



WORKERS COMPENSATION
TOOLKIT

IOWA



WORKERS COMPENSATION



POLICYHOLDER CLAIMS TOOLKIT

Going *Beyond the expected*[®] to rehab, rebuild, and restore lives.

INJURY REPORTING

All injuries should be reported to Pekin Insurance by calling 800-322-0160.

If the injury is non-emergent, please have the injured employee and supervisor call Pekin Insurance's Nurse On Call at 833-746-8308.

When calling, please try to have the following confidential information:

- Company name and location of the accident
- Injured employee's name, department, supervisor, and work phone number
- Employee's home phone number
- Employee's social security number
- Employee's date of birth
- Time and date when injury occurred
- Description of the accident

- The registered nurse will assess the injury and recommend a treatment plan that could include self-care, telehealth, a clinical visit, or a trip to the emergency room. If the recommendation is self-care, please contact Pekin Insurance Nurse On Call before further treatment.
- A copy of the nurse triage report is given to the policyholder and to Pekin Insurance.
- If treatment is sought, a claim is generated and a Pekin Insurance claim specialist will contact the employer and the employee.
- Please review your claims checklist.

CLAIMS REPORTING CHECKLIST

- Handle the medical needs of your injured employee.
- Report the claim either to Pekin Insurance directly or Pekin Insurance's Nurse On Call.
- Complete a thorough investigation including witness statements. Complete an internal supervisor's accident report, if available.
- Follow up on any corrective action for the cause of the accident. Preserve objects or machines for further inspection.
- Secure the name, address, and phone numbers of anyone you feel may be responsible for the incident.
- Send all necessary investigative information to Pekin Insurance.
- Complete the wage information and send to Pekin Insurance.
- Follow up with the injured employee.
- Send the work status slip or notify Pekin Insurance of a return to work.
- Notify Pekin Insurance if you are able to provide transitional duty, if needed.
- Send all medical bills and reports to Pekin Insurance.
- If the employee is losing time, review all options for return to work and discuss them with the employee and Pekin Insurance.



WORKERS COMPENSATION

Going *Beyond the expected*[®] to rehab, rebuild, and restore lives.

WHAT IS WORKERS COMPENSATION

Workers compensation is a benefit to provide medical and income protection if you are injured on the job. Pekin Insurance created this brochure to help you understand the program so that you can concentrate on recovering from your injury and returning to work.

HOW TO USE WORKERS COMPENSATION

The workers compensation program began working for you when you reported your injury. Pekin files your claim for benefits on your employer's behalf. If you are eligible, you are responsible for staying in contact with your employer and workers compensation specialist and immediately reporting any changes in your medical condition or work status, along with providing medical documentation.

THE BENEFITS

If there is coverage for your injury, you may be entitled to the following benefits.

MEDICAL CARE

You will be provided with reasonable, necessary, quality medical care to treat your injury at no cost to you. Medical care may include prescription medication, durable medical equipment, diagnostic testing, and more. There are no deductibles or co-pays under the workers compensation program. Your workers compensation specialist can review these benefits in more detail.

LOST TIME BENEFITS

You may be paid for any loss of wages if it is determined that you are unable to earn your full pay due to your injury. The amount you receive is based on your weekly income. This is based on your actual pay prior to your injury and is non-taxable. Workers compensation generally replaces a portion of your weekly income, but the weekly payment cannot exceed a maximum set by the state in which you work. Your state may have a waiting period that requires a certain amount of time to pass before you get paid. If you have questions, check with your workers compensation specialist.

WORKERS COMPENSATION



OUR GOAL: REHAB, REBUILD, AND RESTORE

The goal of Pekin Insurance is to manage the rehabilitation of your injury, work with your employer for a full return to the work, and assist in restoring your life. We strive to do this seamlessly so you can concentrate on your recovery. Pekin Insurance provides access to a nurse for any medical questions you have through your recovery.



YOUR RIGHTS UNDER WORKERS COMPENSATION

- To receive all reasonable and necessary medical care related to your injury.
- To have all reasonable and necessary medical bills and loss of income paid promptly and without incident.
- To have questions on coverage for any benefit quickly resolved by your workers compensation specialist.
- To return to a job that matches your skills and physical abilities at the same rate of pay as before your injury.

YOUR RESPONSIBILITIES

- To immediately report all your injuries to your employer.
- To help in the review of your injury or illness for possible coverage of benefits.
- To immediately report any change in your medical status or work status after each medical examination to your employer and/or specialist.
- To stay in contact with your employer and your workers compensation specialist.
- To carefully follow the medical program provided by your physician.
- To return to work in your regular job or a lighter temporary job as soon as you are medically able and released by your physician to do so.

STATE OVERSIGHT

Workers compensation benefits are mandated by the state, and the state monitors all claims to ensure benefits are paid properly. Your Pekin Insurance claim coordinator reports all of the details of your claim to the state.



800-322-0160

WORKERS COMPENSATION DEPARTMENT



RETURN TO WORK

FACT: Injured workers off work longer than 6 months have only a 50% chance of returning to their jobs. If time loss exceeds 1 year, there is only a 25% chance they will return to their jobs.

- Claims reported within 3 days have significantly lower average claims costs.
- 60% of workers off the job 14 days are already experiencing financial difficulty, which will most likely result in attorney involvement.

Although we are seeing a reduction in the overall reporting of lost time work injuries, we are seeing a gradual increase in medical costs and average cost per claim. The average workplace injury cost for 2016-2017 was \$40,000. Return to work programs play a major role in controlling claims costs, especially in reducing time loss payments.

REMEMBER:

Temporary total disability is not paid if you can return your employee to work.

Temporary total disability is not paid if the employee refuses suitable and available work properly offered.

Temporary partial disability is a prorated payment if you can return your employee to work at less than the regular wage or hours. Be creative and offer transitional work that is productive and meaningful.

Temporary partial disability is a prorated payment if the employee returns to employment through a volunteer organization. Pekin Insurance can assist you with facilitating volunteer work that is meaningful and productive.

BENEFITS OF RETURN TO WORK FOR THE EMPLOYEE

- Keeps the employee active and expedites recovery
- Speeds up the employee's return to productive activities
- Shifts the employee's focus from disabilities to abilities
- Increases the employee's self-esteem
- Provides an improved sense of job security
- Keeps employee connected with their co-workers and workplace

BENEFITS OF RETURN TO WORK FOR THE EMPLOYER

- Provides a cost-effective pre-injury plan
- Encourages prompt reporting of incidents
- Helps avoid attorney involvement by showing prompt attention, regular follow-ups, and concern
- Reduces the severity of a claim by reducing the time off work
- Re-acclimates the employee to work
- Improves the working environment by providing meaningful employment
- Sustains productivity

COMPONENTS OF A SUCCESSFUL RETURN TO WORK PROGRAM

- Documented Return to Work policy and formalized program
- Documented procedures for reporting claims and assessing medical treatment
- Early intervention claims management
- Commitment to providing Return to Work either onsite or offsite in ALL cases
- Leadership support of the Return to Work policy and program
- Effective communication of the policy and program to employees
- Review and evaluation of the program

Pekin Insurance has dedicated Loss Control Consultants and Workers Compensation Specialists to assist employers with tools and resources for successful Return to Work programs and offsite transitional work programs.



24/7 NURSE ON CALL PROGRAM

Nurse On Call offers injured employees access to an occupational nurse who is available 24/7. Without making an onsite visit, the nurse assesses non-life threatening injuries and determines if treatment requires self-care, an appointment with telehealth,* a visit to an onsite clinic, or a trip to the emergency room.

With Nurse On Call and telehealth, your injured worker receives timely and professional care. Your program should also see a reduction in incurred costs, increased PPO and pharmacy network use, decreased litigation, and fewer visits to the emergency room.

Pekin Insurance partners with CorVel for the Nurse On Call program, which allows the nurse to use the preferred provider network, if needed. **Please call 911 and seek medical attention for serious or life-threatening injuries.**

BENEFITS OF NURSE ON CALL

- Facilitates early intervention with a nurse specialized in occupational care.
- Assesses the injury immediately for the right level of care and cost.
- Reduces the number of claims and unnecessary physician visits.
- Reduces lag time with quick and efficient reporting.
- Helps employees return to work quicker.
- Allows access to the preferred provider network.
- Provides access to translators in multiple languages.
- Records all calls.

*Telehealth provides injured employees with immediate access to a physician via iOS/Android phone, tablet, or a computer with video. This is ideal for sprains, strains, and other non-emergency, medical-only injuries. Telehealth saves time by eliminating the need to schedule and travel to appointments.

HOW TO USE NURSE ON CALL

1. The employee contacts the supervisor to report an injury.
2. The supervisor and injured employee call Nurse On Call at 833-746-8308.
3. If the nurse does not refer the employee for medical treatment, the nurse gives self-care instructions and follows up with the employee the next day.
4. If the employee later determines medical treatment is needed, the employee can call the nurse for reassessment.
5. The nurse will identify a preferred provider.
6. The employee needs to inform the provider they are covered by Pekin Insurance.
7. A copy of the nurse triage report is forwarded to the policyholder and Pekin Insurance.
8. If treatment is sought, a claim is generated and a claim specialist will contact the employer and injured worker.



833-746-8308



TERM LIFE INSURANCE

to 95+

SIMPLE AND AFFORDABLE

Do you have a family or someone who depends on you for financial support?

Life insurance can help your survivors maintain their lifestyle and pay bills like rent, mortgage, health insurance, college tuition, and car loans.

If you like simple, affordable coverage, term life insurance is for you. It's a great way to keep your loved ones' dreams going after you're gone.

TERM LIFE HIGHLIGHTS

- Affordable coverage that is guaranteed renewable to age 95.
- Guaranteed convertible to any of our permanent products at any time prior to the policy anniversary date following your 75th birthday, without proof of good health.
- Provides a Conversion Credit available prior to age 60 as incentive to convert.
- Long-term premium guarantees let you lock in rates.
- Level premium choices of 10, 15, 20, or 30 years, or to age 65.
- Accelerated Death Benefit Rider at no-cost.
- Accidental Death Benefit Rider available
- Children's Term Rider available.
- Waiver of Premium Rider available.
- Local, Independent Agent to assist you with your Life Insurance needs!

**MCKELLAR, ROBERTSON,
MCCARTY & CLICK
INSURANCE LTD**



www.mrmcinsurance.com



cjolliff@mrmcinsurance.com



618-283-4200



CUSTOMER EXPERIENCE

Our goal at Pekin Insurance is to provide seamless claim handling for both the injured employee and the employer. When accidents occur, it is our job to ensure the injury is eligible for workers compensation benefits, to facilitate the recovery process and return to work, to pay the necessary medical and disability benefits, and most importantly, to adequately explain and assist in the workers compensation process.

When a claim is submitted to Pekin Insurance for handling:

- A claim specialist will call the employer, the employee, and the provider within 4 business hours.
- The claim specialist will determine eligibility for workers compensation benefits, explain the workers compensation process and benefits, and determine direction with the injured worker.
- If necessary, the claim specialist will involve necessary resources to assist in the medical and disability management of the claim.
- The claim specialist will document the claim and follow up with the injured employee and the employer throughout the life of the claim until it is resolved.

COST CONTAINMENT MEASURES AND RESOURCES

Pekin Insurance partners with CorVel for medical bill review, preferred provider network, diagnostics, durable medical equipment, and prescriptions. CorVel's bill review savings average up to 28% higher than the industry averages. CorVel combines robust rules-based technology, clinical expertise, expert review, a PPO network, and bill review for maximum savings.

- **Medical Bill Review** – Medical bills are reviewed, adjusted, and paid by CorVel directly. This allows for maximum savings and regulatory compliance.
- **Prescriptions** – Injured employees receive a prescription card for immediate use in a large network of pharmacists with no out-of-pocket expenses.
- **Ancillary Services** – CareIQ is CorVel's service provider for ancillary services including durable medical equipment, diagnostic services, translation, and transportation.

NURSE CARE ADVOCATE

Pekin Insurance has a care advocate available as a resource to claim specialists and injured workers. Injured employees can be referred to the care advocate through their claim specialist.

REHABILITATION NURSES

Claim specialists will also use field and telephonic nurses, when needed, to assist with the medical and disability management of a claim.





SUPERVISOR INCIDENT REPORT



Injured worker's name:		Sex: ___Male ___Female
Social Security number:		Date of Birth:
Address:		Phone:
		Date of Hire:
Job Title & Department:		

Date of injury:	Time of injury:	Medical attention sought? YES NO
Name of facility or physician that provided treatment:		
Witness to the incident:		
Was or will a drug screen be completed? YES NO (please circle one)		

Last Day Worked:		Return to work date:	
------------------	--	----------------------	--

Scheduled work week at time of injury			
Hours:	Days per week:	Start time:	End time:

Injured worker's normal/usual schedule			
Hours:	Days per week:	Start time:	End time:

Injured worker's statement regarding the injury (list all circumstances and equipment involved)	
Body Parts affected:	
Type of injury:	

The answers I have provided to the above questions are true to the best of my knowledge.	
Injured worker's signature:	Date:
Supervisor signature:	Date:



Employer: _____

Employee Name: _____

Address: _____

Job Title: _____

Completed by: _____

Date completed: _____

Title of person completing form: _____

ACTIVITY	NEVER (0 hours)	OCCASIONALLY up to 3 hours per day	FREQUENTLY 3 - 6 hours per day	CONSTANTLY 6 - 8+ hours per day
Sitting				
Walking				
Standing				
Bending (neck)				
Bending (waist)				
Squatting				
Climbing (stairs/ladders)				
Kneeling				
Crawling				
Twisting (neck)				
Twisting (waist)				
Reaching (below shoulder level)				
Reaching (above shoulder level)				

DOES THIS JOB REQUIRE LIFTING? (please circle) yes no

How many times per day? _____

Lifting (check appropriate box)

- 0-25lb
- 26-60lb
- 61lb and above

DOES THIS JOB REQUIRE CARRYING? (please circle) yes no

How far? (estimate distance): _____

Carrying (check appropriate box)

- 0-25lb
- 26-60lb
- 61lb and above

How many times per day? _____

DOES THIS JOB REQUIRE (please check if applicable):

- Driving cars
- Driving trucks
- Operating forklifts
- Walking on uneven ground
- Exposure to excessive noise
- Exposure to dust, gas, fumes, or chemicals
- Working at heights
- Operation of foot controls or repetitive foot movement
- Use of special auditory equipment
- Working with bio-hazards such as blood borne pathogens, sewage, or hospital waste



RETURN TO WORK



Physician: Please fill out this form and fax to:	
Employee: Completed form must be returned to your employer following each examination.	
Employer: When received, route this form to Pekin Insurance.	

Employer:		Claim Number:	
Date of Injury/Illness:		Date of Treatment:	
Diagnosis AND Treatment Plan:			

RETURN TO WORK: YES _____ NO _____ FULL DUTY: _____ (date)

MODIFIED DUTY: _____ (date)

Check appropriate box below

	Sedentary Work. Lifting 10lbs maximum and occasionally lifting and/or carrying such articles as docket, ledgers, and small tools. Although a sedentary job is defined as one that involves sitting, a certain amount of walking and standing is often necessary in carrying out job duties. Jobs are sedentary if walking and standing are required only occasionally and other sedentary criteria are met.
	Light Work. Lifting 20lbs maximum with frequent lifting and/or carrying of objects weighing up to 10lbs. Even though the weight lifted may be only a negligible amount, a job is in this category when it requires walking or standing to a significant degree or when it involves sitting most of the time with a degree of pushing and pulling of arm or leg controls.
	Light Medium Work. Lifting 30lbs maximum with frequent lifting and/or carrying of objects weighing up to 20 lbs.
	Medium Work. Lifting up to 50lbs maximum with frequent lifting and/or carrying of objects weighing up to 25 lbs.
	Light Heavy Work. Lifting up to 75lbs maximum with frequent lifting and/or carrying of objects weighing up to 40lbs.
	Heavy Work. Lifting up to 100lbs maximum with frequent lifting and/or carrying of objects weighing up to 50lbs.

EXPECTED DATE FOR MMI (maximum medical improvement): _____

NEXT APPOINTMENT: _____

MD SIGNATURE: _____

Iowa Workers' Compensation – FIRST REPORT OF INJURY OR ILLNESS

Jurisdiction Code _____

Jurisdiction Claim Number _____

CLAIM ADMIN	Claim Administrator Name:		Claim Representative Business Phone Number:		Insurer Name (if different than claim administrator):	
	Mailing Address, City, State, & Postal Code:		Claim Administrator Claim Number:		Insurer FEIN:	
		Claim Administrator FEIN:		Claim Type Code:		
EMPLOYER	Employer Name:		Employer FEIN:		Insured Report Number:	
	Physical Address, City, State, & Postal Code:		Mailing Address, City, State, & Postal Code:		Industry Code:	
	Nature of Business:		Employer Contact Name and Business Phone Number:		Employer Type Code: <input type="checkbox"/> Employer (E) <input type="checkbox"/> Lessor (L)	
				Insured Location Number:		Employer UI Number:
POLICY	Insured Name (parent company if different than employer):		Insured FEIN:		Insured Postal Code:	
					Policy/Contract Number:	
				Coverage Effective Date:		Self Insurance License/ Certificate Number:
				Coverage Expiration Date:		
EMPLOYEE	Employee Name (First, Middle, Last, & Suffix):		Date of Birth:		Gender:	
	Mailing Address, City, State, & Postal Code:		Date of Hire:		Tax Filing Status (check one): <input type="checkbox"/> Single (A) <input type="checkbox"/> Married/Filing Joint (C) <input type="checkbox"/> Male (M) <input type="checkbox"/> Single/Head of Household (B) <input type="checkbox"/> Married/Filing Separate(D)	
	Phone Number (include area code):		Educational Level (grade completed): _____ [GED = 12]		Marital Status: (check one)	
	Occupation Description:		Employment Status (check one): <input type="checkbox"/> Piece Worker <input type="checkbox"/> Volunteer <input type="checkbox"/> Seasonal <input type="checkbox"/> Apprenticeship/Full-Time <input type="checkbox"/> Apprenticeship/Part-Time <input type="checkbox"/> Regular Employee/Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Other		Employee ID Number (check one): ID # _____ <input type="checkbox"/> Social Security Number <input type="checkbox"/> Employment VISA Number <input type="checkbox"/> Passport Number <input type="checkbox"/> Green Card <input type="checkbox"/> Employee ID Assigned by Jurisdiction	
	Manual Classification Code:				Employee's Authorization to Release the Following: Medical Records <input type="checkbox"/> yes <input type="checkbox"/> no Social Security Number <input type="checkbox"/> yes <input type="checkbox"/> no	
	Department Where Regularly Worked:					
WAGE	Average Wage \$ _____ (check one): <input type="checkbox"/> hourly <input type="checkbox"/> daily <input type="checkbox"/> semi-monthly <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> annual <input type="checkbox"/> weekly		Salary Continued In Lieu of Compensation: <input type="checkbox"/> yes <input type="checkbox"/> no		Employee Number of Dependents: _____	
	Number of Days Regularly Worked Per Week: _____		Full Wages Paid for Date of Injury: <input type="checkbox"/> yes <input type="checkbox"/> no		Employee Number of Exemptions: _____ (check one) <input type="checkbox"/> Entitled <input type="checkbox"/> Withholding	
			Discontinued Fringe Benefits: \$ _____			
ACCIDENT/INJURY	_____ Date of Injury _____ Date Employer Had Knowledge of the Injury _____ Date Claim Administrator Had Knowledge of the Injury _____ Initial Date Last Day Worked _____ Initial Return to Work Date (if applicable) _____ Employee Date of Death (if applicable)		Describe the nature of the injury. (ex. amputation, burn, cut, fracture):			
	_____ Time of Injury _____ Time Employee Began Work		Part(s) of body directly affected by the injury or illness. (ex. hand, arm, circulatory system):			
	Pre-Existing Disability Code: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Describe the events that caused the injury. (ex. fell, operating machinery, chemical exposure):			
	Accident Premises Code: <input type="checkbox"/> Employer (E) <input type="checkbox"/> Lessee (L) <input type="checkbox"/> Other (X)		Name the object or substance that directly injured the employee. (ex. knife, floor, acid, oil):			
	Accident Site Organization Name:					
	Accident Site Street, City, State, & Postal Code:					
	Accident Location Narrative (if no street address):		Specify activity the employee was engaged in when the event occurred. (ex. cutting metal plate for flooring) Indicate if activity was part of normal duties:			
	Accident Site County/Parish:		Witness Name & Business Phone Number:			
MEDICAL	Initial Treatment Code (check one): <input type="checkbox"/> no medical treatment (0) <input type="checkbox"/> minor/on-site treatment (1) <input type="checkbox"/> clinic/hospital visit (2) <input type="checkbox"/> emergency care (3) <input type="checkbox"/> hospitalization > 24 hours (4) <input type="checkbox"/> future medical treatment/lost time anticipated (5)		Initial Medical Provider Name:		Managed Care Organization Name or ID Number:	
			Initial Medical Provider Physical Address, City, State, & Postal Code:		ICD Primary Diagnostic Code (if known):	
Preparer's Name & Title:		Preparer's Company Name:		Phone Number:		
				Date:		

**This section is to provide information valuable in handling this claim.
The Iowa Occupational Safety and Health Act**

The following is a summary of the recordkeeping, reporting and posting responsibilities of employers under Iowa's Occupational Safety and Health Act.

RECORDKEEPING REQUIREMENTS

Regulations issued under the Iowa Occupational Safety and Health Act of 1972 require establishments subject to the Act to maintain records of recordable occupational injuries and illness. Such records must consist of: (a) a log and summary of occupational injuries and illnesses and (b) a supplementary record of each occupational injury and illness.

LOG AND SUMMARY OF OCCUPATIONAL INJURIES AND ILLNESSES.

Each recordable occupational injury and occupational illness must be entered on a log and summary of cases (OSHA Form No. 200) as early as practicable but no later than six working days after receiving information that a recordable case has occurred. A multi-unit employer may maintain the log and summary of occupational injuries and illnesses at a place other than the establishment if there is a copy of the log and summary available in the establishment complete and current to a date within 45 calendar days. If an equivalent of OSHA Form No. 200 is used, such as a printout from data-processing equipment, the information shall be as readable and comprehensible to a person not familiar with the data-processing equipment as the OSHA Form No. 200 itself. Logs must be kept current and retained for 5 years following the end of the calendar year to which they relate.

SUPPLEMENTARY RECORD OF OCCUPATIONAL INJURIES AND ILLNESSES.

To supplement the Log and Summary of Occupational Injuries and Illnesses, each employer must have available a record for each occupational injury or illness at each establishment within six working days after receiving information that a recordable case has occurred, OSHA Form No. 101 may be used for this purpose. State of Iowa Form No. 14-0001 [(IAIABC Form 1.2 (12/98)], workers' compensation or other reports are acceptable as records if they contain the information required on OSHA Form No 101. These records must be available in the establishment without delay and at reasonable times for examination by representatives of the Iowa Division of Labor Services, the U.S. Department of Labor and the U.S. Department of Health, Education and Welfare. The records must be maintained for a period of not less than 5 years following the end of the calendar year to which they relate.

ANNUAL SUMMARY.

Each employer subject to the recordkeeping requirements must prepare a summary of the occupational injury and illness experience of the employees in each of the employer's establishments at the end of each year based on the information contained in the log and summary of occupational injuries and illnesses for the particular establishment. OSHA Form No. 200 shall be used for this purpose. The summary shall be signed and posted in a place accessible to the employees no later than February 1 and shall remain in place until March 1. For employees who do not report to work at a single establishment, or who do not report to any fixed establishment on a regular basis, employers shall satisfy the posting requirement by presenting or mailing a copy of the annual summary during the month of February to all such employees who receive pay during that month. Summaries must be retained for 5 years following the end of the calendar year to which they relate.

EMPLOYEES NOT IN FIXED ESTABLISHMENTS.

Employers of employees engaged in physically dispersed operations such as occur in construction, installation, repair or service activities who do not report to any fixed establishment on a regular basis but are subject to common supervision may satisfy the recordkeeping provisions with respect to such employees by:

- (a) Maintaining the required records for each operation or group of operations which is subject to common supervision (field superintendent, field supervision, etc.) in an established central place;
- (b) Having the address and telephone number of the central place available at each worksite; and
- (c) Having personnel available at the central place during normal business hours to provide information from the records maintained there by telephone and by mail.

(Note: This regulation does not automatically apply to all construction, installation, repair or service activities. If in doubt about applicability to your operations, contact the Iowa Division of Labor Services.)

Records for personnel who do not primarily report or work at a single establishment, and who are generally not supervised in their daily work, such as traveling salespersons, technicians, engineers, etc., shall be maintained at the location from which they are paid or the base from which personnel operate to carry out their activities.

REPORTING REQUIREMENTS

Regulations issued under the Iowa Occupational Safety and Health Act require all employers subject to the Act to report to the Iowa Workers' Compensation Commissioner any occupational injury or illness which temporarily disables an employee for more than three days or which results in permanent total disability, permanent partial disability, or death. The report must be filed electronically in conformity with EDI requirements with the Iowa Division of Workers' Compensation within four days from such event when the injury or illness is alleged by the employee to have been sustained in the course of the employee's employment. A report to the Iowa Division of Workers' Compensation is considered to be a report to the Iowa Division of Labor Services. The Iowa Division of Workers' Compensation shall forward all such reports to the Iowa Division of Labor Services.

In addition, employers must report to the Iowa Labor Commissioner within 8 hours each accident or health hazard that results in one or more fatalities or hospitalization of three or more employees.

Those establishments selected to participate in the annual Occupational Injuries and Illnesses Survey will be required to prepare a report (OSHA Form No 200-S) based on entries contained on the Log and Summary of Occupational Injuries and Illnesses.

POSTING REQUIREMENTS 4082

The Iowa Occupational Safety and Health Act requires that employees be informed of the job safety and health protection provided under the Act. The poster, "Safety and Health Protection on the Job," is to be used for this purpose, and must be posted in a prominent place in the establishment to which the employees usually report to work. The poster briefly states the intent and coverage of the Act and the responsibilities of employers and employees to maintain safe and healthful working conditions.

EMPLOYERS WHO MUST KEEP OSHA RECORDS

Employers with 11 or more employees (at any one time in the previous calendar year) in the following industries must keep OSHA records. The industries are identified by name and by the appropriate Standard Industrial Classification (SIC) code:

- Agriculture, forestry, and fishing (SIC's 01-02 and 07-09)
- Oil and gas extraction (SIC 13 and 1477)
- Construction (SIC's 15-17)
- Manufacturing (SIC's 20-39)
- Transportation and public utilities (SIC's 41-42 and 44-49)
- Wholesale trade (SIC's 50-51)
- Building materials and garden supplies (SIC 52)
- General merchandise and food stores (SIC's 53 and 54)
- Hotels and other lodging places (SIC 70)
- Repair services (SIC's 75 and 76)
- Amusement and recreation services (SIC 79)
- Health services (SIC 80), and
- State and local government (Above SIC 's plus 91-97).

If employers in any of the industries listed above have more than one establishment with combined employment of 11 or more employees, records must be kept for each individual establishment.

All employers, including small employers and those in exempted SIC's, must continue to meet the requirement to report fatalities or multiple (3 or more) hospitalizations and all occupational injuries or occupational illnesses that result in a workers' compensation case.

If an employer is notified in writing by the Bureau of Labor Statistics about having been selected to participate in a statistical survey, such employer, including small employers, and those in exempted SIC's, must maintain a log and summary of all occupational injuries and illnesses for that year. The notification will contain the necessary form and instructions to comply with the survey requirements.

The Iowa Workers' Compensation Act

The following is a summary of the recordkeeping and reporting responsibilities of employers under the Iowa Workers' Compensation Act.

RECORDS AND REPORTS

Every employer shall keep a record of all injuries sustained by employees in the course of their employment resulting in incapacity for longer than one day. An employer with notice or knowledge of an injury which temporarily disables an employee for more than three (3) days or results in permanent total disability, permanent partial disability or death is required to electronically file a report with the Workers' Compensation Commissioner within four (4) days from such event when such injury is alleged by the employee to have been sustained in the course of employment.

All books, records, and payrolls of an employer are required to be open for inspection by the Workers' Compensation Commissioner for purposes of administration of the Iowa Workers' Compensation Act.

The Workers' Compensation Commissioner may require an employer to appear and show cause why the employer should not be subject to a civil penalty of \$1,000.00 per occurrence for failure to comply with the reporting or inspection requirements. Upon hearing, if the facts indicate, the commissioner may enter an order requiring payment of such penalty. Unless voluntarily paid, the commissioner may petition the district court for entry of judgment on the order. The employer's insurance carrier shall be responsible in the same manner and to the same extent as the employer when a report of injury has been submitted to the employer's insurance carrier and not filed by them with the Workers' Compensation Commissioner.

The employer is required to furnish to an employee, on request, one statement of earnings, wages, or salary for the year preceding the injury. An employer may be subject to a civil penalty of \$1000.00 per offense for refusal to furnish such wage statement.

INSTRUCTIONS

An employer with notice or knowledge of an injury which temporarily disables an employee for more than THREE (3) days or results in permanent total disability, permanent partial disability or death is required to electronically file a first report of injury with the Iowa DIVISION OF WORKERS' COMPENSATION within FOUR (4) days from such event when such injury is alleged by the employee to have been sustained in the course of the employee's employment. A report to the Iowa DIVISION OF WORKERS' COMPENSATION is considered to also be a report to the Iowa DIVISION OF LABOR SERVICES. The Iowa DIVISION OF WORKERS' COMPENSATION forwards the report to the Iowa Division of Labor Services. Employers should report ALL injuries to their insurance carrier or third party administrator. ALL REPORTS MUST BE FILLED IN COMPLETELY AND SIGNED. PLEASE TYPE OR PRINT LEGIBLY.

This form contains all items requested on OSHA form No 101, "Supplementary Record of Occupational Injuries and Illness."
THE INFORMATION PROVIDED WILL BE OPEN FOR PUBLIC INSPECTION UNDER Iowa Code § 22.11.



