



WORKERS COMPENSATION
TOOLKIT

MICHIGAN



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.

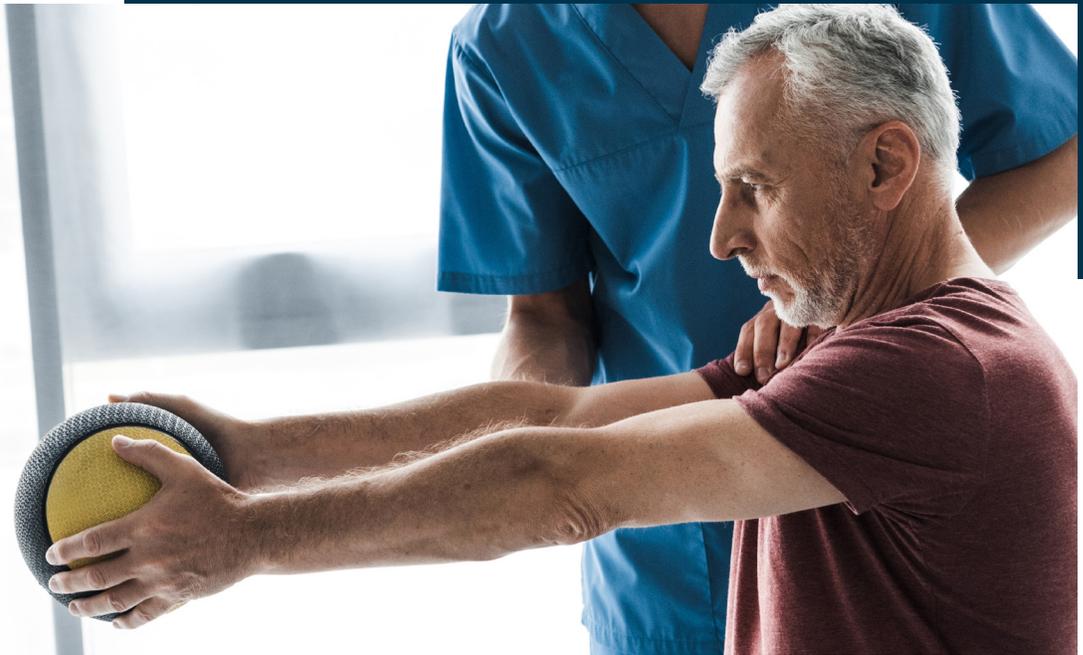
When calling, please try to have the following confidential information:

- 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

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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. According to the National Safety Council (NSC), the average workplace injury cost for 2021 was \$42,000. 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.

**Not available in all states, depends on future need*



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



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:	
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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: _____

EMPLOYER'S BASIC REPORT OF INJURY
Michigan Department of Labor and Economic Opportunity
Workers' Disability Compensation Agency
PO Box 30016, Lansing, MI 48909

An employer shall report immediately to the agency on Form WC-100 all injuries, including diseases, which arise out of and in the course of the employment, or on which a claim is made and result in any of the following: (a) Disability extending beyond seven (7) consecutive days, not including the date of injury; (b) Death; (c) Specific losses. In case of death, an employer shall also immediately file an additional report on WC-106. See instructions on reverse side for filing/mailling procedures.

I. EMPLOYEE DATA

1. Social Security Number	2. Date of injury	3. Employee name (Last, First, MI)		
4. Address (Number & Street)		5. City	6. State	7. ZIP Code
8. Date of birth (MM/DD/YYYY)	9. Sex Male <input type="checkbox"/> Female <input type="checkbox"/>	10. Number of dependents	11. Telephone number	
12. Tax filing status: <input type="checkbox"/> A. Single <input type="checkbox"/> B. Single, Head of Household <input type="checkbox"/> C. Married, Filing Joint <input type="checkbox"/> D. Married, Filing Separate				

II. EMPLOYER/CARRIER DATA

13. Employer name		14. Federal ID Number		
15. Injury location code	16. Mailing location code	17. UI number	18. Type of business (SIC/NAICS)	
19. Employer street address		20. City	21. State	22. ZIP code
23. Insurance company name (if employer not self-insured)			24. Insurance company telephone number (if known)	

III. INJURY/MEDICAL DATA

25. Last day worked	26. Date employee returned to work (if applicable)	27. Did employee die? <input type="checkbox"/> Yes <input type="checkbox"/> No	28. If yes, date of death
29. Injury city	30. Injury state	31. Injury county	32. Did injury occur on employer's premises? <input type="checkbox"/> Yes <input type="checkbox"/> No
33. Case number from OSHA/MIOSHA log	34. Time employee began work <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		35. Time of event <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. If time cannot be determined, check here <input type="checkbox"/>
36. What was the employee doing just before the incident occurred? Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific.			
37. How did the injury occur? Examples: "When ladder slipped on wet floor, worker fell 20 feet." "Worker was sprayed with chlorine when gasket broke during replacement"			
38. Describe the nature of injury or illness		39. Part of body directly affected by the injury or illness	
40. What object or substance directly harmed the employee? Examples: concrete floor, chlorine, radial arm saw. If this question does not apply to the incident, leave it blank.			
41. Name of physician or other health care professional	42. Was employee treated in an emergency room? <input type="checkbox"/> Yes <input type="checkbox"/> No		43. Was employee hospitalized overnight as an in-patient? <input type="checkbox"/> Yes <input type="checkbox"/> No
44. If treatment was given away from the worksite, where was it given? (Include name, address, city, state and ZIP code of facility)			

IV. OCCUPATION AND WAGE DATA

45. Date hired	46. Total gross weekly wage (highest 39 of 52)	47. Number of weeks used	48. Value of discontinued fringes
49. Occupation (Be specific)	50. Was employee a volunteer worker? Yes <input type="checkbox"/> No <input type="checkbox"/>	51. Was employee certified as vocationally handicapped? Yes <input type="checkbox"/> No <input type="checkbox"/>	
52. Date employer notified by employee	53. If temporary service agency, provide name/address of employer where injury occurred.		

V. PREPARER DATA

I CERTIFY THAT A COPY OF THIS REPORT HAS BEEN GIVEN TO THE EMPLOYEE

<i>Making a false or fraudulent statement for the purpose of obtaining or denying benefits can result in criminal or civil prosecution, or both, and denial of benefits.</i>			
54. Preparer's name (Please print or type)	55. Preparer's signature	56. Telephone number	57. Date prepared

Notice to employee: Questions or errors should be reported immediately to the individual listed above in space 54

If you are using this form as a replacement for the Form 301 to document the specifics of an injury or illness for purposes of compliance with the work-related injury and illness logging requirements, follow the instructions in Section A only.

If you are using this form to report a workers' compensation injury, follow the instructions in Section A and B.

Section A

This form can be used in lieu of the MIOSHA Form 301, *Injury and Illness Incident Report*. It is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the *Log of Work-Related Injuries and Illnesses* (Form 300) and the accompanying *Summary* (Form 300A), these forms help the employer and MIOSHA develop a picture of the extent and severity of work-related incidents.

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out questions 2-9, 27-28, 33-45 and 54-57.

According to Public Law of 1970 (P.L. 91-596) and Michigan Occupational Safety and Health Act 154, P.A. 1974, Part 11, Michigan Administrative Rule for Recording and Reporting of Injuries and Illnesses, you must keep this form on file for 5 years following the year to which it pertains. **DO NOT mail this form to the Workers' Disability Compensation Agency unless it meets the conditions listed below in Section B.**

Section B

You must complete all questions on this form if the injury or disease results in any of the following: (a) Disability extending beyond seven (7) consecutive days, not including the date of injury; (b) Death; (c) Specific loss. The original form must be mailed to the Workers' Disability Compensation Agency, P.O. Box 30016, Lansing, MI 48909.

Authority: Workers' Disability Compensation Act, 408.31(1)(3) Completion: Mandatory Penalty: Workers' Disability Compensation Act, 418.631	LEO is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
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EMPLOYEE'S REPORT OF CLAIM

Michigan Department of Labor and Economic Opportunity
 Workers' Disability Compensation Agency
 P.O. Box 30016, Lansing, MI 48909

NOTE: A copy of this form will be sent to your employer and their workers' compensation insurance carrier. Do not submit any medical reports with this form.

1. Social Security Number	2. Date of Injury	3. Date of Birth (MM/DD/YYYY)	4. Employee Telephone Number
5. Employee Name (Last, First, MI)		10. Employer Name	
6. Employee Street Address		11. Employer Street Address	
7. Employee City	8. State	9. ZIP Code	12. Employer City
			13. State
			14. ZIP Code
15. Describe the type of injury and explain how it happened.			
16. Are you making a claim for payment of medical expenses? <input type="checkbox"/> Yes <input type="checkbox"/> No		17. Last Day Worked	
18. Have you gone back to work? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date of return _____		19. Was the injury reported to your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date reported _____	

Making a false or fraudulent statement for the purpose of obtaining or denying benefits can result in criminal or civil prosecution, or both, and denial of benefits.

20. Employee Signature	21. Date of this report
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OFFICE USE ONLY

Carrier Name

LEO is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.	Authority: Workers' Disability Compensation Act, 408.31(4) Completion: Voluntary Penalty: None
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