Southwest Blvd Kansas City, MO 64108 816-842-1146

Emergency [or outside designated provider business hours]

Urgent Care Facility
US HealthWorkers Medical Group of Missouri
1650 Broadway Street
Kansas City, MO 64108
816-842-2020

Emergency Room Facility
University of Kansas Medical Center
3901 Rainbow Blvd
Kansas City, KS 66160
913-588-5000

Workers' Compensation Insurance Provider: Zurich American Insurance Company P.O. Box 512000 Indianapolis, IN 46351-2000 1-800-987-3373 JAX KC POLICY #WC9692003

BRF Representative — Iva Townsend iva.townsend@bigredf.com 303.448.9182 ext 119



RE: Worker's Compensation Medical Prover Letter

Dear Medical Provider,

This letter has been provided to our employee as proof that this injury is work related and occurred during on the job. All billing matters should be directed to our workers compensation carrier:

Zurich American Insurance Company P.O. Box 512000 Indianapolis, IN 46251-2000 Phone Number: 1-800-987-3373

Policy: # WC9692003

Thank You,

Jax Fish House, Kansas City c/o Big Red F Management Co 5440 Conestoga Court Boulder, Co 80301 303-448-9182