

(Company Name)
When You Incur a Work Related Injury
How Our Company's Workers' Compensation Insurance Works for You

This document is part of our company's HR policy related to an injury that our employees may incur while working. If you incur a work related injury, we will assist you in the work claim process while also complying with the rules, regulations, compliance, state & federal regulatory laws, and statutes governing Workers' Compensation in each state where we operate.

Incurring a work-related injury

1. You must immediately report your injury to your supervisor, manager, or directly to our HR Department. Please be sure to report your injury the same day of your injury. This is a very important obligation on your part and not an optional decision for you to make.
2. We will immediately report your injury to our Workers' Compensation Insurance Company.
3. A toll-free injury reporting phone number is near your workstation to use if you are not successful to report your work related injury to your supervisor, or manager.

Your Injury & Treatment

1. You will be directed to one of our company's approved medical providers for your initial medical consultation and treatment. Of course, a "911" emergency injury may require your immediate treatment at a hospital. In certain states, you may be entitled to choose your initial medical consultation from our posted, company endorsed panel of local medical providers.
2. You understand that your initial choice of medical providers is limited to these posted and endorsed medical providers.
3. You understand and agree that you may be subject to a post incident/accident, drug test whenever you incur a job-related injury and/or, when you receive subsequent medical treatment. We will follow all Federal and State compliance and guidelines governing application of employee drug testing.
4. We follow all state laws and statues on the treatment of work-related injuries.
5. You are required to utilize our Workers' Compensation Insurance Company's medical network of managed care medical providers. Your managed care medical treatments will be in accordance with and compliance with, all Federal and State Laws/Statues.
6. We highly value the work that you do for our company and we will provide you a Transitional Period of Recovery of "At Work, Alternative Work Duties" with the approval from your medical provider (s).

Lost Time & Wages

1. Your loss of pay does not commence until you have been off work for _____ days. It may take another week before you receive your benefit payments from our workers' compensation insurance company.
2. Unless you are hospitalized, contagious, or too medicated to perform any duties, we will provide you an alternative work duty that your medical provide has approved for you. We will require you to report for an alternative work duty within our company during your recovery period.

Important Advisory

1. In coordination and consultation with our workers compensation insurance carrier, we reserve the right to investigate, review, and petition for denial, reduction, and/or termination of your Workers' Compensation benefits, if you fail to abide by any of our company's policies related to your work-related injury. We will only take such action when so permitted by law and statues in those states where we conduct our operations. We will seek guidance, recommendations and approval from our workers compensation insurance company for any such actions based upon the circumstances and facts related to the violation(s) of our company's workers' compensation HR policies.

Our worker's compensation HR policy includes always striving to provide you and all of our employees, a safe work environment including proper documentation, fairness and consistency. We will strive to honor our stated workers compensation HR policies while honoring all legal requirements in those states where we conduct operations.

If you have any questions, or concerns, we encourage to contact your supervisor, and/or, HR department, including of anyone in our management team to help clear up any confusion, or misunderstandings you may have about our workers; compensation HR policies. Please acknowledge your receipt and understanding

Signature _____

Date _____