

IMMEDIATELY CONTACT FINANCIAL AFFAIRS at 674-7340 REGARDING THE ACCIDENT AND EMPLOYEE'S INJURY. EMPLOYEE AND SUPERVISOR MUST FILL OUT REPORT

EMPLOYEE INFORMATION (Please Print Clearly)

Employee Name _____ Employee ID No. _____
Address _____ Date/Time of Accident _____
City, State, ZIP _____ Date of Hire _____
Residence Phone _____ Dept. Extension _____
Marital Status _____ No. of Dependents _____ Date of Birth _____
Supervisor _____ Weekly Wage _____ Job Title _____

ACCIDENT INFORMATION

Where Did Accident Occur _____ Part of Body Injured _____

What were you doing when injured (be specific)

Name tools, equipment or hazardous materials, and what you were doing with them

List all witnesses

Give a description of the accident (Give full details on factors which led to injury/illness.)

Do you feel your injury/illness is directly related to your work? [] Yes [] No [] Don't Know

Employee Signature _____

BELOW TO BE FILLED OUT BY SUPERVISOR

Do you agree with the description of the accident? [] Yes [] No

What corrective action will take place to prevent accident from recurring?

Supervisor Signature _____ Date _____

WORKERS' COMPENSATION SUMMARY

The university provides, at no cost to you, Workers' Compensation coverage for health care services for on-the-job injuries and occupational diseases. This coverage is provided through a managed care arrangement as outlined in Section 440.134 of the Florida Statutes.

Under the Workers' Compensation law and the National Occupational Safety and Health Act of 1970, it is mandatory that any on-the-job injury or accident be immediately reported to your supervisor and the Office of the Vice President for Financial Affairs so that the proper documentation can be filed for federal inspection. A report is filed with the State of Florida to ensure that any benefits the injured may be entitled to are not jeopardized by failure to report. Failure to file within seven days may result in a fine to the university and a loss of benefits to you.

If the injury is severe and immediate attention is required, you are to go directly to Holmes Regional Emergency Room or Palm Bay Community Hospital Emergency Room. You (or whoever may go with you) must inform the Emergency Room that you have incurred a work-related injury and you are not to use your hospitalization insurance ID card for payment or filing claims. Confirmation or authorization to file Workers' Compensation claims may be directed to the Office of Vice President for Financial Affairs at 674-7340.

If the injury is not severe, you must visit only health care providers in the managed care network. If you receive treatment outside the managed care network without prior authorization from the insurance carrier, such treatment is not covered by the employer or the insurance carrier. For a list of authorized providers, contact the Office of Vice President for Financial Affairs at 674-7340.

If your Workers' Compensation primary care physician needs to refer you to a specialist, you will be referred to a physician within the Workers' Compensation managed care network (from the list). You are permitted to make one change to another primary care physician within the Workers' Compensation network and one change to another provider in the same specialty within the Workers' Compensation network during treatment for your work-related injury. You may also request a second medical opinion. You should contact your case manager or adjuster about provider changes. Any additional change request must go through the managed care grievance procedure.

The grievance procedure for Workers' Compensation issues consists of two steps. The first step, or informal grievance, requires you to contact the grievance coordinator for the insurance carrier. The telephone number for this step may be obtained from the Office of the Vice President for Financial Affairs.

If you are not satisfied with the outcome at the first step, you may file a formal grievance by completing the Formal Grievance form and mailing it to the insurance carrier. The required form and address may be obtained from the Office of the Vice President for Financial Affairs. You have up to one year from the date of the occurrence to file a formal grievance. If desired, a meeting of all parties can be arranged at a convenient site. The grievance coordinator will acknowledge your grievance within five (5) days and will respond in writing within thirty (30) days. If you are still dissatisfied with the outcome, you may file an appeal by calling the State of Florida Division of Workers' Compensation Employee Assistance hotline at 1-800-342-1741.