

IWIF Employer Handbook

**IMPORTANT Information
Regarding Subcontractors
and Your Premium Audit**

Includes the New Workers' Comp Law Summary
Requiring You the Employer to Validate and
Prove Independent Contractor Status. Pgs.3 - 6

**Injury Reporting Hotline 24/7
1-888-410-1400**

IWIF Main Phone Number410-494-2000

IWIF Customer Service1-800-264-4943

Fraud Reporting Hotline1-888-268-4372

e-services
online@www.iwif.com

✓ **View Invoices**

✓ **Pay Your Premium**

✓ **Report Injuries Online 24/7***

✓ **Print Certificates of Insurance***

*Please Note: The Employer's First Report of Injury (FROI) and Certificates of Insurance access are not available as an instant e-Service and must still be requested and approved by your company's primary contact/officer due to business protocols and privacy concerns. See e-services at iwif.com for details.

SAFETY SAVES With IWIF Workers' Compensation Insurance

8722 Loch Raven Blvd. Towson, MD 21286-2235



IWIF Call Center **EXPRESS** Service

IWIF Call Center **Express Service** numbers can be accessed during regular business hours when calling these IWIF phone numbers:

1-800-264-IWIF
1-888-410-1400
410-494-2000

To provide a short cut to faster phone service for customer requests and to reduce the amount of time you may be holding for service, IWIF introduces Call Center **Express Service**. Call Center **Express Service** offers customers a short cut to the appropriate expert service representative. When you call IWIF, simply select the shortcut from the menu that describes your request. After you enter the express numbers, you are automatically linked to the next available call representative who specializes in that type of service.

Example: Question about your premium invoice - you would call 410-494-2000 (335) or 1-800-264-4943 (335)

Fast & Easy

In all, IWIF has added 10 convenient **Express Service** numbers for the most common customer requests.

- Calling to report an injury..... press **3 1**
- Pre-certification of medical procedures press **3 2 1**
- Medical Bill or Explanation of Benefits question .. press **3 2 3**
- Benefit check status information press **3 2 4**
- All other claim inquiries press **3 2 5**
- New policy application request press **3 3 1**
- Certificate of insurance or a loss run request ... press **3 3 2**
- Pay policy premium by VISA/Mastercard/Discover press **3 3 4**
- Question about your policy premium invoice press **3 3 5**
- All other policy inquiries press **3 3 6**

Convenient



<p>IWIF Express service numbers are available during regular business hours when calling our main phone numbers.</p> <p>Cut and fold to conveniently store in your desktop rolodex.</p>	<table border="0"> <tr><td>Calling to report an injury.....</td><td>3 1</td></tr> <tr><td>Pre-certification of medical procedures</td><td>3 2 1</td></tr> <tr><td>Medical Bill or Explanation of Benefits question.....</td><td>3 2 3</td></tr> <tr><td>Benefit check status information.....</td><td>3 2 4</td></tr> <tr><td>All other claim inquiries.....</td><td>3 2 5</td></tr> <tr><td>New policy application request</td><td>3 3 1</td></tr> <tr><td>Certificate of insurance or a loss run request.....</td><td>3 3 2</td></tr> <tr><td>Pay policy premium by VISA/Mastercard/Discover</td><td>3 3 4</td></tr> <tr><td>Question about your policy premium invoice.....</td><td>3 3 5</td></tr> <tr><td>All other policy inquiries.....</td><td>3 3 6</td></tr> </table>	Calling to report an injury.....	3 1	Pre-certification of medical procedures	3 2 1	Medical Bill or Explanation of Benefits question.....	3 2 3	Benefit check status information.....	3 2 4	All other claim inquiries.....	3 2 5	New policy application request	3 3 1	Certificate of insurance or a loss run request.....	3 3 2	Pay policy premium by VISA/Mastercard/Discover	3 3 4	Question about your policy premium invoice.....	3 3 5	All other policy inquiries.....	3 3 6
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Policy Number # _____

Injury Reporting Hotline 1-888-410-1400
24 hours a day, 7 days a week

IWIF Main Number 410-494-2000
Outside the Baltimore Area..... 1-800-264-IWIF (4943)
Fraud Hotline 1-888-268-4372

8722 Loch Raven Blvd.
Towson, MD 21286-2235
102 7/2009

www.iwif.com

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Policyholder Responsibilities

Once insured with IWIF, the policyholder has seven basic responsibilities:

1. Provide for a safe and healthy workplace.
2. Educate employees to report all workplace accidents and injuries to their immediate supervisor.
3. Provide prompt medical attention for injured workers.
4. Report all work-related injuries immediately by calling 1-888-410-1400. You can also sign-up for IWIF's online services to report injuries online.
5. Make premium payments.
6. Maintain accurate payroll records.
7. Make payroll records available.

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The Injured Workers' Insurance Fund (IWIF), Maryland's premier workers' compensation company, is proud to provide you with this handbook. It explains the applicable provisions of law and summarizes the insurance coverage provided by IWIF. This handbook is not intended to change these provisions of law or the policy of insurance provided by IWIF. In the event of any conflict between the contents of this handbook and the policy of insurance provided by IWIF, the policy provisions shall be controlling.

Answers to Basic Questions About Your Policy

What Does Your Policy Provide?

Your policy provides protection against liability arising under the Maryland workers' compensation law. IWIF will notify the Workers' Compensation Commission of Maryland that we are your insurer.

When Does Your Policy Take Effect?

When your application is approved, coverage begins at 12:01 a.m. on the day after the postmark date on the envelope containing your application and down payment. If you deliver this material to IWIF in person, your policy takes effect at 12:01 a.m. the day after you deliver it. Upon request, IWIF will honor an effective date that is later than the postmark date.

What is Employers Liability?

This coverage protects an employer in those cases when an employee files suit against the employer in lieu of accepting workers' compensation benefits. Standard coverage limits for Employers Liability are as follows:

- \$100,000 per accident
- \$500,000 per disease
- \$100,000 total limit

How Is Your Policy Delivered?

A new policy is delivered by mail after the application is accepted by our Underwriting Department and the initial premium down payment has been received.

What Benefits Does This Insurance Give Your Employees?

Your policy provides for payment of benefits under the Maryland workers' compensation law including; medical expenses, lost wages, vocational rehabilitation, and financial benefits for disabilities or death.

● Payment for Medical Expenses

The Maryland Workers' Compensation Commission sets a fee schedule for payments of medical expenses for work-related injuries and occupational disease. We pay these expenses when they are related to a compensable workplace injury.

● Financial Benefits for Disabilities or Death

Various degrees of disability may result from job-related injuries. Some workers are back on the job just days after an accident, while others may never be employed again. Workers' compensation benefits reflect these differences and are awarded in several categories according to the length and severity of injuries.

Temporary Total Disability (T.T.D.) — This is applicable to the healing or rehabilitation period during which an injured employee is wholly disabled and unable to work. The employee is entitled to receive two-thirds of his/her average weekly wage, subject to certain maximum limits.

Temporary Partial Disability (T.P.D.) — This benefit is provided if the injured worker is required to work part time temporarily due to medical restrictions resulting from an accident. In Maryland, the amount paid is 50% of the difference between the average weekly wage and the return to work earnings, subject to a maximum limit. This benefit offers an incentive for early return to work in a modified job.

Permanent Partial, Permanent Total — These benefits are determined on a case-by-case basis, and are reserved for serious and/or long-term injuries.

Death — When an employee dies in a work-related accident, that employee's dependents may be eligible to receive compensation. The nature of this compensation varies by case.

● Payment for Vocational Rehabilitation

When an injured employee is unable to return to their previous job, they may be eligible for vocational rehabilitation services. The goal of this service is to return the employee to suitable, gainful employment.

What Claims are Covered by Your Policy?

Your policy covers all claims filed at the Maryland Workers' Compensation Commission under the Maryland Workers' Compensation Law. An endorsement to your policy includes coverage to reimburse you for the cost of claims filed under the workers' compensation laws of other states, under certain limited circumstances. This endorsement does not satisfy the requirements of any other state's workers' compensation law, but does provide you with some added protection in very limited circumstances when you may have the need to send employees to work in other states on a **temporary and unexpected basis**. If you perform work in other states, please refer to the information on page 3 of this handbook regarding other states coverage, or contact your underwriter for additional information.

What if company officers or employees want to exclude themselves from coverage?

Under Maryland law, (1) any officer of a close corporation whether incorporated in Maryland or elsewhere; (2) any member of an LLC; (3) any member of a P.A.; or (4) up to five officers of any other corporation, can elect to exclude themselves from Workers' Compensation coverage. Sole Proprietors and Partners are automatically excluded and must elect to include themselves.

Who is Responsible for Insurance in Subcontracting Arrangements?

The principal contractor is liable for occupational injuries to an uninsured subcontractor's employees.

To be protected against this liability, a principal contractor should have, on file, a Certificate of Insurance proving that the subcontractors have workers' compensation insurance for their employees. This way, the subcontractor's payroll does not have to be included in the principal contractor's payroll.

IWIF follows the National Council on Compensation Insurance (NCCI) guidelines for the treatment of uninsured subcontractors. **IMPORTANT: Please see pages 4-6 for additional information regarding subcontractors.**

How Can You Get Proof Of Insurance?

Policyholders with an IWIF e-services authorization can obtain Certificates of Insurance online at www.iwif.com. You can also call our Customer Service Call Center at 1-800-264-IWIF (4943) if you need three or fewer Certificates of Insurance. Fax your request for four or more certificates to (410) 494-2209. Your request must include the name and address of the person/business requesting proof of insurance; the location of the job; and the primary contractor's contract or job number. You will receive a copy of the same certificate sent to the requesting party.

Does IWIF Offer Federal Coverage?

United States Longshore and Harborworkers Act (USL&H)

IWIF can provide workers' compensation coverage under the USL&H Act. Call the Customer Service Call Center at 1-800-264-IWIF (4943) for further information on this coverage.

Federal Coal Mine Health & Safety Act

IWIF can provide workers' compensation coverage under the Federal Coal Mine Health & Safety Act. Call the Customer Service Call Center for further information on this coverage.

Does IWIF Offer Other States Coverage?

Coverage for Maryland employers with known or incidental workers' compensation exposures in states other than Maryland may be available through IWIF.

How Do You Renew, Change or Cancel Your Policy?

IWIF issues an annual, renewable policy. The policy expires each year on the anniversary date of the original policy. Sixty days (60) prior to the expiration of the policy, you will receive a renewal questionnaire in the mail, and an estimated premium quotation for the renewal. Your answers to the renewal questionnaire provide IWIF with information about your business that may have changed, i.e., projected payrolls for the new policy period, change of address or telephone number, officer or ownership changes, or a change in business operations. The renewal questionnaire must be completed and returned to IWIF, along with the initial premium, prior to the expiration date of the policy.

When we receive your renewal questionnaire and the initial premium required, an invoice and policy will be mailed to you. The invoice will include any future payment terms and installment dates.

Your policy may be cancelled due to nonpayment of premiums, failure to comply with policy provisions regarding an audit, or at your request. A cancellation notice will be sent to you when payment of an invoice is not received by the due date.

A Notice of Intent to Cancel is sent by certified mail and shows that we will discontinue coverage as of the date indicated. If a premium payment is made by the date indicated, we will withdraw the Intent to Cancel. You will be notified when this occurs.

Important Information About Your Premium Audit

What is a Premium Audit?

A workers' compensation premium audit is simply a means of reviewing a policyholder's records and operations to ensure that the coverage information is accurate. The goal of the audit is to assess and collect premium that accurately represents the proper risk exposure – no more and no less.

Why is a Premium Audit Necessary?

Your premium is calculated based on the projected payroll information we receive from you at the inception of the term policy. To ensure that your premium is priced accurately and fairly, an IWIF auditor will compare the payroll that you projected at the inception of your policy to the actual payroll at the end of your term. Each policy term may have a physical audit or a mail audit, based on the size of the policy and/or the nature of the operation.

Note: Some policies may not require an audit at all, based on guidelines that are set by the IWIF Underwriting and Premium Audit departments.

Types of Premium Audits

IWIF conducts four types of audits. IWIF reserves the right to determine the method/frequency of audits.

- 1. Field Audit** – Generally conducted on site with the policyholder and IWIF auditor. Audits are scheduled at the expiration or cancellation of the policy.
- 2. Mail Audit** – Generally conducted by mail for smaller employers/premium level. A policyholder is mailed the payroll audit forms and instructions at the expiration or cancellation of the policy term.
- 3. Preliminary Audit** – Generally conducted on site with a new policyholder and IWIF auditor at the inception of the policy (usually within 90 days of the policy issuance). This type of audit is used to ensure the business operations and/or payroll are accurate. The premium size may vary.
- 4. Interim Audit** – Generally conducted on site with the policyholder and IWIF auditor during the course of the term policy (i.e., quarterly or semi-annually). Interim audits are used to adjust a policy to reflect significant changes in business operations and/or payroll during the policy term.

How Do I Prepare for a Premium Audit?

Please see your Premium Audit Checklist, located at the back of this brochure, for a complete itemization of records needed during an audit.

How Should My Payroll Records Be Organized for an Audit?

To collect the specific payroll information needed to conduct an accurate premium audit, please have your payroll records organized as follows:

- **Policy term.** Only present records that reflect payroll for the policy term, beginning with the effective date of your policy.
- **Classification.** List each type of job separately, i.e., clerical, sales, etc.
- **Jurisdiction.** Record the geographical areas in which your employees worked.
- **Overtime.** Record overtime paid to employees during the policy term.

What is Considered Payroll/Remuneration?

Payroll is the total amount of money paid to employees during a given time. Remuneration is the payment for goods received, services rendered, or losses incurred. Both payroll and remuneration records are requested during a premium audit. They include:

- Employee Wages
- Overtime (Straight Time Rate)
- Commissions, Bonuses, Holiday, Vacation, Sick Pay
- Tax-deferred Payments (Cafeteria or 401K plans)
- Rental Value of an Apartment or House furnished by the Employer
- Car or Tool Allowances (other than Reimbursements)
- Insured Sole Proprietors/Partners/Officers
- Uninsured Subcontractors
- Actual Expenses and Miscellaneous Labor

What If My Employees Work in More than One Classification?

In general, IWIF assigns one basic classification that best describes your business. However, certain classes, known as standard exceptions, may be broken out, such as: clerical, sales, and drivers.

In the construction trade, IWIF allows (based on the NCCI Scopes phraseologies and Basic Manual rules) a breakout for payroll between the various trades. For example, a commercial construction contractor may qualify to break out payroll between framing, drywall, and plumbing. The breakout must be verifiable and traceable to the company sales documents, contracts, and payroll records, such as timecards and job cost records. Percentage breakdowns are not allowed.

It is the policyholder's responsibility to keep detailed and summary payroll records on a time and dollar basis, and to be sure that the hours and wages in each classification are accurately noted. This method requires additional record keeping but is advantageous, as all payroll is not charged to the higher classification. In either case, these records should be kept for auditing purposes.

If the policyholder does not maintain a payroll breakout, the IWIF auditor will assign all earnings to the higher classification.

How is a Subcontractor's Payroll Handled?

If you hire a subcontractor who does not have workers' compensation insurance (or is not deemed to be an independent contractor), you will be assessed premium based on the amounts paid to the subcontractor. The amounts assessed will not be less than:

- 50% of the contract price *when the contract specifically requires the subcontractor to provide all the material and labor to complete the entire job;*
- 100% of the contract price where labor only is provided; or
- 33 ¹/₃% of the contract price where mobile equipment with operators is provided;
- *100% of the amount paid to the subcontractor will be considered as labor if no contract is provided.*

If a subcontractor claims to be insured, get an original version of the Workers' Compensation Certificate of Insurance. A written statement from the subcontractor is not adequate proof of coverage. Keep original Certificates of Insurance (not photocopies) on file as we will review them during the audit. Be sure that the period of coverage on the certificate matches the period when the work was performed, as closely as possible.

IWIF Guidelines for Validating Independent Contractor Status

IWIF recommends that you, as the hiring contractor, gather and retain the following documents for each individual presented as an Independent Contractor:

- Certificate of Insurance for General Liability Coverage
- A copy of the Independent Contractor's Business License
- Written Subcontract in place for each job conducted by the Individual Contract Laborer, per Title 9-508 of the Maryland Workers' Compensation Statute
- A Signed Copy of the "Sole Proprietor's Status as a Covered Employee" form

Even if all four items are provided, the individual in question could still be considered an uninsured subcontractor if he or she performs work that is normally considered a “crew” activity (for example, framing, siding, roofing, drywall, or concrete work).

If you answer “yes” to any of the following questions, the individual contract laborer is likely an employee:

- Is the person paid hourly (or by the piece/day/week)?
- Does the person perform work that regular employees of your business perform?
- Is all or a majority of the work that is the general nature of your business performed by contract labor?
- Do you provide the material for the job(s)?

Note: Important Change to Maryland Workers' Comp Law

Legislation passed during the 2009 session amends the Maryland workers' compensation law whereby an individual is presumed to be an employee and not an independent contractor. Effective October 1, 2009, the burden now rests with the employer to prove independent contractor status.

In all cases, if the individual/contractor (without workers' compensation coverage) hires labor to help perform the work, the individual would be considered an uninsured contractor and the amounts he or she was paid would rightfully be included with payroll/wages on your audit.

IWIF Guidelines for Excluding Hired Outside Truckers

If you have hired or plan to hire a trucking company to perform services for your business, IWIF requires the following documentation to exclude them as employees and as part of the payroll included on your workers' compensation audit.

If the trucker has workers: The trucker must furnish you with proof of workers' compensation insurance *before* the service is performed. Note: A binder number is not proof that a workers' compensation policy has been obtained. Verification of actual Maryland coverage in place can be confirmed through the Maryland Workers' Compensation Commission at <http://www.wcc.state.md.us/>.

If the trucker does not have workers:

You must obtain the following:

- Commercial Auto Liability Certificates of Insurance from Point of Hire through Termination. The Certificates must list the vehicles insured as well as driver(s).
- Sole Proprietors must sign the “Sole Proprietor’s Status as a Covered Employee” form and file it with the Maryland Workers’ Compensation Commission *before* the service is performed.
- LLC Members/Officers (Farm Corp., Close Corp., Professional Corp.) must sign the “Exclusion” form (Form C-16R) and file it with the Maryland Workers’ Compensation Commission *before* the service is performed.

If you are a licensed motor carrier that is hiring truckers that do not have any workers:

You may enter into an agreement with the truckers in accordance with Title 9-218, whereby:

- There is a written permanent agreement or trip lease in place for each specific trucker;
- The agreement reflects that there is no intent to create an employer-employee relationship; and
- The agreement indicates that the trucker will be paid rental commission.

In addition, you must provide Commercial Auto Liability Certificates of Insurance from Point of Hire through Termination for each Trucker presented as an Owner/Operator. The Certificates must list the vehicles insured as well as the driver(s).

Exceptions:

- If the hired trucker sublets any portion of his or her work from your company to another trucker, then the trucker directly hired by your company would be required to carry his or her own workers' compensation policy.
- The “Sole Proprietor’s Status as a Covered Employee” form and “Exclusion” form (C-16R) for officers and members are used to allow exclusions of specified individuals in accordance with Maryland law for Maryland-based exposures. **The exclusion allowed under Maryland law may not protect your company from a claim filed outside the State of Maryland. Therefore, if your hired truckers were required to travel outside the State of Maryland, they may be required to carry their own workers' compensation policies.** Please check with your insurance agent/broker for answers to your particular circumstance.

Note: IWIF may also employ additional resources to verify that the hired trucker is an “Independent Contractor.” This may include, but is not limited to:

- SAFER – Federal Motor Carrier Safety Administration Database
- Dun & Bradstreet – U.S. Business Credit Information
- LexisNexis – International Database
- State Fuel Tax Reports – All States

If, upon review of other resources, it appears that the trucker in question has any form of workers, he or she may be included on your audit.

Can Computerized Recordkeeping Help in Meeting Insurance Responsibilities?

Yes. Our auditors can help you decide what information should be entered into your computerized system. Call us to arrange for this free service.

Your Premium Audit Checklist ✓

To assist you in gathering the necessary records for your premium audit, please refer to this checklist. Please make available all records from the previous calendar year, or, if the business is fewer than nine months old, from the inception of the business.

These records include:

- Payroll Records
- Payroll Breakdowns
 - Overtime / By Classification / By State
- Individual Earnings Cards / Reports
- 941s and Form 940
- W-2s and W-3 form
- Profit and Loss Statement
- Cash Disbursements
- Certified Payrolls on OCIP/CCIP Jobs
- Sales Journal / Cash Receipts
- Certificates of Insurance for Subcontractors
- List of Officers and Clerical Employees
- 1099s and Form 1096
- Job Cost Records, Contracts, and Invoices
- General Ledger and Check Register
- Federal Income Tax Return
- Maryland Quarterly Unemployment Reports

IMPORTANT: When obtaining certificates of insurance from subcontractors:

1. Ensure that the certificate came directly from the producer or insurer. This will:
 - (a) Allow the certificate holder to receive a notice of cancellation, if in fact the policy were to be cancelled; and
 - (b) Prevent anyone from altering the policy information reflected on the certificate.
2. Ensure that the policy provides coverage in Maryland or within the state in which the subcontractor is working. You as the hiring contractor can specifically request that the coverage information be reflected on the certificate.
3. Ensure that the insured named on the certificate is in fact the business or individual that you are making payment to. For example, if you are paying John Doe, verify that John Doe is the name listed as the insured party on the certificate.
4. Additionally, if the certificate indicates that the named insured has a non-Maryland address, please confirm in writing through the producer or insurer that this jurisdiction is actually covered under the policy. Some policies are state-specific; for example, Virginia residents cannot always obtain coverage that extends into Maryland.

What If I Disagree with the Results of the Premium Audit?

If you disagree with the results of your audit, you can formally dispute the audit in writing within 30 days of the invoice date. The written dispute must clearly identify the reason(s) for the dispute along with supporting documentation. Send the letter to:

IWIF Premium Audit Department
8722 Loch Raven Blvd., Towson, MD 21286
Or, fax your letter to: 410-494-2497

IMPORTANT

The accurate and timely reporting of your payroll is paramount to correct premium calculation.

An employer may not, with fraudulent intent, misrepresent the wages on which a premium is based. It is a fraudulent insurance act for a person to knowingly or willfully make any false or fraudulent statement or representation in or with reference to any application for insurance.

Premiums

How is Premium Calculated?

All businesses are assigned classifications based on the nature of their operations. Each classification is assigned a premium rate. These rates reflect the hazards of the particular employment.

Your premium — the price you pay for workers compensation insurance — is determined by multiplying the rate (*per \$100 of gross payroll*) for a business classification by the amount of payroll in that classification. If you have several classifications, your premium is the sum of the totals for all classifications.

What is Experience Rating?

The experience rating is a safety incentive factor that is directly related to the losses incurred during prior policy terms. An experience modification of less than 1.00 will help decrease your final premium. An experience modification of greater than 1.00 may increase your final premium.

New business/policies must generate a premium of \$3,000 or greater over the 3-year rating period to be eligible for an experience rating. In some cases, NCCI experience modification from a business's prior policy may be considered.

REVISED

What is Your Premium as a Sole Proprietor or Partner?

If you elect coverage, regardless of how much you earn per year as a sole proprietor or partner, IWIF calculates your premium as if you earn \$36,675. This \$36,675 is multiplied by the rate for your job classification.

What is Your Premium as a Corporate Officer?

If you earn between \$37,024 and \$148,200 per year as an active corporate officer, IWIF calculates your premium on your actual payroll. If you earn less than \$37,024 per year (\$712/week), IWIF calculates your premium on \$37,024 (\$712/week); if you earn more than \$148,200, IWIF calculates the premium on \$148,200.

(Officers of a Maryland close corporation, professional, or farm corporation may choose to be excluded from coverage.)

Does IWIF offer Installment Pay Plans for Premium?

Yes, depending on your premium size and your payment history, a number of premium installment plans are available. NOTE: Effective January 1, 2004, the installment fee is \$7 per installment payment. There is no installment fee for a single annual pay plan.

Does IWIF Accept Credit Card Payments?

Yes, IWIF now has the ability to accept VISA, MasterCard and the Discover Card for greater premium payment convenience.

Minimum Premium

A minimum premium is the lowest amount of premium for which coverage can be written, for a period of one year or less. Minimum premiums are not subject to adjustment if coverage is in effect for a period of less than one year. The following are rules used to calculate a minimum premium:

- For a sole proprietorship or partnership, the minimum premium is based on \$5,000 of payroll multiplied by the base rate for the year in question, or \$250 whichever is greater.
- For a corporation or limited liability company, the minimum premium is based upon \$7,800 multiplied by the base rate for the year in question, or \$250 whichever is greater.
- Policies subject to a minimum premium will not develop an experience modification.
- The minimum premium is subject to change. Please refer to the information page of your policy for your current minimum premium.

Premium Discounts

Premium discounts will be calculated at the time of application and subsequently adjusted based on any premium-bearing endorsements or an audit. The discounts as of January 1, 2001 are calculated as follows:

Premium	Discount
First \$1,000	0%
\$1,001 to \$5,000	6%
\$5,001 to \$25,000	10%
\$25,001 to \$100,000	12%
\$100,001 and over	13.5%

Loss Control Services

Program Development and Evaluation

IWIF offers loss control consultation to help insured employers recognize the value of management commitment and accountability in controlling the health and safety risks in their work environments.

IWIF Loss Control Consultants are available to identify and evaluate health and safety risks at your place of business. Our goal is to assist you in lowering the frequency and severity of workplace accidents and injuries. By reducing frequency and severity, you also reduce the “hidden costs” of a workers’ compensation claim. Hidden costs include equipment, down time, overtime, additional hires, and a decrease in production. Loss Control Consultants provide services designed to create a “safety culture,” which impacts an organization’s profitability:

- Consultations with Top Management
- Customized Management Plan
- Program Development and Evaluation
- Safety and Health Assessments
- Education and Training
- Risk Analysis and Loss Review
- Industrial Hygiene
- Ergonomics

Your business will realize the benefits of our loss control services through your most important asset — your employees. Our programs help reduce lost time, equipment, and material losses; eliminate potential hazards that may be cited during a regulatory compliance inspection; and improve employee morale. A good safety record equals a favorable experience rating, which may ultimately reduce your annual premium.

Management Plan

IWIF’s Loss Control Consultants are available to assist policyholders in establishing management plans to reduce the frequency of accidents, and subsequently, their loss ratios. These objectives are accomplished most effectively through the consultants’ understanding of the business and by tailoring a management plan to fit the individual needs of a company.

Education and Training

IWIF offers many training programs in workplace safety and health through its Loss Control Department, after having reviewed your operations and accident history. Our consultants will train your employees on relevant health and safety issues at your worksite.

Industrial Hygiene

In many workplaces, chemical, physical, and biological factors exist that reduce the quality of work environments. Using state-of-the-art equipment, a certified industrial hygienist will help you pinpoint and improve these conditions. Industrial hygiene services include: worksite analyses, exposure evaluations, air quality investigations, and noise surveys.

Ergonomics

“Over-use” injuries such as carpal tunnel syndrome, tendinitis, and back injuries are some of the most costly issues facing employers today. Loss Control provides ergonomic services which focus on job improvements to minimize the risk of injury.

*There is no charge
for any of the services performed by
our IWIF Loss Control Consultants.*

FREE Safety Resources: Posters, Tip Sheets and Video Lending Library Available from the online IWIF Safety University

As a value-added service to our customers and their employees, IWIF policyholders can order safety posters, tip sheets, newsletter back issues, and safety videos, free of charge, right from our website.

Simply go to IWIF’s website www.iwif.com and use the drop down menus to select:

Forms and Publications

Forms PDFs - accident management and investigation forms

Posters - 11” x17” color posters on many workplace safety topics. Some posters are available in Spanish.

**Publications and PDF Forms
Safety Tip Sheets**

Loss Prevention Services

Safety Flicks Video Lending Library

IWIF through an outside vendor offers a library of hundreds of current safety videos that are available for loan to our policyholders.

“Ask Pete”

Now you can email your safety and risk management questions to IWIF’s “Ask Pete.” One of IWIF’s Loss Control professionals will answer your question by email or phone.

Publications Order Form

IWIF has published a number of helpful FREE publications and posters available both on-line at www.iwif.com and by mail.

To request by mail printed copies of these helpful tools, complete this PDF form, save the PDF form and e-mail your request including your mailing address to publications@iwif.com or fax this request form to 410-494-2207. Note: Requests for quantities of 10 or more must include your policy number and contact phone number. In addition to faxing or e-mailing your request, you may also mail this form back to:

IWIF Loss Control Publications Request
8722 Loch Raven Blvd. Towson, MD 21286

Date of Order Your Name: Please Print

Business Name

Policy Number (Required for requests of 10 or more copies)

Mailing Address

Phone Number

Item#	Publication Title / Description	PDF	Quantity
201	Employer's Handbook		
404	Employer's Guide to Accident Management Contains items - 203, 204, 205, 207, 301 Plus Forms		
203	When an Injury Occurs--Injury Reporting Reminder Flyer		
204	Accident Investigation Forms (3) English & Spanish		
205	Injury Reporting Employer Reminder Wallet Cards		
206	When an Injury Occurs - Injury Reporting Reminder, Spanish		
207	Injury Reporting Hotline Reminder Stickers		
301	Guide for the Injured Worker Brochure - English & Spanish		
210	Developing a Health Care Provider Safety Program		
211	Developing a Transportation/Fleet Safety Program		
212	Developing a Construction Safety Program		
213	Developing a Manufacturing Safety Program		
214	Developing a Retail/Restaurant Safety Program		
215	Developing a Printing Safety Program		
216	Developing a Nonprofit Care Safety Program		
220	Guide For Developing a General Safety Program		
221	Guide To Implementing Effective Hiring Practices		
222	Guide To Creating a Return-to-Work Program		
302	Safety Rules - Workplace Safety Info for Young Workers		
603	Your Premium Audit Made Easy - Guide Brochure		
	Eng./Spanish Guide Booklet - Basic Construction Safety		
	Eng./Spanish Guide Booklet - Landscaping & Arborist Safety		
	Eng./Spanish Guide Booklet - Restaurants & Commercial Kitchens		
	Employers KIT - Safety Rules, Young Workers' Safety		
	Employers KIT - Hispanic Workers' Safety Information		
	Employers KIT - Fighting FRAUD Information Kit w/posters		

Poster Title / Description	Posters are 11x17	Quantity
Back Safety: Remember Your Strongest Muscle for Safe Lifting Is Your Head (Eng.& Spanish)		
The Sky's the Limit When You Are Free of Back Pain		
Computer Users/Proper Ergonomics Beware of Computer Fatigue - Computer Users & Ergonomic Safety		
Confined Spaces: NEW Never Dive Right In - Confined Space General Warning Reminder		
Driving Safety: "PAY ATTENTION" No Cell Phones While Driving		
Drug Testing: This is a Drug-Free Workplace! We Conduct Drug Testing (English & Spanish)		
This is a Drug-Free Workplace (Tent Card)		
Electrical Safety: Stay Clear of Power Lines - Working Safely Outdoors Reminder (Eng. & Spanish)		
Ergonomic Safety: Beware of Computer Fatigue		
Foot Safety: NEW Stomp Injury with Steel-Toe Shoes (Eng. & Spanish)		
Fraud Prevention: Fighting Fraud - IWIF Fraud Hotline Poster (Eng. & Spanish)		
Zero Tolerance for Fraud Workplace Poster		
Hand & Wrist Safety: Be Passionate About Hand & Wrist Safety (Preventing Carpal Tunnel)		
Hygiene and Hand Washing: Get Hot & Soapy! The importance of frequent hand washing (Eng. & Spanish)		
NEW Germs Get Handed Around - Wash Your Hands (Eng. & Span.)		
Injury Reporting: If You Are Injured While Working - You Must Tell Your Supervisor Immediately (Eng. & Spanish)		
Report Your Injury Within 24 Hours		
Machine/Guard Safety: NEW Don't Get Caught Off Guard- Power Saws (Eng. & Spanish)		
NEW Guards At Work - Commercial Kitchens (Eng. & Spanish)		
NEW Remove Doubt - Always Lock and Tag it Out!		
Safety Attitudes - Additional "Think About It" Topics Don't Break a Life - Preventing Catastrophic Injuries		
Get Real, Get Serious About Safety (Eng. & Spanish)		
The Biggest Reasons To Be Safe on the Job (Eng. & Spanish)		
NEW Report ALL Near Misses and Unsafe Workplace Conditions		
Slips, Trips, and Fall Prevention: Be Safe on Ice - Walk Like a Penguin (Winter Walking Tips)		
Winter Walking Caution - Beware of Black Ice		
Help Prevent Slips & Trips - It's Everyone's Responsibility (Eng. & Spn)		
Go Head-Over-Heels for Office Safety		
Student Safety Poster Contest Winners The Key to a Bright Future is to be Drug Free		
It's Your Life, Enjoy the Ride - Don't Drink and Drive		
Inner Rage Leads to Road Rage - Driving Safety		
Vision Safety: NEW Set Your Sight on Safety (Eng. & Spanish)		
Workplace Wellness: NEW Wellness Works Here: Exercise More, Eat Smart, Quit Smoking, Think Safety & Live Your Life to Your Fullest Potential		
Workers Compensation Employers' Posting Notice/Poster Workers' Compensation Commission - Official Posting Notice for Maryland Employers (C-24) (English & Spanish) 8-1/2" x 14"		
Young Worker and Teen Safety: Safety Rules - Teen/Young Workers Safety		

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Attention Supervisors

When An Injury Occurs:

Step 1 Provide Immediate Medical Attention

- In a life threatening or emergency situation call 911.
- For less severe injuries, provide first aid and refer or transport the injured employee to your closest occupational medical provider for treatment. These occupational medical providers are familiar with occupational injuries and workers' compensation issues. A statewide list of medical providers is available @www.iwif.com.

It's important to plan ahead.

Please make sure all supervisory personnel know where your selected medical providers are located.

Provider Name _____ Provider Name _____
 Address _____ Address _____

 Phone Number _____ Phone Number _____

Step 2 Call the IWIF Injury Reporting Hotline Promptly

1-888-410-1400

Available 24 Hours a Day
7 Days a Week



The most important step you can take to control the cost of a claim is to report the injury immediately.

- An IWIF representative can take all necessary information and complete the **Employer's First Report of Injury** over the phone.
- Included on the reverse side is a list of the questions that will be asked when the call is made.
- The representative can also assist in choosing a medical provider in your area and issue a prescription authorization number.
- Registered policyholders with an e-services pin# can also file the First Report of Injury online at www.iwif.com.

This completes your initial reporting responsibility and assures the timely review of the claim, as well as appropriate payment of benefits and medical bills.

Step 3 Investigate and Document the Injury with these Steps/Forms

Accident investigation forms are found in this booklet starting on page 12. They are also available @ www.iwif.com.

- Gather the facts. Preserve any evidence or damaged equipment.
- Have your injured employee fill out and sign an **"Employee's Report of Injury Form"**
- Obtain and complete **"Accident Witness Statement Forms"**
- Obtain and complete **"Supervisor's Report of Accident Investigation Form"**
- You the employer/supervisor must complete the **"14 Week Statement of Wage Information Form"**
- Return all completed forms by mail or by fax to the IWIF Claims Adjuster assigned to the injury claim.
Please make and keep copies of all completed forms for your records.

Step 4 Take Corrective Action

- Correct unsafe conditions • Ensure that unsafe behavior does not reoccur.
- IWIF's Loss Control Department can assist you with a workplace safety analysis, at no additional cost to you.

Step 5 Communicate with Your Employee and IWIF

- If the employee is unable to return to work for an extended time, management should call the employee weekly to inquire about his/her well being and medical improvement. Stay in touch and let the employee know that you care.
- Work with the claims adjuster and nurse case manager so the employee can return to work as soon as possible.
- Utilize modified duty positions. For information regarding the importance of modified duty in the workplace, call the IWIF Loss Control department 1-800-264-IWIF.

Please copy this reminder form as needed.

Post and make available for all supervisory personnel.

IWIF Injury Reporting Work Sheet

When you call the IWIF injury reporting hotline, or when you file online to report an occupational injury, this is the information you will be asked to provide so that the **Employer's First Report of Injury** can be completed. Please assemble and have ready as much of this information as possible. The employee's personnel file is a good source for this information. **Note:** This list of information is not all inclusive, and the questions asked may not necessarily be asked in the same order listed below. **This work sheet is for gathering information only and cannot be submitted as an actual Employer's First Report of Injury. Mandatory information is highlighted in bold print.**

Caller/Employer's Information

1. Caller's name: _____ 2. Your telephone number: _____
3. Employer's/Policyholder's Name _____
4. Policy number: _____
5. Employer's Address: _____
6. Date of the injury: _____ 7. Time of injury: _____

Injured Employee Information

8. Injured employee's Social Security Number: _____
9. Injured employee's name: _____
10. Injured employee's job title: _____
11. Injured employee's home address: _____
12. Injured employee's phone number: _____
13. Marital status: _____ 14. Number of children: _____ 15. Gender: M ___ F ___
16. Injured employee's date of birth: _____

Injury/Occurrence Information

17. Was the injured employee performing their assigned regular duties? _____
18. On what date was the employer notified of the accident? _____
19. What is the name of the person that was notified about the injury? _____
20. Address of the accident location: _____
21. **Description of the accident:** _____
22. Specific activity/function engaged in when the accident occurred: _____
23. Location of the accident (Hallway, loading dock, stairwell etc.): _____
24. Was the injured employee treated in an emergency room? _____ 25. Was the employee admitted to the hospital? _____
26. Name of the hospital and phone number if known: _____
27. What is the doctor's name that treated the injured employee? _____
28. What is the doctor's phone number? _____
29. Was the injury the result of product or machine failure? _____
30. Did the accident involve a vehicle? _____
31. If known, please give a description of the injury: _____
32. **What part of the body was injured?** _____
33. What side of the body was injured? _____
34. Do you believe this to be a valid claim? Yes - No
35. Date of hire for the injured employee: _____ 36. Did the employee return to work? _____
37. Date the employee returned to work: _____ 38. Last day worked by the employee? _____
39. If fatal, date of the employee's death: _____
40. Did the employee receive full pay for the date of the injury? _____ 41. Did salary continue? _____
42. State of hire: _____ 43. Employee's employment status: _____
44. Employee's wage/rate: _____ 45. Number of days employee works per week? _____
46. Time employee began work on the day of injury? _____

Claims Process

Employer's First Report of Injury

After you have reported an accident, you will receive, by mail, a copy of the Employer's First Report of Injury for your records. A copy is also sent to the Workers' Compensation Commission and to the Division of Labor and Industry.

NOTE: See previous page for a helpful worksheet that can be used for gathering injury information before you report the injury.

Serious or Fatal Accidents

Call the IWIF injury reporting hotline immediately at 1-888-410-1400 if an employee is involved in a serious or fatal accident. A catastrophic team consisting of a Nurse Case Manager and Claims Adjuster will be assigned to help the injured worker.

Document and Investigate the Details of an Accident

Document the details of an accident or injury while it is fresh in people's minds. Also correct work practices or remove hazards that may have contributed to the accident.

Tips for Documenting Accidents:

- Interview the injured worker and take a written Employee Report of Injury Statement.
- When possible, at the site of the accident, recount the event step-by-step.
- Have the supervisor fill out a Supervisor's Report of Injury Form.
- Make detailed notes of the who, what, how, where, when, and why of the event.
- Document names, addresses, and phone numbers of all witnesses.
- Talk to witnesses (in private), take notes, and get a signed witness statement. If a witness refuses to give or sign a written statement, the investigator should include that fact in the report.

If you suspect claimant fraud, please call our Fraud Hotline at 1-888-ANTI-FRAUD.

Be Aware of the Employee's Claim Process

Your injured employee may ask you what to do in order to get insurance payments for medical treatment or other workers' compensation benefits:

- If an employee has a work-related injury, medical bills may be covered automatically if IWIF has a record of your Employer's First Report of Injury.
- If the employee loses more than three days of work or has an injury which may result in a long-term disability, an IWIF Claim Adjuster will send that employee a claim form to fill out.
- For further information about benefits due in a particular case, call the Customer Service Call Center at 1-800-264-IWIF (4943).

Workers' Compensation Documents

Once you have reported the injury and your employee has submitted a claim, you may receive several documents:

1. Medical Bills
2. A Copy of the Employee's Claim Form
3. A Copy of the Temporary Total Compensation Award
4. A Notice of Hearing

These documents are explained on the following pages.

1. Medical Bills

All workers' compensation medical-related bills should be forwarded to the following:

**Injured Workers' Insurance Fund
P.O. Box 9899
Baltimore, MD 21284-9899**

To assist us in processing your medical bills, please include the employee's proper name, current address, social security number, and date of injury on the bill. To inquire about a bill, please call the Customer Service Call Center at 1-800-264-IWIF (4943).

2. A Copy of the Employee's Claim Form

Incorrect information on the employee's claim form could result in higher premiums, **so please review the form carefully.** Call the Customer Service Call Center at 1-800-264-IWIF (4943) to correct errors.

3. A Copy of the Award of Compensation and Average Weekly Wage

This award is issued by the Workers' Compensation Commission if a claim has not been contested. Employers should verify the award to be sure the following information is accurate:

1. Average weekly wage
2. Date of accident
3. The first date of disability

4. A Notice of Hearing

The claims process may involve a hearing, i.e., when an employer disputes a claim, or when a worker is permanently disabled.

The purpose of this hearing varies, but in general, it involves determining whether an injury is actually work-related or whether an injured employee is entitled to a permanent benefit. IWIF attorneys represent the employer, or policyholder, at this hearing. Generally, employers do not have to attend hearings unless they are specifically required to by subpoena.

5. Appeals

Both the employer and the injured worker have the right to appeal to the courts if they are not satisfied with the decision of the Workers' Compensation Commission's determination of benefits.

Third-Party Claims/Subrogation

If your employee is injured in an accident, the IWIF Subrogation Unit may file a third-party claim.

The most common third-party claims involve defective products (a worker is hurt when a machine does not function as it should), or negligent acts of others (the driver of your truck is hit by another company's vehicle).

IWIF's Subrogation Department takes an aggressive approach to pursuing negligent third parties involved in workers' compensation-related claims. The Subrogation Department also recovers monies paid to claimants for injuries caused by a third party.

Recoveries by the Subrogation Department can be cash returns or credit against future claim payments. All recoveries result in savings to policyholders by keeping rates competitive and experience modifications low.

What is the Workers' Compensation Commission?

The Workers' Compensation Commission is the regulatory agency that resolves conflicts between the insured and the injured employee. The Commission holds hearings on such issues as:

- The initial entitlement to compensation benefits
- The necessity and reasonableness of medical treatment
- The amount of lost wages to be granted as a result of the injury
- The entitlement to vocational rehabilitation
- The entitlement to permanent disability benefits

Maryland Workers' Compensation Commission
10 East Baltimore Street
Baltimore, MD 21202-1641
Baltimore area phone number, 410-864-5100
Outside the Baltimore area, 1-800-492-0479
www.wcc.state.md.us

Types of Workers' Compensation FRAUD

• Claimant Fraud

Claimant fraud is a claim for benefits based on intentional misrepresentation of material facts of an injury or treatment. Fraudulent claims arise from any of the following:

- Deliberate injury
- Faked injury
- Multiple claims (aliases)
- Non work-related injury
- Misrepresentation of wage loss
- Working while collecting Temporary Total benefits

• Premium Avoidance Fraud

This type of fraud involves misrepresentation of any of the following:

- Job classifications
- Payroll amounts
- Geographic locations of operation
- History of past losses

• Medical Care Provider Fraud

This type of fraud is characterized by the claimant using medical providers to embellish the claim of injury by:

- Providing medically unnecessary diagnostic tests or treatments
- Overstating the nature and/or extent of an injury
- Billing for services not rendered
- Falsifying the diagnosis
- Extending disability without medical basis
- Avoiding procedures that would clearly diagnose condition

TIPS on Combatting Workers' Compensation FRAUD

If you suspect a case of workers' compensation fraud, call IWIF's Special Investigations Unit (SIU) at 1-888-ANTI FRAUD (1-888-268-4372). All calls to IWIF's Fraud Hotline are handled in strict confidence. Here is a list of suggestions for controlling workers' compensation fraud:

- Properly train, supervise, and orient your staff on IWIF's procedures for reporting occupational injuries.
- Always show honest concern for your employees.
- Retain a recent photo of each employee in his/her personnel file.
- Keep employees' addresses current.
- Have the employee immediately document how an accident happened in his/her own words using the "Employee's Report of Injury" form. The employee's explanation of how an accident occurred may change over time when the claim is fraudulent. Obtain an employee signature on the form.
- During a company meeting, describe your company's policy on fraud, and what happens to those who would perpetrate fraudulent practices.
- Inform employees that you and your insurance company (IWIF) have zero tolerance for fraud and abuse of workers compensation benefits.
- Pay particular attention to employees who are unhappy, i.e., facing layoff.
- Keep your eyes and ears open. Listen to rumors, document them and any observations.
- Participate in fraud investigations when asked.
- Conduct and document exit interviews.
- Limit discussion of and activities relative to suspicious filings. Let IWIF SIU conduct the fraud investigation.

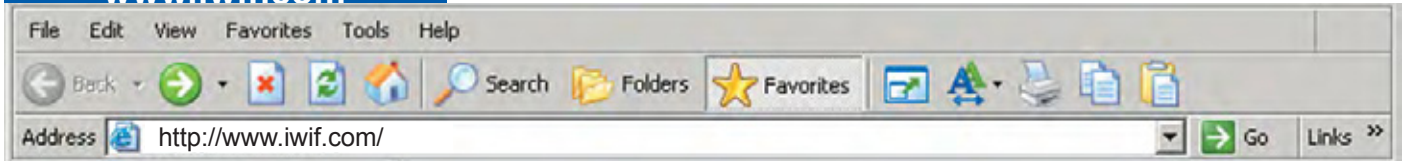
IWIF 
FRAUD
HOTLINE
1-888-268-4372

IWIF & YOU:
FIGHTING
FRAUD
Together

IWIF has a ZERO tolerance policy for workers' comp fraud. IWIF is working to keep workers' comp costs down by aggressively investigating and prosecuting fraud perpetrators.

REMEMBER:

It is unlawful to knowingly present, or cause to be presented, false documentation or written or oral statement to an insurer regarding a claim.



Are you on-line With IWIF's e-services?



With IWIF's e-services you'll find these customer service and information tools to help you work efficiently, conveniently and securely—24/7.

Online customer services include:

Online Injury Reporting for Employers

More than 1 in 3 policyholders filed the Employer's First Report of injury on-line in 2004. It's fast and easy. Once you input the required information (a 10-minute process) you will receive immediate confirmation, a claim number and ExpressScripts prescription authorization. Remember to visit iwif.com first to register for your PIN access number to enable you to use IWIF's e-services.

E-Certificates of Insurance

Create and print standard* Certificates of Insurance right from your desktop computer. If your IWIF policy is issued through an insurance agent, your agent will receive a duplicate copy of your certificate via e-mail.



***Only standard certificates of insurance are available on-line.** Please contact your insurance agent or IWIF customer service to request a certificate that must contain special information such as a job description, or if the certificate holder is located outside the state of Maryland.

Premium Payment Processing by Credit Card or

Electronic Funds Transfer

IWIF policyholders can pay their premiums fast and easy on-line using a credit card or electronic funds transfer (EFT) on our website. With these on-line payment tools, complete privacy of your transaction is ensured. EFT is a one-time deduction authorized by you as needed from your bank account and is not an automatic debit. In addition, paying your premium on-line can help ensure uninterrupted coverage for you.

Setting up your e-services account

To take advantage of IWIF's e-services you must first complete a user profile on-line to request a password. Your password will be mailed to you by U.S. mail in 7-10 days. The password is required before accessing the above e-services.

Check out these additional resources on www.iwif.com

- ☞ Policy information FAQ's
- ☞ Claims process and services FAQ's
- ☞ Injured Workers Guide FAQ's
- ☞ Locate a medical provider
- ☞ Locate an insurance agent
- ☞ Help with creating a return to work program
- ☞ Hazard control industry guides
- ☞ Safety video lending library
- ☞ Forms and publications
- ☞ Safety posters listing
- ☞ Safety tip sheets
- ☞ Articles in the Can for reprinting
- ☞ IWIF news
- ☞ Seminar schedule
- ☞ NEW Spanish translated information section

Simple. Convenient. Fast. Secure.

IWIF Accident Investigation FORMS

How To Use These Important Tools

Includes:

Employee's Report of Injury Form

Accident Witness Statement Form

Supervisor's Accident Investigation Form

Forms may be copied as needed.

Forms are also available for printing in pdf format online at

www.iwif.com.

Need Help?

If you would like assistance in setting up supervisory training on how to use these forms, please contact your IWIF

Claims Adjuster or Loss Control Consultant at 1-800-264-IWIF.

Accident investigation forms/statements **should be filled out** by the **injured employee, supervisor and any witness** to the accident.



Train your supervisors to conduct the preliminary investigation as soon as possible.

IMPORTANT - Care must be taken to assure the investigation is fact finding, not fault finding. Obtaining signed statements as soon as possible following an accident insures that you, the employer, have an accurate account of how the injury occurred. These completed statements are important in helping to correct hazards and prevent the accident from recurring. They also help to spot possible third-party liability as well as possible fraudulent claims, which can help defend against the claim.

After I have these forms completed - what do I do with them?

Please send the completed forms to your IWIF Claims Adjuster and keep a copy for your files. These completed forms can provide valuable information in a claims investigation of an injury and for developing the defense in the event of a workers' comp hearing.

What if my injured employee is physically unable to fill out the Employee's Report of Injury?

Use common sense and good judgement. If the injury is severe - remember, your employee's health and care are first and foremost. If possible, have the form filled out at a later, more appropriate time when the employee is physically able to document the accident.

What if my employee refuses to fill out or sign an Employee's Report of Injury?

Of course, you cannot make an employee fill out the document. You can however stress the importance of getting "their" account of the accident to help prevent the injury from happening again. Also, still obtain the supervisor's report as well as any witness statements.

What if my Employee has retained an attorney - Can I still ask the injured employee to fill out an Employee's Report of Injury?

Yes - you, the employer as part of your company's accident management plan, can still ask the employee to fill out the report form.

IWIF FORMULARIOS de Investigación de Accidentes



Cómo utilizar estas importantes herramientas

Incluye:

Formulario de informe de lesión por parte del empleado

Formulario de declaración del testigo del accidente

Formulario de investigación del accidente por parte del supervisor

Se pueden hacer copias de los formularios según sea necesario

También puede descargar formularios en formato pdf para imprimir en

www.iwif.com.

¿Necesita ayuda?

Si necesita ayuda para organizar capacitación para supervisores sobre el uso de estos formularios, comuníquese con su ajustador de reclamos o consultor de control de pérdidas de IWIF llamando al 1-800-264-IWIF.

Los formularios y declaraciones de investigación de accidentes **deberán ser llenados** por el **empleado que se haya lesionado, su supervisor y cualquier testigo** del accidente. Capacite a sus supervisores para que conduzcan la investigación preliminar tan pronto como sea posible.

IMPORTANTE - Se deberá tener cuidado de que la investigación sea para averiguar los hechos, no para asignar la culpa. La obtención de declaraciones firmadas tan pronto como sea posible después del accidente le asegura que, como empresa, tendrá una descripción precisa de cómo ocurrió la lesión. Estas declaraciones debidamente llenadas son importantes para la corrección de los peligros y para evitar que vuelvan a suceder los accidentes. También ayudarán a identificar la posibilidad de responsabilidad de terceros así como posibles reclamos fraudulentos, lo cual puede servir como defensa contra el reclamo.

Después de que llenar estos formularios, ¿qué hago con ellos?

Por favor envíe los formularios completos a su ajustador de seguros de IWIF y guarde una copia en sus archivos. Estos formularios debidamente llenados pueden suministrar información valiosa en la investigación de los reclamos por una lesión y para armar la defensa en caso de una audiencia de compensación de los trabajadores.

¿Qué sucede si el empleado que se lesionó está incapacitado físicamente para llenar el Informe de lesión por parte del empleado?

Utilice el sentido común y el buen juicio. Si la lesión es grave, recuerde que la salud y la atención de su empleado es lo primero y lo más importante. De ser posible, haga que el formulario sea llenado en un momento posterior más apropiado cuando el empleado esté capacitado físicamente para documentar el accidente.

¿Qué sucede si mi empleado se rehusa a llenar o a firmar el Informe de lesión por parte del empleado?

Desde luego que no se puede forzar a un empleado a llenar el documento. Sin embargo, se podrá enfatizar la importancia de obtener “su” relato para evitar que vuelva a ocurrir la lesión. También, obtenga de todas maneras el informe del supervisor así como las declaraciones de los testigos.

¿Qué sucede si mi empleado ha contratado a un abogado? ¿Puedo de todas maneras pedirle al empleado lesionado que llene el Informe de lesión por parte del empleado?

Sí. Usted, como parte del plan de administración de accidentes de su compañía, podrá de todas maneras pedir al empleado que llene el formulario de informe.

IWIF Employee's Report of Injury

(To be completed by the employee only.)

Employee's name: _____ Male__ Female__
Last First Middle

Date of birth: ___/___/___ Home telephone # (_____) _____

Home address: _____

City: _____ State: _____ Zip Code: _____

Present classification: _____ How long employed here: _____

Social Security No.: _____ - _____ - _____ Weekly salary: _____

Location of accident: _____
Address Area (loading dock, bathroom, etc.)

Date of accident: _____ Time of accident: _____

Describe fully how accident occurred: (including events that occurred immediately before the accident):

Describe bodily injury sustained (be specific about body part(s) affected): _____

Recommendation on how to prevent this accident from recurring: _____

Name of supervisor: _____ Phone# _____
Last First

Name(s) of witness(es): _____ Phone# _____
(Attach witness(es) report(s))

When did you report the accident to your supervisor? _____

To whom did you report the injury? _____

Do you require medical attention? Yes: _____ No: _____ Maybe: _____

Name of your treating physician: _____ Phone# _____

Signature of employee: _____ Date: _____

IWIF Informe de lesión por parte del empleado

(A ser llenado por el empleado únicamente.)

Nombre del empleado: _____ Sexo masculino__ Sexo femenino __
Apellido Primer nombre Segundo nombre

Fecha de nacimiento: ____/____/____ Teléfono particular (_____) _____

Domicilio particular: _____

Ciudad: _____ Estado: _____ Código postal: _____

Clasificación actual: _____ Cuánto tiempo ha estado empleado aquí: _____

No. de Seguro Social: _____ - _____ - _____ Salario semanal: _____

Lugar del accidente _____
Dirección Área (muelle de carga, baño, etc.)

Fecha del accidente: _____ Hora del accidente: _____

Describe todos los detalles de cómo ocurrió el accidente (incluyendo lo sucedido inmediatamente antes del accidente):

Describe la lesión corporal que sufrió (sea específico respecto a las partes del cuerpo afectadas): _____

Recomendaciones acerca de cómo evitar que vuelva a ocurrir este accidente: _____

Nombre del supervisor: _____ Teléfono: _____
Apellido Primer nombre

Nombres de los testigos: _____ Teléfono: _____
(Adjunte los informes de los testigos)

¿Cuándo notificó sobre el accidente a su supervisor? _____

¿A quién notificó acerca del accidente? _____

¿Requiere atención médica? Sí: _____ No: _____ Quizá: _____

Nombre del doctor que lo atiende: _____ Teléfono: _____

Firma del empleado: _____ Fecha: _____

IWIF Accident Witness Statement

(To be completed by accident witness)

Injured employee's name: _____

Last

First

Middle

Name of witness: _____ Ph# _____

Last

First

Middle

Job title of witness: _____ How long employed here? _____

Home address of witness: _____

City: _____ State: _____ Zip Code: _____

Location of accident: _____

Address/Name of building

Area (bathroom, etc.)

Date of accident: _____ Time of accident: _____

Describe fully how accident occurred: (including events that occurred immediately before the accident):

Describe bodily injury sustained (be specific about body part(s) affected): _____

Recommendation on how to prevent this accident from recurring: _____

Name of Witness's Supervisor: _____ Ph# _____

Last

First

Signature of Witness: _____ Date: _____

IWIF Declaración del testigo del accidente

(A ser llenado por el testigo del accidente)

Nombre del empleado lesionado: _____
Apellido Primer nombre Segundo nombre

Nombre del testigo: _____ Teléfono: _____
Apellido Primer nombre Segundo nombre

Puesto de trabajo del testigo: _____ Cuánto tiempo ha estado empleado aquí: _____

Domicilio particular del testigo: _____

Ciudad: _____ Estado: _____ Código postal: _____

Lugar del accidente: _____
Dirección/Nombre del edificio Área (baño, etc.)

Fecha del accidente: _____ Hora del accidente: _____

Describe todos los detalles de cómo ocurrió el accidente (incluyendo lo sucedido inmediatamente antes del accidente):

Describe la lesión corporal que sufrió (sea específico respecto a las partes del cuerpo afectadas): _____

Recomendaciones acerca de cómo evitar que vuelva a ocurrir este accidente: _____

Nombre del supervisor del testigo: _____ Teléfono: _____
Apellido Primer nombre

Firma del testigo: _____ Fecha: _____

IWIF Investigación del accidente por parte del supervisor

(A ser llenado por el supervisor del empleado u otro funcionario administrativo responsable)

Lugar donde ocurrió el accidente		Instalaciones de la empresa Sí <input type="checkbox"/> No <input type="checkbox"/>	Fecha del accidente o enfermedad
		Sitio del trabajo Sí <input type="checkbox"/> No <input type="checkbox"/>	
¿Quién se lesionó?		<input type="checkbox"/> Empleado <input type="checkbox"/> No empleado	Hora del accidente a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>
Antigüedad en la empresa	Cargo u ocupación	Nombre del departamento al que normalmente está asignado	¿Cuánto tiempo ha trabajado el empleado en el trabajo en el que ocurrió la lesión o la enfermedad?
¿Hubo daño a la propiedad / los equipos?		Propiedad / equipo de:	
¿Qué estaba haciendo el empleado cuando ocurrió la lesión o enfermedad? ¿Qué máquina o herramienta se estaba usando? ¿Qué tipo de operación?			
¿Cómo ocurrió la lesión o enfermedad? Enumere todos los objetos y sustancias involucrados			
Parte del cuerpo afectada / lesionada		¿Alguna condición física anterior? Sí <input type="checkbox"/> No <input type="checkbox"/>	De ser sí, ¿cuál?
Naturaleza y alcance de la lesión / enfermedad y daño a la propiedad (sea específico)			

POR FAVOR INDIQUE TODOS LOS PUNTOS SIGUIENTES QUE HAYAN CONTRIBUÍDO A LA LESIÓN O ENFERMEDAD

- | | | |
|--|---------------------------------------|--------------------------------|
| ___ Arreglo o proceso inseguro | ___ Equipo no asegurado | ___ Mantenimiento inadecuado |
| ___ Desorden / mala limpieza | ___ Falta de capacitación o habilidad | ___ Operación sin autorización |
| ___ Dispositivo de seguridad que no funcionó | ___ Impedimento físico o mental | ___ Posición insegura |
| ___ Equipo de protección inadecuado | ___ Instrucción inadecuada | ___ Resguardo inadecuado |
| ___ Equipo inseguro | ___ Juguetes | ___ Vestimenta inadecuada |
| ___ Equipo no apagado | ___ Mala ventilación | ___ Otro _____ |

Medidas correctivas del supervisor para asegurarse de que este tipo de accidente no vuelva a ocurrir: _____

- ¿Se capacitó al empleado en el uso correcto del equipo personal de protección / los procedimientos de seguridad correctos? Sí ___ No ___
- ¿Se amonestó al empleado por no utilizar el equipo de protección personal / los procedimiento de seguridad apropiados? Sí ___ No ___
- ¿Notificó el empleado prontamente acerca de la lesión / enfermedad? Sí ___ No ___
- ¿Hay tareas modificadas disponibles? Sí ___ No ___

Nombre del supervisor	Firma del supervisor	Teléfono	Fecha
204C 01/03	IWIF • 8722 Loch Raven Boulevard, Towson, MD 21286-2235 • www.iwif.com		

Se pueden hacer copias de los formularios según sea necesario

**EMPLOYEE'S CLAIM
WORKERS' COMPENSATION COMMISSION**

10 East Baltimore Street
Baltimore, Maryland 21202-1641
BALTIMORE PHONE 410-864-5100
TOLL FREE 1-800-492-0479 IN MARYLAND
TTY USERS CALL VIA MARYLAND RELAY

DO NOT WRITE IN CLAIM NUMBER BOX

CLAIM NUMBER

New Employee Claim Form

If your injured worker misses more than 3 days of work, your IWIF claims adjuster will send this official 3 page Employee Claim form along with helpful instructions to the injured worker.

PERSONAL INFORMATION

1. Claimant First Name: JOHN
2. Middle Initial: W
3. Claimant Last Name: SMITH
4. Phone Number: + +
5. Street Address: 10 MAPLE AVENUE
6. City: ANYTOWN
7. County: BA
8. State: MD
9. Zip Code: 21022
10. Social Security Number: + +
11. Sex: M F
12. Date of Birth: 01/05/1985
13. Marital Status: M S
14. Gross Wages Per Week: 22100.50
15. Paid full wages for day? Yes No
16. What is Your Regular Work: CARPENTRY & DRYWALL
17. What Was Your Work When Injured? HANGING DRYWALL

EMPLOYER INFORMATION

18. Full and correct business name of your employer:
19. Employer Phone Number: + +
20. Complete Address:
21. City:
22. State:
23. Zip Code:
24. Notice of Injury Given? Yes No
25. Nature of Employer's business:
26. Location where accident occurred:

27. Whom did you notify of the accident?:
28. First Day Not Worked: MMDDYYYY
29. Occupational Disease? Yes No
30. Date of accident/occupational disease disablement: MMDDYYYY
Time: AM PM
31. Describe how accidental injury occurred:
OR
32. Describe how occupational disease occurred:

NOTE: Failure to disclose information or giving false information, including information regarding any work related activity or return to work either before or after an award of benefits, may subject you to fines, imprisonment, or both, and disqualify you from receiving benefits. A CLAIMANT'S FAILURE TO COMPLETE THIS FORM IN COMPLIANCE WITH THE DIRECTIONS ON PAGE 3 MAY RESULT IN THE CLAIM BEING REJECTED. TO EXPEDITE YOUR CLAIM, YOU MAY SEND A COPY OF THE COMPLETED FORM TO YOUR EMPLOYER.

CLAIM INFORMATION

33. What member of your body was injured?:
34. Amputation Required? Yes No
35. Employer requested to provide medical care? Yes No
36. Medical care provided? Yes No
37. Date returned to work: MMDDYYYY
38. Attending Physician Name:
39. Street Address:
40. Apt. / Suite:
41. City:
42. State:
43. Zip Code:
44. If you were in a hospital - Hospital Name:
45. Street Address:
46. Apt. / Suite:
47. City:
48. State:
49. Zip Code:
50. If Health Insurance used, give name of Insurance Co.:

I hereby make claim for compensation for an injury resulting in my disability due to an accident (or disease) arising out of and in the course of my employment, and in support of it make the foregoing statement of facts. I hereby certify that the information I have given is accurate and that I have read the information on this form.

CLAIMANT'S SIGNATURE _____ DATE _____

DO NOT WRITE IN SPACE BELOW

INS. CO. ATTY INS. CO. 2 ATTY EMPLOYER EMP. ATTY CLMT. ATTY

**MARYLAND WORKERS' COMPENSATION COMMISSION
AUTHORIZATION FOR DISCLOSURE OF HEALTH INFORMATION**

Pursuant to Labor and Employment Article, §§ 9-709, 9-710, and 9-711, Annotated Code of Maryland, this authorization must be signed and filed with the Workers' Compensation Commission of Maryland in conjunction with any claim for workers' compensation benefits.

**New Mandatory
SAMPLE Form**

For all Employee Claims filed after October 1, 2007. Contact your IWIF claims adjuster for information and assistance regarding filing the Employee Claim form. This mandatory authorization form is now part of the Employee Claim form/filing process.

A. Person Covered by Authorization

This document authorizes the disclosure of protected health information regarding:

Name/Claimant

Date of Birth

B. Purpose of Disclosure

This document authorizes the disclosure of protected health information for the purpose of processing, adjudicating and resolving workers' compensation claims.

C. Entities Authorized to Make Disclosure

This document authorizes any health plan, physician, health care professional, dentist, hospital, clinic, laboratory, pharmacy, medical facility, or other health care provider that has provided payment, treatment or services to me or on my behalf to disclose my protected health information consistent with this directive.

D. Entities Authorized to Receive Protected Health Information

This document authorizes the disclosure of my protected health information to the following entities and their agents: my attorney, my employer, and my employer's workers' compensation insurer.

E. Information to be Disclosed

This document authorizes the entities listed in C to disclose protected health information that is relevant to:

1. The member of the body that was injured as indicated on the claim application form. (see box 33)
2. The description of how the accidental injury occurred as indicated on the claim application form. (see box 31)
3. The description of how the occupational disease occurred as indicated on the claim application form. (see box 32)

The protected health information that may be disclosed includes, but is not limited to: history, findings, office and patient charts, files, examination and progress notes, and physical evidence.

F. I understand that I may revoke this authorization by giving written notice to all parties to my claim for workers' compensation, except to the extent that this authorization has already been acted on prior to receipt of my revocation.

I understand that the information disclosed by this authorization may be subject to redisclosure by the recipient to a medical manager, health care professional or registered rehabilitation practitioner, and others consistent with state and federal law.

By signing this form, I am authorizing the disclosure of my protected health information. This authorization is valid for one year from the date the claim is filed.

Patient/Claimant Signature

Date

A photocopy, facsimile or electronic transmission of this signed authorization form is valid.

Injured Workers' Insurance Fund Temporary Prescription Services ID

Attention Injured Worker

- On your first visit, please give this notice to any pharmacy listed below to expedite the processing of your approved workers' compensation prescriptions. (Based on the established parameters by your employer.)
- Questions or need assistance locating a participating pharmacy: Call the Express Scripts Contact Center at 800-945-5951.

Atencion Trabajador Lesionado:

- Este formulario de identificacion para servicios temporales de prescripcion de recetas por compensacion del trabajador DEBERA SER PRESENTADO a su farmaceutico al surtir su(s) receta(s) inicial(es).
- Si tiene cualquier duda o necesita localizar una farmacia participante, por favor contacte al area de Atencion a Clientes de Express Scripts, en el telefono 866-945-5951.

Attention Supervisor: Please complete the following information for the injured worker.

Express Scripts

ID#: SSN to be presented to the pharmacy at the time prescription is filled _____

Date of Injury: ____/____/____
MM / DD / CC YY

Group#: IWIF

Employee Date of Birth: ____/____/____
MM / DD / CC YY

Employee Information

First name Middle Last name

Mailing Address

Street address of PO Box

City State Zip Code

Employer Name

Attention Pharmacist

- Express Scripts administers this workers' compensation prescription program. Follow the steps below to submit a claim.
- For assistance, call the Express Scripts Contact Center at 888-786-9640.

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 9 digit ID#
Step 5	Enter first name & last name
Step 6	Enter the injured worker's date of injury (enter in PA field in the format ccyyymmdd)

Participating Pharmacy Chains

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

NOTE: This form is not valid in the state of Ohio. For all other states, liability of a workers' compensation claim is not assumed based on the dispensing of medication(s) to a patient.

Prescription Benefits Questions and Answers

What is Express Scripts?

Express Scripts is a pharmacy benefit management company experienced with workers' compensation prescriptions. Express Scripts allows you to fill a compensable (work-related injury) prescription at a participating pharmacy location. You may use the pre-authorized Temporary Prescription Services ID form until you receive a permanent card. A Pharmacy Benefit Program handbook and a long-term card will be sent to you once compensability has been determined.

How much does the card cost?

The card is issued at no cost and covers approved work-related injury prescriptions.

Can I use the Temporary Prescription Services ID right away?

Yes, as long as your employer has reported your injury to IWIF, you may use it at any participating pharmacy. Just take your prescription and Temporary Prescription Services ID to the pharmacy you select to obtain your medication. To locate a pharmacy in your neighborhood, call Express Scripts at (800) 945-5951.

What if I have already filled and paid for a prescription?

Send the receipt and a copy of the prescription to your claim representative.

When does the Temporary Prescription Services ID expire?

You may use the pre-authorized Temporary Prescription Services ID form for your initial prescriptions within the first two weeks. A Pharmacy Benefit Program handbook and a long-term card will be sent to you at the discretion of your claims representative. The long-term card expires when your claim representative notifies Express Scripts to discontinue the Express Scripts service.

May I get additional prescriptions after the long-term card expires?

If the card expires and your treating physician provides a new prescription, contact your claim representative to reactivate the card.

What if I run out of the medication before the refill date?

Call your treating physician.

Do I have to stay with the same pharmacy location?

No, you may go to any pharmacy participating in the Express Scripts Perx Select Pharmacy Network.

Will this program limit the pharmacies I can use?

As long as you use a pharmacy that participates in the Express Scripts Perx Select network, you will experience the benefits of this program. At this time, 96% of all pharmacies in the United States participate in the network.

What if I lose my Temporary Prescription Services ID?

If you have already had a prescription filled using your Temporary Prescription Services ID, and you are using the same pharmacy, you will not need another Temporary Prescription Services ID. At the discretion of your claims representative, a long-term card may be sent to you.

Who can provide me with more information? Express Scripts Customer Service toll-free at (800) 945-5951 will assist with any additional questions or concerns regarding this program.



Wage Statement

Employer:	Date Prepared:	Injured Employee's Name:
Injured Employee's SSN:	Date of Injury:	IWIF Claim Number:

Please list the employee's **weekly gross earnings** for each of the **14 weeks immediately prior to the date / week of the accident.**

Week Number	Week Ending Month / Day / Year	Gross Salary (Include all overtime)	Additional Income (if applicable)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			

If this claimant was given free rent, lodging, board, tips, or other allowances in addition to the above gross salary, please write the weekly value of that in the "**Additional Income**" column.

Signature of Person Completing Form

Date

Please return this form to your claims representative via fax at 410-494-2122. Please call your IWIF claims representative if you have any questions. Thank you very much for your time.

Notice to Employer

Work Permits for Minor Employees

Attention IWIF Policyholder,

In accordance with Insurance Article 19-405 you are hereby notified that:

- 1.) You must have a work permit for each minor employee as required by Title 3, Subtitle 2 of the Labor and Employment Article; and
- 2.) If you do not have a work permit for a minor employee:
 - (i) the State Workers' Compensation Commission may award twice the compensation and death benefits otherwise allowed under Title 9, Subtitle 6 of the Labor and Employment Article in a claim by that employee or the employee's dependent; and
 - (ii) the employer is solely liable for any increase in compensation or death benefits in a claim by that employee or that employee's dependent.