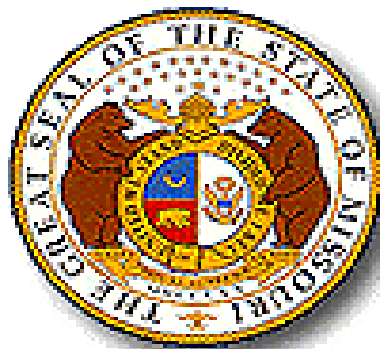


STATE EMPLOYEE WORKERS' COMPENSATION REPORTING PACKET



Missouri Office of Administration
Risk Management Section
Central Accident Reporting Office
(CARO)

August 2005



Dear Injured State Employee,

This packet is designed to assist you in reporting work-related injuries. General information describing workers' compensation benefits is included on the next page of this packet. Please read the following instructions carefully. Complete and return the forms in this packet to your employer so that prompt attention may be given to your claim. Turn in all off work slips from medical providers to your state agency.

Employee Checklist:

- ✓ If medical treatment is required, contact 1-800-624-2354 to seek authorized medical care.
- ✓ Complete the Employee Injury Report immediately (included in this packet) and turn it into your agency.
- ✓ Complete the Authorization to Release Medical Records Form (included in this packet) granting access to medical records and turn it into your agency.

If You Have You Missed Time From Work Due To This Injury:

- ✓ Turn in off work slips from the medical provider indicating the days you should be off work due to the injury.
- ✓ Keep your agency informed of your work status.

Please be advised that your state agency must turn in all off work slips as well as inform us of the days you will miss work due to the injury before temporary total disability benefits may be considered. This information may be faxed to CARO at 573-751-5262 or 573-526-0820.

If you have any questions regarding your workers' compensation claim, please contact CARO at (573) 751-2837 or toll free at 1-888-622-7694.

We wish you a speedy recovery.

Central Accident Reporting Office



STATE EMPLOYEE WORKERS' COMPENSATION REPORTING PACKET

This packet is designed to assist the state employee in reporting work-related injuries. Please read the following instructions carefully and complete the following forms so that prompt attention may be given to your claim.

FOLLOW THESE STEPS WHEN AN INJURY OCCURS:

1. Complete the employee injury report immediately.
2. If medical treatment is required, contact 1-800-624-2354 to seek authorized medical care. Treatment not authorized will be at your own expense.
3. Complete the Authorization to Release Medical Records form granting access to medical records. These records must be received before payment of medical charges may be considered.

RETURN ALL FORMS TO YOUR EMPLOYER PROMPTLY. FAILURE TO COMPLETE THESE FORMS MAY DELAY CONSIDERATION OF WORKERS' COMPENSATION BENEFITS.

Questions or concerns may be directed to the Central Accident Reporting Office (CARO) at (573) 751-2837 or 1-888-622-7694

EMPLOYEE INJURY REPORT

Under state law, written notice of the injury must be given to the employer. Describe in detail the time, place, and how you were injured. It is important to identify the specific body part injured, (Example: left or right wrist).

AUTHORIZATION TO RELEASE MEDICAL RECORDS

To avoid unnecessary delays, you are asked to sign an authorization to release medical records necessary to enable prompt consideration of workers' compensation benefits. Please complete the form, sign and date.

State of Missouri
Office of Administration
Central Accident Reporting Office
P.O. Box 809
Jefferson City, MO 65102
Phone: (573) 751-2837
or: 1-888-622-7694

Workers' Compensation for Missouri State Employees

Missouri Office of Administration
Risk Management Section

What is Workers' Compensation?

Benefits payable to an employee by his or her employer without regard to liability in the case of injury, disability or death as a result of occupational hazards.

Who is Covered?

All employees, full or part-time.

What is Covered?

Injury by accident arising out of and in the course of employment if the accident was the prevailing factor in causing the medical condition and disability.

Time of Coverage

Coverage begins the first minute an employee is on the job and continues while the employee is working.

What about Occupational Diseases?

1. It must arise out of and in the course of employment.
2. It cannot be an "ordinary disease of life", unless it follows as an incident of an occupational disease.
3. The occupational exposure was the prevailing factor in causing the medical condition and disability.

What are the Workers' Compensation Benefits?

- ❖ Medical care to cure and relieve the effects of the injury. This includes doctor's fees, hospital costs, lab tests, x-rays, pharmacy charges, prosthetic devices, etc.
- ❖ Payments based on lost wages. These payments are for "temporary disability", or inability to work, authorized by a physician. Payments may also be made if there is a permanent disability-for example, the loss of an eye or the amputation of a finger or limb.
- ❖ Rehabilitation services. Often this is physical therapy, but should an injury keep you from returning to your usual job, you may qualify for retraining and vocational rehabilitation.

How much are the payments?

Two thirds of your weekly wage up to a maximum set by law. Payments will not be made the first three days (the waiting period) during which the employer is open and operating for business unless the disability exceeds fourteen (14) days.

Early Return to Work

The State of Missouri is committed to returning employees injured on the job to temporary modified duty during recovery when feasible. Consult with your human resource officer or CARO regarding the State's Early Return to Work Program.

A Problem?

Most injuries are handled routinely. However, if you think you have not received all the benefits due you, contact your employer or the Central Accident Reporting Office (CARO). Most questions can be resolved with a single telephone call.

If questions or concerns cannot be resolved by CARO, you may wish to obtain advice from the Missouri Division of Workers' Compensation. If the problem cannot be resolved, you may wish to file a "formal" claim with the Division. You may desire to obtain an attorney, however, contacting CARO or the Division may resolve your claim. If not, your claim may be heard by an administrative law judge.

How to get Benefits.

Check List

- 1. Report all injuries immediately to your employer. Document the time, place, names of witnesses and nature of the injury in a written report.
- 2. If medical treatment is required, you or your employer should contact 1-800-624-2354, 24 hours a day for the name of an authorized medical care provider in your area, prior to seeking treatment. A pharmacy card may be issued if medications are necessary as prescribed by the authorized treating physician. The State of Missouri will not pay for medical treatment you receive if you do not utilize authorized medical providers. However, you may seek your own medical care with the provider of your choice at your own expense.

- 3. Unless it is an emergency, do not seek aid without informing your employer and going to authorized medical providers
- 4. If it is an emergency, seek initial treatment at the nearest hospital emergency room or medical clinic. Then notify your employer as soon as possible.
- 5. Notify the hospital or clinic that your injury is a workers' compensation injury and give the name, address and telephone number of your employer.
- 6. Surgeries and the purchase or rental of medical equipment should be preapproved by CARO.
- 7. Mileage may be submitted to CARO for treatment outside the local or metropolitan area from the employee's principal place of employment.

Workers' compensation benefits may be reduced for injuries sustained in conjunction with the use of alcohol or controlled, nonprescribed drugs. Benefits may be forfeited if shown that the use of alcohol or controlled, nonprescribed drugs was the proximate cause of the injury.

Prompt report is the key! Avoid unnecessary delays or denials by notifying your employer immediately of an injury.

Fraudulent action on the part of an employee, employer, or any other person is unlawful and subject to a Class D felony and a fine up to \$10,000.

Questions? Contact:
Missouri Office of Administration
Risk Management Section
Central Accident Reporting Office
"CARO"
P.O. Box 809
Jefferson City, MO 65102
573-751-2837
Toll Free: 1-888-622-7694
www.oa.mo.gov/gs/risk/work/work.htm
E-mail: caro@oa.mo.gov



STATE OF MISSOURI
OFFICE OF ADMINISTRATION
RISK MANAGEMENT SECTION
**EMPLOYEE INJURY REPORT --
WORKERS' COMPENSATION**

**CENTRAL ACCIDENT REPORTING OFFICE
(CARO)**
P.O.BOX 809
JEFFERSON CITY, MO 65102
573-751-2837
TOLL FREE 1-888-622-7694
FAX 573-526-0820

EMPLOYEE NAME		CARO NUMBER
<p>We understand you may have suffered an injury or illness which may be compensable under the Missouri Workers' Compensation Law. In an effort to consider you for benefits under workers' compensation, you are asked to complete this injury report form. Please complete the report in detail and do not leave any blanks. Return immediately to your employer or to the Central Accident Reporting Office. Questions? Call 573/751-2837.</p>		
1. DATE OF INJURY		2. TIME OF INJURY
3. DESCRIBE CLEARLY AND IN DETAIL HOW YOU WERE INJURED.		
4. WHAT PART OF YOUR BODY WAS INJURED? (BE SPECIFIC - EXAMPLE RIGHT OR LEFT WRIST)		
5. HAVE YOU RECEIVED TREATMENT TO THIS PART OF BODY PRIOR TO THIS ALLEGED INJURY? IF SO, PLEASE PROVIDE NAMES/ADDRESSES OF ANY PHYSICIANS YOU HAVE SEEN.		
6. WERE ANY OTHER PARTS OF YOUR BODY INJURED?		
7. NAME ALL WITNESSES TO YOUR INJURY.		
8. WHO DID YOU REPORT YOUR INJURY TO?		
9. WHEN DID YOU REPORT YOUR INJURY? GIVE DATE AND TIME		
10. WHO REFERRED YOU TO MEDICAL TREATMENT OUTSIDE YOUR AGENCY OR FACILITY?		
11. EXPLAIN ANY DELAYS IN REPORTING YOUR INJURY OR SEEKING MEDICAL TREATMENT.		
12. IN YOUR OPINION, HOW MIGHT THE INJURY BE PREVENTED OR AVOIDED IN THE FUTURE?		
I HAVE PREPARED AND READ THE ABOVE AND DECLARE IT TO BE TRUE.		
SIGNATURE		DATE



STATE OF MISSOURI
OFFICE OF ADMINISTRATION
RISK MANAGEMENT SECTION

**AUTHORIZATION TO RELEASE MEDICAL RECORDS -
WORKERS' COMPENSATION**

**CENTRAL ACCIDENT REPORTING OFFICE
(CARO)
P.O. BOX 809
JEFFERSON CITY, MO 65102
573-751-2837
TOLL FREE 1-888-622-7694**

To Whom It May Concern:

I, the undersigned, _____, PRINT OR TYPE NAME

_____, DATE OF BIRTH, do hereby request and authorize any medical health care provider, upon presentation of this authorization, to disclose to the State of Missouri, Central Accident Reporting Office, or its representative, including the Attorney General of Missouri and his Assistants, any material or information concerning _____ PRINT OR TYPE NAME with respect to illness or injury, medical history, consultation, treatment including but not limited to x-rays, medical histories, nurses' notes, prescriptions and copies of all hospital or medical records. A photostatic copy of this authorization shall be considered as effective and valid as the original.

This is not a release of any claim I may have.

SIGNED		DATE
STREET ADDRESS		
CITY	STATE	ZIP CODE



STATE OF MISSOURI
OFFICE OF ADMINISTRATION
RISK MANAGEMENT SECTION

WORKERS' COMPENSATION DISABILITY LEAVE OPTIONS

**CENTRAL ACCIDENT REPORTING OFFICE
(CARO)
P.O. BOX 809
JEFFERSON CITY, MO 65102
573-751-2837**

EMPLOYEE'S NAME (LAST, FIRST, MI)

DATE OF INJURY

CARO NUMBER

I understand that I have the following options available to me while I am unable to work due to a work-related injury covered by workers' compensation.

CHECK ONE:

- ☐ I elect to receive workers' compensation temporary total disability benefits for my lost time calculated at sixty-six and two-thirds percent of my average weekly wage not to exceed the maximum set by law. I understand I may request to use my accumulated vacation and/or accumulated compensatory time which may be approved, and there will be no reduction in my workers' compensation temporary total disability benefits.

EFFECTIVE DATE

- ☐ I elect to have my accumulated sick leave applied to my lost time in lieu of receiving workers' compensation temporary total disability benefits without affecting my right to medical and permanent disability benefits, if any. If the sick leave option is selected, workers' compensation temporary total disability benefits as provided by law may begin as soon as my sick leave balance is depleted or I change my option.

EFFECTIVE DATE

After choosing one of the above described options, I have the right to file a revision of this form changing my option. The change will become effective on or after the date I sign the revised form.

EMPLOYEE'S SIGNATURE

DATE OF SIGNATURE

WITNESSES SIGNATURE

DATE OF SIGNATURE