**SAMPLE WORDING FOR EMPLOYERS TO REVISE/CHANGE TO SUIT**

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| **Company Logo** | **RETURN-TO-WORK PROCEDURES AFTER A WORKPLACE INJURY** |

**Our commitment to you:**

At \_\_\_\_\_\_\_\_\_\_(Employer name), our employees are our most important asset.  In the event of a workplace accident, our goal is to minimize preventable absences within our organization where safe, alternative work is available.  On a case-by-case basis, we work with individual injured workers to accommodate modified duty work releases during their healing period.   We are committed to supporting our employees throughout the workers’ compensation process and to bringing them back to work in the most safe and efficient manner possible.

Signature of Company President

**The following process has been explained to me.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(printed name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date)**

NOTE: All \_\_\_\_\_\_\_\_\_\_(Employer name) employees are covered by workers’ compensation insurance through \_\_\_\_\_\_(Insurance carrier)

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| 1. **Report it** – Report your injury or illness to your manager **immediately** after the accident’s occurrence or your knowledge of the injury, regardless of whether you believe medical attention is needed.   **\_\_\_\_\_\_\_Employee Initials**   * Most important is that you receive prompt medical attention – your manager can guide you * Your manager will help you fill out the Notice of Accident and submit all needed paperwork to \_\_\_\_\_\_\_\_\_\_\_\_\_. * Each incident is investigated in order to improve future safety practices for you and others so you will be asked questions regarding how the injury occurred * For emergencies: If you or someone else requires emergency medical treatment, contact 911 right away. At the soonest possible opportunity, \_\_\_\_\_\_\_\_\_ can help fill out the necessary paperwork * NOTE: Reporting an accident to a co-worker is not considered proper notice |
| Note to employers – Depending on how you decide to make initial HCP selection, delete the appropriate #2 section. Below is sample wording if the worker makes the initial HCP selection   1. **Health Care Provider (HCP) selection** – Initially, you have the right to choose your place of medical treatment   **\_\_\_\_\_\_\_Employee Initials**   * NOTE: It is your responsibility to ask, **before** you seek medical attention, that the HCP you choose will take workers’ compensation insurance * After the initial 60-day treatment period, CO. or its insurer has the right to select a different HCP, if we so choose * \_\_\_\_\_\_\_ may give you a packet to take to your HCP appointments so that they understand our return-to-work program and may consider a transitional employment release   Or alternately, if you opt to make the initial HCP selection   1. **Health Care Provider (HCP) selection** – \_\_\_\_\_\_\_\_\_\_(Employer name) has opted to make the first choice of HCP as allowed by NM Workers’ comp statute   **\_\_\_\_\_\_\_Employee Initials**   * We ask that you seek treatment with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. * After the initial 60-day treatment period you have the right to select a different provider, if you so choose. * \_\_\_\_\_\_\_ may give you a packet to take to your HCP appointments so that they understand our return-to-work program and may consider a transitional employment release |
| Note to employers – Delete this section if you do not do drug testing. If you do, tailor wording below   1. **Post-accident drug test** – CO. follows a written drug and alcohol-free workplace policy     **\_\_\_\_\_\_\_Employee Initials**   * After \_\_\_\_\_\_\_\_\_\_\_\_, you are required to submit to a drug test * \_\_\_\_\_\_\_\_\_ will guide you in our drug testing procedures * If intoxication is found to have contributed to the injury, you may also be subject to a reduction in workers’ compensation indemnity benefits |
| 1. **Working with ins. co.**– By the end of your shift, your manager will notify \_\_\_\_\_ of your injury/illness. \_\_\_will then file a workers’ compensation claim on your behalf with \_\_\_\_INS. CO   which determines if your claim is “compensable” (payable) under our insurance.  **\_\_\_\_\_\_\_Employee Initials**  From there:   * You will be contacted by your assigned \_\_\_\_\_ claim adjuster and be given a claim number – write that down for future reference and follow any instructions your adjuster gives you * Medical information regarding your workplace injury is needed to determine compensability of your claim so you will be asked to fill out a “New Mexico Workers’ Compensation Administration Worker’s Authorization For Use And Disclosure Of Health Records” form * Your claim adjuster will be your contact for all questions regarding necessary medical care, payment of medical bills and any indemnity (lost-time) payments if you must be off-work * Any workers’ compensation payments will come from \_\_\_\_\_, not from \_\_\_\_\_\_\_\_\_Employer name directly |
| 1. **Transitional employment** – Should your HCP release you to light duty (transitional employment), report that to \_\_\_\_\_\_ immediately. We will offer you transitional employment as long as work is available within your medical restrictions.   **\_\_\_\_\_\_\_Employee Initials**  NOTE: Building you back up to full employment in this way has been shown to speed recovery   * A transitional work assignment may involve performing job tasks outside of your current essential functions and perhaps even a different work-site * \_\_\_ and your management team will monitor you during this process with regular check-ins to see how you are doing and that you are taking care to stay within your work restrictions * If you experience difficulty or pain while performing any task, stop immediately and notify your management team. If necessary, we will find alternative tasks within your restrictions * The terms of transitional employment will be reevaluated at various intervals and may be changed according to your changing work restrictions or conditions and work availability * While on transitional employment, you will be paid at the same pay rate you were making before your injury - this is more than you would be making if you were to receive workers’ compensation indemnity lost-time benefits |
| 1. **If you have to miss work as a result of your injury** – Under our RTW program, we are trying to minimize the financial burden of a prolonged absence. However, if you miss more than seven calendar days (do not have to be consecutive) due to your injury, you may be entitled to indemnity lost-time benefits while you are out.   **\_\_\_\_\_\_\_Employee Initials**   * NOTE: While on workers’ compensation indemnity lost-time benefits, you will NOT be receiving your full wage as if you were working - Workers’ compensation pays at 66 2/3 % of your average weekly wage, based on a 26-week wage history * You may be entitled to use leave to supplement time off. FMLA might also be an option. If you are out for an extended period, \_\_\_\_\_ and your claim adjuster will advise you of options * Health insurance and other employer benefits may be affected by an extended absence. Should this occur, \_\_\_\_\_\_ * will inform you of your options * We value our employer / employee relationships and will stay in contact with you during a long absence to see how we can help you through your recovery process |

For more information, refer to \_\_\_\_\_\_\_\_\_\_, ask your manager or contact \_\_\_\_\_

**CONTACTS: Main office ph#\_\_\_\_\_\_\_; Ins co ph# \_\_\_\_\_\_\_\_;**

**NM Workers’ comp help hotline: 1-866-967-5667**