



2017 WORKER'S COMPENSATION PACKET

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

1. PLEASE REFERENCE THE INJURED EMPLOYEE HID (available on learn.bigredf.com)
2. PRINT THIS PACKET OUT
3. GIVE THE INJURED EMPLOYEE PAGES 3, 4 & 5
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. ONLY COMPLETE THE FROI FORM (PG 2) IF YOU ARE FAXING OR CALLING IN YOUR CLAIM
6. CLAIMS MUST BE FILED WITHIN 24 HOURS OF TIME OF INJURY OR WHEN THE EMPLOYEE INFORMS YOU OF THEIR INJURY

PINNACOL ASSURANCE

FIRST REPORT OF INJURY

To report a claim:
Call 303-361-4000 or 1-800-873-7242
Or Fax to 303-361-5000 or 1-888-329-2251
Or, go to www.pinnacol.com
PLEASE PRINT CLEARLY

Early reporting can save you money. Report all injuries immediately!

The information below allows Pinnacol Assurance's customer service representatives to quickly and accurately process your claim. Use the completed form as a guide when reporting by phone or online to save you time. Don't wait to report if you don't have all the answers.

POLICY INFORMATION

Policy Number: 4170022 Company Name: Post Chicken & Beer, Longmont

Address or Location (if different than mailing address): 1258 S Hover Road, Longmont, CO 80501

Prepared by: _____ Title: _____
Please Print

E-mail: _____ Fax: (____) _____ - _____

Phone: (720) 588 - 2883 Date Completed: ____/____/____

INJURED WORKER INFORMATION

Injured Worker's Social Security Number: _____ - _____ - _____ Date of Injury: ____/____/____

First Name: _____ M.I. ____ Last Name: _____

Home/Mailing Address: _____ Phone: (____) _____ - _____
City State Zip Code

Date of Birth: ____/____/____ Male Female Martial Status: _____

Language: English Spanish Other: _____ E-mail: _____

Occupation: _____ Date Hired: ____/____/____

Employee Status: Full-time Part-time Seasonal Volunteer Independent Contractor

Days Worked per Week: _____ Hours Worked per Day: _____

Pay Rate: _____ Hourly Weekly Monthly Annually Other: _____

ACCIDENT / INJURY INFORMATION

Fatal Injury: Yes No If Fatal Injury: Date of Death ____/____/____

Time of Injury: _____ am pm Time Work Began: _____ Last Day Worked: ____/____/____

Full Pay on Date of Injury: Yes No

Accident Occurred on Employers Premises: Yes No If Applicable: Location Code: _____ Dept Code: _____

Accident Location: _____
City State Zip Code

Name of Employer Representative Notified: _____ Date Notified: ____/____/____

Witnesses: _____
Name(s) and Phone Number(s)

How Did the Injury Occur: _____

Specific Activity the Employee Was Engaged In: _____ What Equipment Was Being Used: _____
Attach Additional Information if Necessary

Body Part(s) Injured: _____ Right Left Not Applicable

Type of Injury Sustained: _____

Safety Equipment Provided Safety Equipment Used Possible Drug/Alcohol Involved Employer Questioning Liability

RETURN TO WORK INFORMATION

Has the Injured Worker Returned to Work? Yes No

Date Returned to Work: ____/____/____ Estimated Return to Work Date: ____/____/____

Is this a lost time Claim? Yes No (Claim is lost time if there is a loss of more than three scheduled work days due to the injury).

MEDICAL PROVIDER INFORMATION: Where Was Your Employee Treated?

No Medical Treatment Treated by Employer 911 Called Walk-In Clinic

Emergency Room Hospitalized > 24 hrs/Overnight Possible Surgery

Medical Provider Name _____ Street Address _____ City _____ State _____ Zip Code _____ Phone _____



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:

Arbor Occupational Medicine
1860 Industrial Circle, SUITE D
Longmont, CO 80501
(303) 682-2473

OR

UCH-PVMG Longmont Clinic
1925 W. Mountain View Avenue
Longmont, CO 80501
(303) 776-1234

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

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

Pinnacol Assurance
7501 E Lowry Blvd
Denver, CO 80230-7006
(303) 361-4000

Worker's Compensation Insurance Policy # 4170022

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, Pinnacol Assurance. 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 the designated provider if the injury occurs within business hours of the provider and is non-life threatening. ALL follow up care should occur at the designated provider

Arbor Occupational Medicine

1860 Industrial Circle, SUITE D OR
Longmont, CO 80501
(303) 682-2473
HOURS: M-F 8AM- 5PM

Directions: Head North on S. Hover Road, make a U-Turn; Sharp Left onto Ken Pratt Blvd; Turn Left onto Industrial Circle; Destination on left

UCH-PVMG Longmont Clinic

1925 W. Mountain View Avenue
Longmont, CO 80501
(303) 776-1234
HOURS: M-F 8AM- 5PM
URGENT CARE HOURS: M-F 8AM-8PM

SAT/SUN 8AM/10AM-6PM
Directions: Head North on S. Hover Road. Turn right onto Mountain View Ave; Destination on right

EMERGENCY

For emergency medical needs OR outside designated provider business hours

Longmont United Hospital Emergency Room

1950 Mountain View Ave, Longmont, CO 80501
(303) 622-3187

Directions: Head North on S. Hover Road, Turn right onto Mountain View Ave; Destination on the left

BigRedF Workers' Compensation Insurance Provider

Pinnacol Assurance
7501 E. Lowry Blvd, Denver, CO 80230
(303) 361-4000
POST BREWING CO Policy #4170022

BRF Representative – Iva Townsend

iva.townsend@bigredf.com
(303) 448-9182 ext 119



RE: Worker's Compensation Medical Provider 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:

Pinnacol Assurance.
7501 E. Lowry Blvd. Denver. Co.
80230-7006
1 (800) 873-7242 OR (303) 361-4000

Policy Number: #4170022

Thank You,

Big Red F Restaurant Group / Big Red F Management Co
5440 Conestoga Court
Boulder, Co 80301
303-448-9182