



CITY OF MARLBOROUGH

WORKERS' COMPENSATION INJURY FILING PROCEDURES

The following are the procedures to be followed when a City of Marlborough employee has been accidentally injured while at work through no fault of their own during a period for which they were paid.

Step 1. Incident Notification

When an injury occurs, the employee is to notify their supervisor **IMMEDIATELY**.

Please note:

- It is required to document any work-related injury, **even if no time is lost**.
 - If the injury becomes aggravated in the future, this document will be critical to process the claim in a fast and efficient manner.
 - Re-injury will be treated the same way as the initial injury, and the same procedures should be followed.
- You can find the fillable Accident Form and Supervisor's Form by visiting the "Applications & Guides" tab on the left-hand side of the Human Resources webpage on the City of Marlborough's website at www.marlborough-ma.gov or by contacting the Human Resources Department directly.
- If the employee is unable to fill out the accident report due to the injury, ***the supervisor is responsible for filling out the accident report*** and submitting it to the Workers' Compensation Agent in the Human Resources Department as soon as possible. The Human Resources Department will not be able to process medical bills or lost wages without an accident report.
- In the case of an inpatient hospitalization of one or more employees, an amputation or loss of an eye, as a result of a work-related incident, you must notify Human Resources immediately, as we are required to file a report within twenty-four (24) hours after the incident.

Step 2. Incident Report Submission

Fill out the Claimant's Form Notice of Employee Accident **THOROUGHLY**.

- **Claimant's Form Notice of Employee Accident**- to be filled out by the employee.
 - ***Injured Person*** - Please fill out all necessary information about who you are, how you can be contacted, and where specifically you work in the City/School.
 - ***Time and Place*** - Please fill out the specifics about where and when the injury/incident occurred, and to whom and when the injury was reported.
 - ***Cause of Injury*** - Please fill out the specifics as to how the injury/incident occurred and if there were any witnesses.
 - ***Nature of the Injury*** - Please fill what the nature of the injury/incident, be specific as to the body part that was injured (for example, right forearm, left shin, ring finger, etc.). Please check off if you sought any medical treatment, and if so, where and when. If you received a note from the facility/Doctor's Office, please be sure to provide a copy.
- **Medical Authorization**- The employee needs to sign the Consent for Release of Medical Information for our Workers' Compensation Vendor, FutureComp, to manage your claim.
- **Supervisor Investigation Report** - to be filled out by the Supervisor **ONLY**. Please be thorough and describe the accident; unsafe actions that caused the accident, corrective actions that have been or will be taken to correct the unsafe action/condition (if applicable), and any additional remarks. This is to be signed by the supervisor as well as the department head of the injured employee.

Please Note:

- If the injury is **severe**, the employee has to be seen by the Emergency Room right away. The employee will fill out the Incident report form at a later time. Supervisor to notify Human Resources immediately, and the report is to be completed by the Supervisor.
- If the injury is **not severe**, the employee is required to fill out the Incident Report packet within 24 hours of the injury/incident and hand it to the Supervisor in order for the claim to be reviewed.

Step 3. Submission of Form

Submit **original** forms to the Human Resources Department **WITHIN 24 HOURS** of injury. Human Resources will enter the information in the Claims management system and generate a claim number. The claimant will be contacted by our Workers' Compensation vendor, FutureComp, regarding treatment, etc.

Step 4. Fitness for Duty Statement

If the employee received medical treatment, they will be required to provide a Fitness for Duty statement from the medical provider. The employee should submit, within 48 hours, a Fitness for Duty statement filled out by the medical provider that will state:

- Description and extent of injury
- Form of treatment
- Initial prognosis
- Return to work status with any restrictions
- Date of follow-up appointment

Please note: Until all forms are completed and the Fitness for Duty statement is received, the employee will not be placed on Workers' Compensation leave. They will be paid sick time until the injury is approved. Sick time will be reimbursed at that time.

Step 5. Lost Time

If the injury results in **5 or more calendar days** of disability (this includes weekends), the employee will be placed on Workers' Compensation benefits in accordance with MGL Chapter 152. These five days will be paid out of the employee's accrued benefits. If the employee remains out of work for a continuous twenty-one (21) days, those five days will be reinstated to the employee's benefit.

The employee will receive 60% of their average weekly wage while on Workers' Compensation. The average weekly wage is calculated by taking the gross wages from the preceding twelve months and then dividing by fifty-two. This 60% portion is not taxable, which will be reflected on the employee's paycheck. In accordance with MGL Chapter 152, the employee may supplement 40% of their regular weekly wage with benefit leave (e.g., sick, vacation, or personal leave). The 40% supplement is taxable and will be reflected on the employee's paycheck. The employee will need to communicate with their supervisor to ensure that the use of time is properly conveyed.

Step 6. Updates

- The employee should make themselves available for any appointments in the course of treatment.
- The employee should provide written documentation of treatment progress and appointments to the City's Human Resources Department and/or FutureComp.
- Employee is required to contact the Supervisor on a weekly basis to discuss status and progress.

Step 7. Return to Work

Prior to returning to work, the employee is required to provide signed documentation from their treating Physician qualifying them to return to work without restrictions. The injured employee will not return to work until the document is received by Human Resources.

CONTACT INFORMATION

City of Marlborough Human Resources, 140 Main Street, 2nd Floor, Marlborough, MA 01752
Phone: 508-460-3705 Email: humanresources@marlborough-ma.gov

FutureComp (Third-Party Administrator):

Please send all bills & medical records to:

Rising Medical Solutions- Attn: Future Comp, PO Box #2901, Milwaukee, WI 53201

Indemnity/Loss Time:

Colleen M. Horgan, *TPA Claims Specialist II*

Colleen.horgan@usi.com

Phone: 781-376-2677

Fax: 610-537-4074

Medical Claims ONLY:

Jennifer Kirsch, *TPA Claims Specialist I*

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