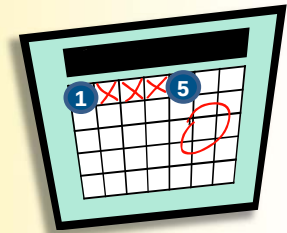


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It is our goal that your employees receive quality medical treatment and return to work in the shortest possible time. In order to achieve this goal, it is imperative that any injury be reported immediately.

- With the exception of "first aid" claims (defined as any one-time treatment and any follow-up visit for the purpose of observation of minor scratches, burns, splinters, or other minor industrial injury which do not ordinarily require medical care), you are required to provide injured workers with the **Employee DWC-1 Claim Form** *within 24-hours* of your knowledge of an alleged injury.
- For your convenience, we've highlighted the English and Spanish versions of the **DWC Workers' Compensation Employee Factsheet**, **MPN Notification of Rights**, and other information to be provided to an injured worker *at the time of referral for initial medical care*. For a Doctor/Clinic closest to your business, visit the MPN website at www.republicmpn.com or call 888.545.3795.
- With **Kaiser On-the-Job**, you get a proven, comprehensive approach to occupational health that helps you keep your employees healthy, productive, and ready to work. *With our Republic Indemnity Company Medical Provider Network, your employees don't need to be enrolled in a Kaiser Permanente health plan to use their occupational health services.*
- You are also required to file an **Employer 5020 Claim Form** *within five days* of every industrial injury or occupational illness, which results in lost time or for which medical treatment costs are incurred.

As a reminder, you may report new claims on-line at our website (www.republicindemnity.com); Also via eMail (riclaims@ri-net.com); Phone (888.336.7569 — 24-hours a day); Fax (818.789.7286); or U.S. Mail (P.O. Box 4275, Woodland Hills, CA 91365-4275).



We've enclosed the following claim forms and other workers' compensation materials.

- For your convenience, we've highlighted California state-mandated forms:
- We've also highlighted additional forms recommended for your injured workers:



Claim forms are also available on-line at our website at RepublicIndemnity.com or via eMail at riclaims@ri-net.com.

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1-A	Employer 5020 Claim Form (Form 5020; Rev. 6/2002 & 170-147; Rev. 4/2022)		Please submit this claim via eMail (riclaims@ri-net.com) or fax (818.789.7286) <i>within five days</i> of every industrial injury.
1-B	Employee DWC-1 Claim Form (Form DWC-1; Rev. 1/1/2016)		You are required to provide an injured worker with the DWC-1 Claim Form <i>within 24-hours</i> of your knowledge of an alleged injury beyond 1st aid.
1-C	DWC Workers' Compensation Employee Factsheet (English & Spanish) (Rev. 7/2010 & 5/2010)		DWC summary of workers' compensation benefits is available in English and Spanish versions for an injured worker.
1-D	Medical Provider Network Notification of Rights (English & Spanish) (170-090 & 170-094; Rev. 1/2024)		MPN Notification of Rights must be provided to an injured worker <i>at the time of referral for initial medical care</i> .
1-E	Temporary Prescription ID Form (Rev. 8/2015)		For a Pharmacy, visit www.express-scripts.com or call 877.266.1539.
1-F	Authorization for Medical Treatment (170-367; Rev. 7/2024)		For a Doctor/Clinic closest to your business, visit the MPN website at www.republicmpn.com or call 888.545.3795.
1-G	"Reporting a Claim 5 Ways 5 Days" Pamphlet (5219-RI Five Days Claims Trifold; 4/2022)		You may report new claims on-line at our website (www.republicindemnity.com); Also via Fax, eMail, Phone, or U.S. Mail.
1-H	Kaiser On-the-Job Occupational Health Services (Rev. 6/2020)		With Kaiser On-the-Job, you get a proven, comprehensive approach to occupational health (includes No. and So. California Kaiser facility maps).
1-I	Republic Indemnity Self-Addressed Envelopes (Attn: Claims Department)		Our Claims Mailing Address: P.O. Box 4275, Woodland Hills, CA 91365-4275.

The following workers' compensation reference materials are attached for your review.

1-1	Claims Reporting (110-057; Rev. 3/2020)	Help us to achieve our goal that your employees receive quality medical treatment and return to work in the shortest possible time.
1-2	First Aid Claim Reporting (170-013; Rev. 3/2020)	All first aid claims, regardless of whether payment is made by you or us, need to be reported to the WCIRB.
1-3	1st Fill Prescription Cover Letter and QA (170-412; Rev. 3/2020)	We have teamed with Express Scripts, Inc. (ESI) to provide a prescription drug program for work-related injuries.
1-4	Reporting Requirements for Serious Injuries (170-324; Rev. 3/2020)	Serious Injuries, Illness, or Death must be reported to the Division of Occupational Safety and Health <i>within eight hours</i> .
1-5	Employer Notification to Employee Crime Victims (170-430; Rev. 3/2020)	Notice to employees who are crime victims concerning workers' compensation eligibility must be provided <i>within one working day</i> .
1-6	Occupational Injury Management (170-175; Rev. 3/2020)	This checklist may be used as a guide to assist you in managing your occupational injuries. It is not necessary to return this form to us.

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Thank you for your prompt reporting.

Should you wish to submit a completed claim form, medical report, or other information regarding this claim, our claims fax number is 818.789.7286 or eMail us at riclaims@ri-net.com.

Our Claims Mailing Address: P.O. Box 4275, Woodland Hills, CA 91365-4275. Toll Free Phone: 800.821.4520, option 1.

For a Doctor/Clinic closest to your business, visit the MPN website at republicmpn.com or call 888.545.3795.

CLAIMS REPORTING

Please familiarize yourselves with the contents of this claims kit.

It is our goal that your employees receive quality medical treatment and return to work in the shortest possible time. In order to achieve this goal, it is imperative that any injury be reported immediately. The provision of timely benefits and communication of information will reduce costs including the unnecessary need for litigation.

We encourage you to stay in touch with your employees while they are on temporary disability. This will help with early identification of potential issues and provide us with the opportunity to successfully resolve them before they develop.

Please adhere to the following procedures:

- ☒ Utilize the Republic Indemnity Company Medical Provider Network as outlined on our website in order to locate and identify contracted medical facilities in close proximity to where your employees work.
- ☒ The "If A Work Injury Occurs..." Posting Notice must be displayed in a conspicuous location. Fill in the Posting Notice completely with an approved doctor/hospital.
- ☒ With the exception of "First Aid" claims (defined as any one time treatment and any follow-up visit for the purpose of observation of minor scratches, burns, splinters, or other minor industrial injury which do not ordinarily require medical care), you are required to provide injured workers with the "Employee's Claim For Workers' Compensation Benefits" form (DWC-1). Upon receipt of the form from the employee, you are to date the same and provide a copy to Republic Indemnity immediately and a copy to the employee, dependent or representative who filed the claim within one working day. In addition to English and Spanish, the DWC-1 Employee Claim Form is also available in Chinese, Korean, Tagalog, and Vietnamese on our website at www.republicindemnity.com. You also may request claim forms from our Mail/Supply Department via eMail (riclaims@ri-net.com) or fax (818) 382-1133.
- ☒ You are required to file an Employer's Report of Occupational Injury or Illness (Form 5020) within five days of every industrial injury or occupational illness for which medical treatment costs are incurred. Given tight time restraints to comply with various Statutes and Regulations, **we encourage you to report your injuries on-line via our website at www.republicindemnity.com**. If you are unable to report the injury on-line, claims can also be reported by forwarding the completed Employer's Report of Occupational Injury or Illness to Republic via email (riclaims@ri-net.com); by fax (818) 789-7286; by calling our 24 hour toll free Claims Reporting Call Center at (888) 336-7569; or by mailing to the P.O. Box listed above. Please retain a copy of the report for your records. A completed Employer's Report of Occupational Injury or Illness (Form 5020) can be used as a substitute for Cal/OSHA Form 301.

If you have any questions regarding the above, please contact Republic Indemnity's Claims Department at (800) 821-4520, option 1.

TO OUR CALIFORNIA POLICYHOLDERS**SUBJECT: FIRST AID CLAIM REPORTING**

The purpose of this notice is to inform you that the Workers' Compensation Insurance Rating Bureau ("WCIRB") California Workers' Compensation Uniform Statistical Reporting Plan (the "Plan"), effective January 1, 2017, *requires that all workers' compensation medical payments be reported to the WCIRB, including "first aid" claim payments*, which is defined by Cal. Lab. Code § 5401(a) (West 2016), as follows:

. . . "[F]irst aid" means any one-time treatment, and any follow up visit for the purpose of observation of minor scratches, cuts, burns, splinters, or other minor industrial injury, which do not ordinarily require medical care. This one-time treatment, and follow up visit for the purpose of observation, is considered first aid even though provided by a physician or registered professional personnel.

- Physicians who attend to an injured worker are required to file a Doctor's First Report of Occupational Injury or Illness with the insurance carrier on all claims including first aid claims (California Labor Code Sec. 6409(a)).
- Any and all claims, including those involving first aid as defined in California Labor Code Sec. 5401(a), in which Indemnity or Medical Losses are incurred or Allocated Loss Adjustment Expenses are paid must be reported individually to the WCIRB.

This means that all first aid claims, regardless of whether payment is made by you or us, need to be reported to the WCIRB. In order for us to be in compliance with the law, we will require that all medical losses, including first aid payments as defined under Labor Code 5401(a), be reported as policyholder losses.

We pay first aid claims at the applicable contract rate for network services or the Official Medical Fee Schedule ("OMFS") for non-network services. Policyholders that pay bills directly may pay more than the contract rate or the OMFS, which increases the amount reported for medical losses to the WCIRB. First aid medical losses will be considered when an employer's experience modification is calculated and will be included on loss runs.

Please provide us with any and all medical bills that are paid by you on this workers' compensation claim, regardless of whether they are first aid bills or not, along with any medical report(s) and documentation of payment, for appropriate review and reimbursement.

Dear Republic Policyholder:

Republic Indemnity has teamed up with Express Scripts, Inc. (ESI), a pharmacy benefit management company, to provide your company with a prescription drug program for work-related injuries. Some features of this pharmacy program include:

- Available for all compensable work-related injuries.
- First Fill Capability.
- Access to over 53,000 pharmacies nationwide.
- Savings beyond fee schedules and usual and customary charges, and immediate claim adjudication.
- Availability of a registered pharmacist 24 hours per day via a toll-free line.

Enclosed please find a supply of injured worker Temporary Prescription Services ID forms and a Prescription Benefits Questions and Answers document with important benefit information. **When an employee requires treatment for a compensable workers' compensation claim, please provide them with the Temporary Prescription Services ID form. This should be done at the same time you are providing your injured worker with the required "Workers' Compensation Claim Form" (DWC-1) and the "Medical Provider Network (MPN) Notification of Rights."**

PLEASE NOTE: Due to regulations concerning liability, do not issue Temporary Prescription Services ID forms to employer locations/employees located in the following state: OHIO. The injured employee will receive a permanent prescription card and pharmacy benefit packet from Express Scripts, Inc., once the claim is deemed compensable by Republic Indemnity.

Injured workers will not incur out-of-pocket prescriptions expenses when they use the enclosed form. The Temporary Prescription Services ID is only valid for work-related prescriptions and may be used at any participating pharmacy. For a complete list of participating pharmacies, call the toll-free number 877-266-1539 or visit the ESI website at www.express-scripts.com. Shortly after claim approvals, the injured worker will automatically be issued a Pharmacy Program ID card packet from Express Scripts. **Prompt reporting of a workers' compensation injury is extremely important to facilitate claim approval and issuance of the permanent prescription ID card.**

If your company has multiple locations, please provide them with Temporary Prescription Services ID forms and the Prescription Benefits Questions and Answers document. (You may duplicate the material.) If you have any questions, ESI Customer Service is available 24 hours a day, 7 days a week at 877-266-1539.

PRESCRIPTION BENEFITS QUESTIONS AND ANSWERS

What is Express Scripts?

Express Scripts is a pharmacy benefit management company experienced with workers' compensation prescriptions. Express Scripts allows you to take a prescription for a compensable work-related injury to a participating pharmacy. You may use the pre-authorized Temporary Prescription Services ID form until you receive a permanent card. A Pharmacy Benefit Program handbook and a permanent card will be sent to you.

How much does the card cost?

The card is free and covers all prescriptions for work-related injuries.

Can I use the Temporary Prescription Services ID right away?

Yes, you may use it at any participating pharmacy. Just take your prescription and ID to the pharmacy. To locate a pharmacy in your neighborhood, call Express Scripts at 877-266-1539.

What if I have already filled and paid for a prescription?

Send the receipt and a copy of the prescription to your claim representative.

When does the Temporary Prescription Services ID expire?

You may use the pre-authorized Temporary Prescription Services ID form for your initial prescriptions for two weeks. A Pharmacy Benefit Program packet and a permanent card will be sent to you once your claim has been approved. The permanent card expires when the claim representative notifies Express Scripts to discontinue the service.

Can I get additional prescriptions after the permanent card expires?

If the card expires and your treating physician provides a new prescription, contact your claim representative to reactivate the card, or your physician can call Express Scripts or fax the prescription to your participating pharmacy location.

What if I run out of medication before the refill date?

Call your treating physician.

Do I have to stay with the same pharmacy location?

No, you may go to any participating Express Scripts pharmacy.

Will this program limit the pharmacies I can use?

As long as you use a pharmacy that participates in the Express Scripts network, you have the benefits of this program.

What if I lose my Temporary Prescription Services ID?

If you have already had a prescription filled using your Temporary Prescription Services ID and you are using the same pharmacy, you will not need another Temporary Prescription Services ID. Once your compensable injury is reported, a permanent card will be automatically sent to you.

Who can provide me with more information?

Call Express Scripts Customer Service at 877-266-1539 for any additional questions or concerns regarding this program.

REPORTING REQUIREMENTS FOR SERIOUS INJURIES, ILLNESS OR DEATH

Employers are required to report serious injuries, illness or deaths as soon as practically possible, but within eight (8) hours after the occurrence unless they "can demonstrate exigent circumstances exist." If the exigent circumstances test can be met, employers may have up to 24-hours to report the injury. This test is considered subjective and will be validated by the California Division of Occupational Safety and Health (DOSH). All reports to DOSH may be made by telephone or via the Cal/OSHA online portal (once established and made available for reporting). Failure to comply with this reporting requirement can result in the assessment of a civil penalty of not less than \$5000 against the employer.

A serious injury or illness is defined as any injury or illness occurring in a place of employment or in connection with any employment that necessitates hospitalization for other than medical observation, or that involves an amputation, the loss of an eye, or any serious degree of permanent disfigurement. It is not necessary to report any injury, illness, or death caused by an accident on a public street or highway, unless it occurred in a construction zone.

For your convenience, a list of current DOSH offices and phone numbers follows. All offices are provided with answering services.

		Phone No.	Fax No.
American Cyn	3419 Broadway St., Suite H8, American Canyon 94503	(707) 649-3700	(707) 649-3712
Bakersfield	7718 Meany Ave., Bakersfield 93308	(661) 588-6400	(661) 588-6428
Foster City	1065 E. Hillsdale Blvd., Suite 110, Foster City 94404	(650) 573-3812	(650) 573-3817
Fremont	39141 Civic Center Dr., Suite 310, Fremont 94538	(510) 794-2521	(510) 794-3889
Fresno	2550 Mariposa St., Room 4000, Fresno 93721	(559) 445-5302	(559) 445-5786
Long Beach	3939 Atlantic Ave., Suite 212, Long Beach 90807	(562) 506-0810	(562) 426-8340
Los Angeles	320 W. 4 th St., Suite 820, Los Angeles 90013	(213) 576-7451	(213) 576-7461
Modesto	4206 Technology Dr., Suite 3, Modesto 95356	(209) 545-7310	(209) 545-7313
Monrovia	800 Royal Oaks Drive, Suite 105, Monrovia 91016	(626) 239-0369	(626) 239-0387
Oakland	1515 Clay St., Suite 1303, Oakland 94612	(510) 622-2916	(510) 622-2908
Redding	381 Hemsted Dr., Redding 96002	(530) 224-4743	(530) 224-4747
Sacramento	2424 Arden Way, Suite 160, Sacramento 95825	(916) 263-2800	(916) 263-2798
San Bernardino	464 W. 4 th St., Suite 332, San Bernardino 92401	(909) 383-4321	(909) 383-6789
San Diego	7575 Metropolitan Dr., Suite 207, San Diego 92108	(619) 767-2280	(619) 767-2299
San Francisco	455 Golden Gate Ave., Room 9516, San Francisco 94102	(415) 557-0100	(415) 557-0123
Santa Ana	2 MacArthur Place, Suite 720, Santa Ana 92707	(714) 558-4451	(714) 558-2035
Van Nuys	6150 Van Nuys Boulevard, Suite 405, Van Nuys 91401	(818) 901-5403	(818) 901-5578

In addition, California Labor Code 4706.5 procedures require that every California employer or his insurance carrier shall notify the State Division of Industrial Accidents of the death of every employee who leaves no surviving spouse or dependent child. Such deaths must be reported, regardless of the cause of death, within sixty days of the employer's notice of knowledge of the employee's death.

To assist you to comply with this responsibility, we ask that you call or write to us promptly upon learning of such an employee's death. We will then send the proper form to you and upon completion we will submit it to the State. Please note, this reporting requirement applies only to deceased employees leaving no dependents and regardless of the cause of death.

Should you have any questions, please do not hesitate to contact our Claims Department.

Employer Notification To Employees Who Are Crime Victims Of Workers' Compensation Eligibility

Labor Code Section 3553 provides as follows:

Section 3553. Employee who is victim of workplace crime; provision of written notice to employee concerning workers' compensation eligibility; when employer must provide notice.

Every employer subject to the compensation provisions of this code shall give any employee who is a victim of a crime that occurred at the employee's place of employment written notice that the employee is eligible for workers' compensation for injuries, including psychiatric injuries, that may have resulted from the place of employment crime. The employer shall provide this notice, either personally or by first-class mail, within one working day of the place of employment crime, or within one working day of the date the employer reasonably should have known of the crime.

As you have been a victim of crime in the workplace, you are eligible for workers' compensation, including psychiatric injuries, that may have resulted from the workplace crime.

If you believe you have been injured in the workplace, please request a Claim Form from your employer, or contact Republic Indemnity's Claims Department directly at:

1-800-821-4520 (Los Angeles Branch)
1-800-662-1485 (San Francisco Branch)
1-800-222-6752 (San Diego Branch)

Loss Control Department Consultation Services

OCCUPATIONAL INJURY MANAGEMENT

This checklist should be used as a guide to assist you in managing your occupational injuries or illnesses.
It is not necessary to return this form to Republic Indemnity – for your in-house use only.

Employer:	Policy No.:
Employee Name:	Date Notified of Injury:
Date of Injury:	Department:
EMPLOYER:	Completed Date / Time:
1. If injury is severe or life threatening, employee should be taken to emergency room by ambulance. For all other injuries and illnesses, the employee is to be referred for treatment to a treating facility identified in the company's Medical Provider Network, unless the injured employee has pre-designated a treating physician.	
2. Complete an Accident Investigation. Save all evidence associated with the accident. Take corrective action to prevent a recurrence.	
3. Contact Republic Indemnity Claims Department immediately with any injury involving: a. Head Trauma b. Spinal cord injury and/or paralysis c. Vascular conditions (stroke, heart attack, irregular heartbeats, swelling of an artery). d. Any second or third degree burns e. Amputation f. Hospitalization for more than 24 hours g. Death	
4. Contact OSHA within 8 hours, if any of the above injuries have occurred.	
5. Give employee claim form Employee's Claim for Workers' Compensation Benefits (DWC-1) if the injury is beyond first aid.	
6. Provide employee with Medical Provider Network Pamphlet, if applicable.	
7. Submit Employer's First Report of Occupational Injury or Illness form (5020) to Republic Indemnity (within 24 hours if possible).	
8. Date DWC-1 received from employee. Send DWC-1 form to Republic Indemnity.	
9. Contact treating physician regarding return to work program and release to full/alternate work.	
10. Call the employee and send get well card, if employee can't return to work immediately.	

"First Aid" is any one-time treatment and any follow-up visit for the purpose of observation of minor scratches, cuts, burns, splinters and so forth, which do not ordinarily require medical care. Such one-time treatment and follow-up visit for the purpose of observation is considered first aid even though provided by a Physician or Registered Professional Personnel.

State of California EMPLOYER'S REPORT OF OCCUPATIONAL INJURY OR ILLNESS		Please complete in triplicate (type if possible) Mail two copies to:		OSHA CASE NO.	
				FATALITY ☐	
Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers compensation benefits or payments is guilty of a felony.		California law requires employers to report within five days of knowledge every occupational injury or illness which results in lost time beyond the date of the incident OR requires medical treatment beyond first aid. If an employee subsequently dies as a result of a previously reported injury or illness, the employer must file within five days of knowledge an amended report indicating death. In addition, every serious injury, illness, or death must be reported immediately by telephone or telegraph to the nearest office of the California Division of Occupational Safety and Health.			
EMPLOYER	1. FIRM NAME			1a. Policy Number	
	2. MAILING ADDRESS: (Number, Street, City, Zip)			2a. Phone Number	
	3. LOCATION if different from Mailing Address (Number, Street, City and Zip)			3a. Location Code	
	4. NATURE OF BUSINESS; e.g.. Painting contractor, wholesale grocer, sawmill, hotel, etc.			5. State unemployment insurance acct.no	
INJURY OR ILLNESS	6. TYPE OF EMPLOYER: Private State County City School District ☐ Other Gov't, Specify: _____			INDUSTRY	
	7. DATE OF INJURY / ONSET OF ILLNESS (mm/dd/yy)			8. TIME INJURY/ILLNESS OCCURRED _____ AM _____ PM	
	9. TIME EMPLOYEE BEGAN WORK _____ AM _____ PM			10. IF EMPLOYEE DIED, DATE OF DEATH (mm/dd/yy)	
	11. UNABLE TO WORK FOR AT LEAST ONE FULL DAY AFTER DATE OF INJURY? Yes No			12. DATE LAST WORKED (mm/dd/yy)	
OR	13. DATE RETURNED TO WORK (mm/dd/yy)			14. IF STILL OFF WORK, CHECK THIS BOX:	
	15. PAID FULL DAYS WAGES FOR DATE OF INJURY OR LAST DAY WORKED? Yes No			16. SALARY BEING CONTINUED? Yes No	
	17. DATE OF EMPLOYER'S KNOWLEDGE /NOTICE OF INJURY/ILLNESS (mm/dd/yy)			18. DATE EMPLOYEE WAS PROVIDED CLAIM FORM FORM (mm/dd/yy)	
	19. SPECIFIC INJURY/ILLNESS AND PART OF BODY AFFECTED, MEDICAL DIAGNOSIS if available, e.g.. Second degree burns on right arm, tendonitis on left elbow, lead poisoning			AGE	
ILLNESS	20. LOCATION WHERE EVENT OR EXPOSURE OCCURRED (Number, Street, City, Zip)			20a. COUNTY	
	21. ON EMPLOYER'S PREMISES? Yes No			DAILY HOURS	
	22. DEPARTMENT WHERE EVENT OR EXPOSURE OCCURRED, e.g.. Shipping department, machine shop.			23. Other Workers injured or ill in this event? Yes No	
	24. EQUIPMENT, MATERIALS AND CHEMICALS THE EMPLOYEE WAS USING WHEN EVENT OR EXPOSURE OCCURRED, e.g.. Acetylene, welding torch, farm tractor, scaffold			DAYS PER WEEK	
SOURCES	25. SPECIFIC ACTIVITY THE EMPLOYEE WAS PERFORMING WHEN EVENT OR EXPOSURE OCCURRED, e.g.. Welding seams of metal forms, loading boxes onto truck.			WEEKLY HOURS	
	26. HOW INJURY/ILLNESS OCCURRED. DESCRIBE SEQUENCE OF EVENTS. SPECIFY OBJECT OR EXPOSURE WHICH DIRECTLY PRODUCED THE INJURY/ILLNESS, e.g.. Worker stepped back to inspect work and slipped on scrap material. As he fell, he brushed against fresh weld, and burned right hand. USE SEPARATE SHEET IF NECESSARY			WEEKLY WAGE	
				COUNTY	
				NATURE OF INJURY	
EMPLOYEE	ATTENTION This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes. See CCR Title 8 14300.29 (b)(6)-(10) & 14300.35(b)(2)(E)2. Note: Shaded boxes indicate confidential employee information as listed in CCR Title 8 14300.35(b)(2)(E)2*.			SOURCE	
				EVENT	
	35. OCCUPATION (Regular job title, NO initials, abbreviations or numbers)			SECONDARY SOURCE	
	37. EMPLOYEE USUALLY WORKS _____ hours per day, _____ days per week, _____ total weekly hours			37a. EMPLOYMENT STATUS regular, full-time part-time temporary seasonal	
38. GROSS WAGES/SALARY \$ _____ per _____			39. OTHER PAYMENTS NOT REPORTED AS WAGES/SALARY (e.g. tips, meals, overtime, bonuses, etc.)? Yes No		
Completed By (type or print)		Signature & Title			Date (mm/dd/yy)
* Confidential information may be disclosed only to the employee, former employee, or their personal representative (CCR Title 8 14300.35), to others for the purpose of processing a workers' compensation or other insurance claim; and under certain circumstances to a public health or law enforcement agency or to a consultant hired by the employer (CCR Title 8 14300.30). CCR Title 8 14300.40 requires provision upon request to certain state and federal workplace safety agencies.					



POLICY NO.

EMPLOYEE

EMPLOYER

DATE OF INJURY

SUPPLEMENTAL INFORMATION
FOR NEW CALIFORNIA CLAIMS

Please help us process your new claim more efficiently and complete mandatory state reporting requirements by answering the following additional questions.

QUESTIONS

(1) Was the DWC-1 claim form given to the employee?

☐ Yes ☐ No

- Date employee was provided DWC-1 claim form:
- Date employee returned completed claim form:

(2) Was the Medical Provider Network

"Notification of Rights" given to the employee?

☐ Yes ☐ No

- Date employee was provided MPN information:

(3) Does the employee speak English?

☐ Yes ☐ No

- If no, please specify other primary language:



Any additional information you may wish to provide to assist Republic Indemnity in making an appropriate decision, i.e., whether to accept, delay, deny or to prompt further in-depth investigation. For example, was the claim reported after the employee terminated? Was the claim reported late? If the injury was unwitnessed, do you have reason to believe that it did not occur? Does the employee have pre-existing or non-industrial medical conditions?

Please be certain of your facts — Unnecessary or improper delay of benefits may cause the claim to be more costly.

COMMENTS

We may need to contact you to verify certain information that was received regarding this claim.

CONTACT

(1) Preparer Name and Title:

(2) Please complete and indicate
your preferred method of communication:☐ Phone☐ Fax☐ eMail

(3) Today's Date:

SUMMARY

Thank you for your prompt reporting.

Should you wish to submit a completed claim form, medical report, or other information regarding this claim, our claims fax number is 818.789.7286 or eMail us at riclaims@ri-net.com.

Our Mailing Address: P.O. Box 4275, Woodland Hills, CA 91365-4275. Toll Free Phone: 800.821.4520, option 1.

For a Doctor/Clinic closest to your business, visit the MPN website at republicmpn.com or call **888.545.3795**.



Workers' Compensation Claim Form (DWC 1) & Notice of Potential Eligibility Formulario de Reclamo de Compensación de Trabajadores (DWC 1) y Notificación de Posible Elegibilidad

If you are injured or become ill, either physically or mentally, because of your job, including injuries resulting from a workplace crime, you may be entitled to workers' compensation benefits. Use the attached form to file a workers' compensation claim with your employer. **You should read all of the information below.** Keep this sheet and all other papers for your records. You may be eligible for some or all of the benefits listed depending on the nature of your claim. If you file a claim, the claims administrator, who is responsible for handling your claim, must notify you within 14 days whether your claim is accepted or whether additional investigation is needed.

To file a claim, complete the "Employee" section of the form, keep one copy and give the rest to your employer. Do this right away to avoid problems with your claim. In some cases, benefits will not start until you inform your employer about your injury by filing a claim form. Describe your injury completely. Include every part of your body affected by the injury. If you mail the form to your employer, use first-class or certified mail. If you buy a return receipt, you will be able to prove that the claim form was mailed and when it was delivered. Within one working day after you file the claim form, your employer must complete the "Employer" section, give you a dated copy, keep one copy, and send one to the claims administrator.

Medical Care: Your claims administrator will pay for all reasonable and necessary medical care for your work injury or illness. Medical benefits are subject to approval and may include treatment by a doctor, hospital services, physical therapy, lab tests, x-rays, medicines, equipment and travel costs. Your claims administrator will pay the costs of approved medical services directly so you should never see a bill. There are limits on chiropractic, physical therapy, and other occupational therapy visits.

The Primary Treating Physician (PTP) is the doctor with the overall responsibility for treatment of your injury or illness.

- If you previously designated your personal physician or a medical group, you may see your personal physician or the medical group after you are injured.
- If your employer is using a medical provider network (MPN) or Health Care Organization (HCO), in most cases, you will be treated in the MPN or HCO unless you predesignated your personal physician or a medical group. An MPN is a group of health care providers who provide treatment to workers injured on the job. You should receive information from your employer if you are covered by an HCO or a MPN. Contact your employer for more information.
- If your employer is not using an MPN or HCO, in most cases, the claims administrator can choose the doctor who first treats you unless you predesignated your personal physician or a medical group.
- If your employer has not put up a poster describing your rights to workers' compensation, you may be able to be treated by your personal physician right after you are injured.

Within one working day after you file a claim form, your employer or the claims administrator must authorize up to \$10,000 in treatment for your injury, consistent with the applicable treating guidelines until the claim is accepted or rejected. If the employer or claims administrator does not authorize treatment right away, talk to your supervisor, someone else in management, or the claims administrator. Ask for treatment to be authorized right now, while waiting for a decision on your claim. If the employer or claims administrator will not authorize treatment, use your own health insurance to get medical care. Your health insurer will seek reimbursement from the claims administrator. If you do not have health insurance, there are doctors, clinics or hospitals that will treat you without immediate payment. They will seek reimbursement from the claims administrator.

Switching to a Different Doctor as Your PTP:

- If you are being treated in a Medical Provider Network (MPN), you may switch to other doctors within the MPN after the first visit.
- If you are being treated in a Health Care Organization (HCO), you may switch at least one time to another doctor within the HCO. You may switch to a doctor outside the HCO 90 or 180 days after your injury is reported to your employer (depending on whether you are covered by employer-provided health insurance).
- If you are not being treated in an MPN or HCO and did not predesignate, you may switch to a new doctor one time during the first 30 days after your injury is reported to your employer. Contact the claims administrator to switch doctors. After 30 days, you may switch to a doctor of your choice if

Si Ud. se lesiona o se enferma, ya sea físicamente o mentalmente, debido a su trabajo, incluyendo lesiones que resulten de un crimen en el lugar de trabajo, es posible que Ud. tenga derecho a beneficios de compensación de trabajadores. Utilice el formulario adjunto para presentar un reclamo de compensación de trabajadores con su empleador. **Ud. debe leer toda la información a continuación.** Guarde esta hoja y todos los demás documentos para sus archivos. Es posible que usted reúna los requisitos para todos los beneficios, o parte de éstos, que se enumeran dependiendo de la índole de su reclamo. Si usted presenta un reclamo, el administrador de reclamos, quien es responsable por el manejo de su reclamo, debe notificarle dentro de 14 días si se acepta su reclamo o si se necesita investigación adicional.

Para presentar un reclamo, llene la sección del formulario designada para el "Empleado," guarde una copia, y déle el resto a su empleador. Haga esto de inmediato para evitar problemas con su reclamo. En algunos casos, los beneficios no se iniciarán hasta que usted le informe a su empleador acerca de su lesión mediante la presentación de un formulario de reclamo. Describa su lesión por completo. Incluya cada parte de su cuerpo afectada por la lesión. Si usted le envía por correo el formulario a su empleador, utilice primera clase o correo certificado. Si usted compra un acuse de recibo, usted podrá demostrar que el formulario de reclamo fue enviado por correo y cuando fue entregado. Dentro de un día laboral después de presentar el formulario de reclamo, su empleador debe completar la sección designada para el "Empleador," le dará a Ud. una copia fechada, guardará una copia, y enviará una al administrador de reclamos.

Atención Médica: Su administrador de reclamos pagará por toda la atención médica razonable y necesaria para su lesión o enfermedad relacionada con el trabajo. Los beneficios médicos están sujetos a la aprobación y pueden incluir tratamiento por parte de un médico, los servicios de hospital, la terapia física, los análisis de laboratorio, las medicinas, equipos y gastos de viaje. Su administrador de reclamos pagará directamente los costos de los servicios médicos aprobados de manera que usted nunca verá una factura. Hay límites en terapia quiropráctica, física y otras visitas de terapia ocupacional.

El Médico Primario que le Atiende (Primary Treating Physician- PTP) es el médico con la responsabilidad total para tratar su lesión o enfermedad.

- Si usted designó previamente a su médico personal o a un grupo médico, usted podrá ver a su médico personal o grupo médico después de lesionarse.
- Si su empleador está utilizando una red de proveedores médicos (*Medical Provider Network- MPN*) o una Organización de Cuidado Médico (*Health Care Organization- HCO*), en la mayoría de los casos, usted será tratado en la *MPN* o *HCO* a menos que usted hizo una designación previa de su médico personal o grupo médico. Una *MPN* es un grupo de proveedores de asistencia médica quien da tratamiento a los trabajadores lesionados en el trabajo. Usted debe recibir información de su empleador si su tratamiento es cubierto por una *HCO* o una *MPN*. Hable con su empleador para más información.
- Si su empleador no está utilizando una *MPN* o *HCO*, en la mayoría de los casos, el administrador de reclamos puede elegir el médico que lo atiende primero a menos de que usted hizo una designación previa de su médico personal o grupo médico.
- Si su empleador no ha colocado un cartel describiendo sus derechos para la compensación de trabajadores, Ud. puede ser tratado por su médico personal inmediatamente después de lesionarse.

Dentro de un día laboral después de que Ud. Presente un formulario de reclamo, su empleador o el administrador de reclamos debe autorizar hasta \$10000 en tratamiento para su lesión, de acuerdo con las pautas de tratamiento aplicables, hasta que el reclamo sea aceptado o rechazado. Si el empleador o administrador de reclamos no autoriza el tratamiento de inmediato, hable con su supervisor, alguien más en la gerencia, o con el administrador de reclamos. Pida que el tratamiento sea autorizado ya mismo, mientras espera una decisión sobre su reclamo. Si el empleador o administrador de reclamos no autoriza el tratamiento, utilice su propio seguro médico para recibir atención médica. Su compañía de seguro médico buscará reembolso del administrador de reclamos. Si usted no tiene seguro médico, hay médicos, clínicas u hospitales que lo tratarán sin pago inmediato. Ellos buscarán reembolso del administrador de reclamos.

Cambiando a otro Médico Primario o PTP:

- Si usted está recibiendo tratamiento en una Red de Proveedores Médicos

your employer or the claims administrator has not created or selected an MPN.

Disclosure of Medical Records: After you make a claim for workers' compensation benefits, your medical records will not have the same level of privacy that you usually expect. If you don't agree to voluntarily release medical records, a workers' compensation judge may decide what records will be released. If you request privacy, the judge may "seal" (keep private) certain medical records.

Problems with Medical Care and Medical Reports: At some point during your claim, you might disagree with your PTP about what treatment is necessary. If this happens, you can switch to other doctors as described above. If you cannot reach agreement with another doctor, the steps to take depend on whether you are receiving care in an MPN, HCO, or neither. For more information, see "Learn More About Workers' Compensation," below.

If the claims administrator denies treatment recommended by your PTP, you may request independent medical review (IMR) using the request form included with the claims administrator's written decision to deny treatment. The IMR process is similar to the group health IMR process, and takes approximately 40 (or fewer) days to arrive at a determination so that appropriate treatment can be given. Your attorney or your physician may assist you in the IMR process. IMR is not available to resolve disputes over matters other than the medical necessity of a particular treatment requested by your physician.

If you disagree with your PTP on matters other than treatment, such as the cause of your injury or how severe the injury is, you can switch to other doctors as described above. If you cannot reach agreement with another doctor, notify the claims administrator in writing as soon as possible. In some cases, you risk losing the right to challenge your PTP's opinion unless you do this promptly. If you do not have an attorney, the claims administrator must send you instructions on how to be seen by a doctor called a qualified medical evaluator (QME) to help resolve the dispute. If you have an attorney, the claims administrator may try to reach agreement with your attorney on a doctor called an agreed medical evaluator (AME). If the claims administrator disagrees with your PTP on matters other than treatment, the claims administrator can require you to be seen by a QME or AME.

Payment for Temporary Disability (Lost Wages): If you can't work while you are recovering from a job injury or illness, you may receive temporary disability payments for a limited period. These payments may change or stop when your doctor says you are able to return to work. These benefits are tax-free. Temporary disability payments are two-thirds of your average weekly pay, within minimums and maximums set by state law. Payments are not made for the first three days you are off the job unless you are hospitalized overnight or cannot work for more than 14 days.

Stay at Work or Return to Work: Being injured does not mean you must stop working. If you can continue working, you should. If not, it is important to go back to work with your current employer as soon as you are medically able. Studies show that the longer you are off work, the harder it is to get back to your original job and wages. While you are recovering, your PTP, your employer (supervisors or others in management), the claims administrator, and your attorney (if you have one) will work with you to decide how you will stay at work or return to work and what work you will do. Actively communicate with your PTP, your employer, and the claims administrator about the work you did before you were injured, your medical condition and the kinds of work you can do now, and the kinds of work that your employer could make available to you.

Payment for Permanent Disability: If a doctor says you have not recovered completely from your injury and you will always be limited in the work you can do, you may receive additional payments. The amount will depend on the type of injury, extent of impairment, your age, occupation, date of injury, and your wages before you were injured.

Supplemental Job Displacement Benefit (SJDB): If you were injured on or after 1/1/04, and your injury results in a permanent disability and your employer does not offer regular, modified, or alternative work, you may qualify for a nontransferable voucher payable for retraining and/or skill enhancement. If you qualify, the claims administrator will pay the costs up to the maximum set by state law.

Death Benefits: If the injury or illness causes death, payments may be made to a

(Medical Provider Network- MPN), usted puede cambiar a otros médicos dentro de la MPN después de la primera visita.

- Si usted está recibiendo tratamiento en un Organización de Cuidado Médico (Healthcare Organization- HCO), es posible cambiar al menos una vez a otro médico dentro de la HCO. Usted puede cambiar a un médico fuera de la HCO 90 o 180 días después de que su lesión es reportada a su empleador (dependiendo de si usted está cubierto por un seguro médico proporcionado por su empleador).
- Si usted no está recibiendo tratamiento en una MPN o HCO y no hizo una designación previa, usted puede cambiar a un nuevo médico una vez durante los primeros 30 días después de que su lesión es reportada a su empleador. Póngase en contacto con el administrador de reclamos para cambiar de médico. Después de 30 días, puede cambiar a un médico de su elección si su empleador o el administrador de reclamos no ha creado o seleccionado una MPN.

Divulgación de Expedientes Médicos: Después de que Ud. presente un reclamo para beneficios de compensación de trabajadores, sus expedientes médicos no tendrán el mismo nivel de privacidad que usted normalmente espera. Si Ud. no está de acuerdo en divulgar voluntariamente los expedientes médicos, un juez de compensación de trabajadores posiblemente decida qué expedientes serán revelados. Si usted solicita privacidad, es posible que el juez "selle" (mantenga privados) ciertos expedientes médicos.

Problemas con la Atención Médica y los Informes Médicos: En algún momento durante su reclamo, podría estar en desacuerdo con su PTP sobre qué tratamiento es necesario. Si esto sucede, usted puede cambiar a otros médicos como se describe anteriormente. Si no puede llegar a un acuerdo con otro médico, los pasos a seguir dependen de si usted está recibiendo atención en una MPN, HCO o ninguna de las dos. Para más información, consulte la sección "Aprenda Más Sobre la Compensación de Trabajadores," a continuación.

Si el administrador de reclamos niega el tratamiento recomendado por su PTP, puede solicitar una revisión médica independiente (*Independent Medical Review-IMR*), utilizando el formulario de solicitud que se incluye con la decisión por escrito del administrador de reclamos negando el tratamiento. El proceso de la IMR es parecido al proceso de la IMR de un seguro médico colectivo, y tarda aproximadamente 40 (o menos) días para llegar a una determinación de manera que se pueda dar un tratamiento apropiado. Su abogado o su médico le pueden ayudar en el proceso de la IMR. La IMR no está disponible para resolver disputas sobre cuestiones aparte de la necesidad médica de un tratamiento particular solicitado por su médico.

Si no está de acuerdo con su PTP en cuestiones aparte del tratamiento, como la causa de su lesión o la gravedad de la lesión, usted puede cambiar a otros médicos como se describe anteriormente. Si no puede llegar a un acuerdo con otro médico, notifique al administrador de reclamos por escrito tan pronto como sea posible. En algunos casos, usted arriesga perder el derecho a objetar a la opinión de su PTP a menos que hace esto de inmediato. Si usted no tiene un abogado, el administrador de reclamos debe enviarle instrucciones para ser evaluado por un médico llamado un evaluador médico calificado (*Qualified Medical Evaluator-QME*) para ayudar a resolver la disputa. Si usted tiene un abogado, el administrador de reclamos puede tratar de llegar a un acuerdo con su abogado sobre un médico llamado un evaluador médico acordado (*Agreed Medical Evaluator- AME*). Si el administrador de reclamos no está de acuerdo con su PTP sobre asuntos aparte del tratamiento, el administrador de reclamos puede exigirle que sea atendido por un QME o AME.

Pago por Incapacidad Temporal (Sueldos Perdidos): Si Ud. no puede trabajar, mientras se está recuperando de una lesión o enfermedad relacionada con el trabajo, Ud. puede recibir pagos por incapacidad temporal por un periodo limitado. Estos pagos pueden cambiar o parar cuando su médico diga que Ud. está en condiciones de regresar a trabajar. Estos beneficios son libres de impuestos. Los pagos por incapacidad temporal son dos tercios de su pago semanal promedio, con cantidades mínimas y máximas establecidas por las leyes estatales. Los pagos no se hacen durante los primeros tres días en que Ud. no trabaje, a menos que Ud. sea hospitalizado una noche o no puede trabajar durante más de 14 días.

Permanezca en el Trabajo o Regreso al Trabajo: Estar lesionado no significa que usted debe dejar de trabajar. Si usted puede seguir trabajando, usted debe hacerlo. Si no es así, es importante regresar a trabajar con su empleador actual tan

spouse and other relatives or household members who were financially dependent on the deceased worker.

It is illegal for your employer to punish or fire you for having a job injury or illness, for filing a claim, or testifying in another person's workers' compensation case (Labor Code 132a). If proven, you may receive lost wages, job reinstatement, increased benefits, and costs and expenses up to limits set by the state.

Resolving Problems or Disputes: You have the right to disagree with decisions affecting your claim. If you have a disagreement, contact your employer or claims administrator first to see if you can resolve it. If you are not receiving benefits, you may be able to get State Disability Insurance (SDI) or unemployment insurance (UI) benefits. Call the state Employment Development Department at (800) 480-3287 or (866) 333-4606, or go to their website at www.edd.ca.gov.

You Can Contact an Information & Assistance (I&A) Officer: State I&A officers answer questions, help injured workers, provide forms, and help resolve problems. Some I&A officers hold workshops for injured workers. To obtain important information about the workers' compensation claims process and your rights and obligations, go to www.dwc.ca.gov or contact an I&A officer of the state Division of Workers' Compensation. You can also hear recorded information and a list of local I&A offices by calling (800) 736-7401.

You can consult with an attorney. Most attorneys offer one free consultation. If you decide to hire an attorney, his or her fee will be taken out of some of your benefits. For names of workers' compensation attorneys, call the State Bar of California at (415) 538-2120 or go to their website at www.californiaspecialist.org.

Learn More About Workers' Compensation: For more information about the workers' compensation claims process, go to www.dwc.ca.gov. At the website, you can access a useful booklet, "Workers' Compensation in California: A Guidebook for Injured Workers." You can also contact an Information & Assistance Officer (above), or hear recorded information by calling 1-800-736-7401.

pronto como usted pueda medicamente hacerlo. Los estudios demuestran que entre más tiempo esté fuera del trabajo, más difícil es regresar a su trabajo original y a sus salarios. Mientras se está recuperando, su *PTP*, su empleador (supervisores u otras personas en la gerencia), el administrador de reclamos, y su abogado (si tiene uno) trabajarán con usted para decidir cómo va a permanecer en el trabajo o regresar al trabajo y qué trabajo hará. Comuníquese de manera activa con su *PTP*, su empleador y el administrador de reclamos sobre el trabajo que hizo antes de lesionarse, su condición médica y los tipos de trabajo que usted puede hacer ahora y los tipos de trabajo que su empleador podría poner a su disposición.

Pago por Incapacidad Permanente: Si un médico dice que no se ha recuperado completamente de su lesión y siempre será limitado en el trabajo que puede hacer, es posible que Ud. reciba pagos adicionales. La cantidad dependerá de la clase de lesión, grado de deterioro, su edad, ocupación, fecha de la lesión y sus salarios antes de lesionarse.

Beneficio Suplementario por Desplazamiento de Trabajo (Supplemental Job Displacement Benefit- SJDB): Si Ud. se lesionó en o después del 1/1/04, y su lesión resulta en una incapacidad permanente y su empleador no ofrece un trabajo regular, modificado, o alternativo, usted podría cumplir los requisitos para recibir un vale no-transferible pagadero a una escuela para recibir un nuevo curso de reentrenamiento y/o mejorar su habilidad. Si Ud. cumple los requisitos, el administrador de reclamos pagará los gastos hasta un máximo establecido por las leyes estatales.

Beneficios por Muerte: Si la lesión o enfermedad causa la muerte, es posible que los pagos se hagan a un cónyuge y otros parientes o a las personas que viven en el hogar que dependían económicamente del trabajador difunto.

Es ilegal que su empleador le castigue o despidan por sufrir una lesión o enfermedad laboral, por presentar un reclamo o por testificar en el caso de compensación de trabajadores de otra persona. (Código Laboral, sección 132a.) De ser probado, usted puede recibir pagos por pérdida de sueldos, reposición del trabajo, aumento de beneficios y gastos hasta los límites establecidos por el estado.

Resolviendo problemas o disputas: Ud. tiene derecho a no estar de acuerdo con las decisiones que afecten su reclamo. Si Ud. tiene un desacuerdo, primero comuníquese con su empleador o administrador de reclamos para ver si usted puede resolverlo. Si usted no está recibiendo beneficios, es posible que Ud. pueda obtener beneficios del Seguro Estatal de Incapacidad (*State Disability Insurance-SDI*) o beneficios del desempleo (*Unemployment Insurance- UI*). Llame al Departamento Estatal del Desarrollo del Empleo estatal al (800) 480-3287 o (866) 333-4606, o visite su página Web en www.edd.ca.gov.

Puede Contactar a un Oficial de Información y Asistencia (Information & Assistance- I&A): Los Oficiales de Información y Asistencia (*I&A*) estatal contestan preguntas, ayudan a los trabajadores lesionados, proporcionan formularios y ayudan a resolver problemas. Algunos oficiales de *I&A* tienen talleres para trabajadores lesionados. Para obtener información importante sobre el proceso de la compensación de trabajadores y sus derechos y obligaciones, vaya a www.dwc.ca.gov o comuníquese con un oficial de información y asistencia de la División Estatal de Compensación de Trabajadores. También puede escuchar información grabada y una lista de las oficinas de *I&A* locales llamando al (800) 736-7401.

Ud. puede consultar con un abogado. La mayoría de los abogados ofrecen una consulta gratis. Si Ud. decide contratar a un abogado, los honorarios serán tomados de algunos de sus beneficios. Para obtener nombres de abogados de compensación de trabajadores, llame a la Asociación Estatal de Abogados de California (*State Bar*) al (415) 538-2120, o consulte su página Web en www.californiaspecialist.org.

Aprenda Más Sobre la Compensación de Trabajadores: Para obtener más información sobre el proceso de reclamos del programa de compensación de trabajadores, vaya a www.dwc.ca.gov. En la página Web, podrá acceder a un folleto útil, "Compensación del Trabajador de California: Una Guía para Trabajadores Lesionados." También puede contactar a un oficial de Información y Asistencia (arriba), o escuchar información grabada llamando al 1-800-736-7401.



WORKERS' COMPENSATION CLAIM FORM (DWC 1)

PETITION DEL EMPLEADO PARA DE COMPENSACIÓN DEL TRABAJADOR (DWC 1)

Employee: Complete the "Employee" section and give the form to your employer. Keep a copy and mark it "Employee's Temporary Receipt" until you receive the signed and dated copy from your employer. You may call the Division of Workers' Compensation and hear recorded information at **(800) 736-7401**. An explanation of workers' compensation benefits is included in the Notice of Potential Eligibility, which is the cover sheet of this form. Detach and save this notice for future reference.

You should also have received a pamphlet from your employer describing workers' compensation benefits and the procedures to obtain them. You may receive written notices from your employer or its claims administrator about your claim. If your claims administrator offers to send you notices electronically, and you agree to receive these notices only by email, please provide your email address below and check the appropriate box. If you later decide you want to receive the notices by mail, you must inform your employer in writing.

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.

Empleado: Complete la sección "Empleado" y entregue la forma a su empleador. Quédese con la copia designada "Recibo Temporal del Empleado" hasta que Ud. reciba la copia firmada y fechada de su empleador. Ud. puede llamar a la Division de Compensación al Trabajador al **(800) 736-7401** para oír información gravada. Una explicación de los beneficios de compensación de trabajadores está incluido en la Notificación de Posible Elegibilidad, que es la hoja de portada de esta forma. Separe y guarde esta notificación como referencia para el futuro.

Ud. también debería haber recibido de su empleador un folleto describiendo los beneficios de compensación al trabajador lesionado y los procedimientos para obtenerlos. Es posible que reciba notificaciones escritas de su empleador o de su administrador de reclamos sobre su reclamo. Si su administrador de reclamos ofrece enviarle notificaciones electrónicamente, y usted acepta recibir estas notificaciones solo por correo electrónico, por favor proporcione su dirección de correo electrónico abajo y marque la caja apropiada. Si usted decide después que quiere recibir las notificaciones por correo, usted debe de informar a su empleador por escrito.

Toda aquella persona que a propósito haga o cause que se produzca cualquier declaración o representación material falsa o fraudulenta con el fin de obtener o negar beneficios o pagos de compensación a trabajadores lesionados es culpable de un crimen mayor "felonia".

Employee—complete this section and see note above

Empleado—complete esta sección y note la notación arriba.

1. Name. *Nombre.* _____ Today's Date. *Fecha de Hoy.* _____
2. Home Address. *Dirección Residencial.* _____
3. City. *Ciudad.* _____ State. *Estado.* _____ Zip. *Código Postal.* _____
4. Date of Injury. *Fecha de la lesión (accidente).* _____ Time of Injury. *Hora en que ocurrió.* _____ a.m. _____ p.m.
5. Address and description of where injury happened. *Dirección/lugar dónde ocurrió el accidente.* _____
6. Describe injury and part of body affected. *Describe la lesión y parte del cuerpo afectada.* _____
7. Social Security Number. *Número de Seguro Social del Empleado.* _____
8. ☐ Check if you agree to receive notices about your claim by email only. ☐ Marque si usted acepta recibir notificaciones sobre su reclamo solo por correo electrónico. Employee's e-mail. _____ Correo electrónico del empleado. _____
You will receive benefit notices by regular mail if you do not choose, or your claims administrator does not offer, an electronic service option. *Usted recibirá notificaciones de beneficios por correo ordinario si usted no escoge, o su administrador de reclamos no le ofrece, una opción de servicio electrónico.*
9. Signature of employee. *Firma del empleado.* _____

Employer—complete this section and see note below. Empleador—complete esta sección y note la notación abajo.

10. Name of employer. *Nombre del empleador.* _____
11. Address. *Dirección.* _____
12. Date employer first knew of injury. *Fecha en que el empleador supo por primera vez de la lesión o accidente.* _____
13. Date claim form was provided to employee. *Fecha en que se le entregó al empleado la petición.* _____
14. Date employer received claim form. *Fecha en que el empleado devolvió la petición al empleador.* _____
15. Name and address of insurance carrier or adjusting agency. *Nombre y dirección de la compañía de seguros o agencia administradora de seguros.* _____
16. Insurance Policy Number. *El número de la póliza de Seguro.* _____
17. Signature of employer representative. *Firma del representante del empleador.* _____
18. Title. *Título.* _____ 19. Telephone. *Teléfono.* _____

Employer: You are required to date this form and provide copies to your insurer or claims administrator and to the employee, dependent or representative who filed the claim within **one working day** of receipt of the form from the employee.

SIGNING THIS FORM IS NOT AN ADMISSION OF LIABILITY

Empleador: Se requiere que Ud. feche esta forma y que provéa copias a su compañía de seguros, administrador de reclamos, o dependiente/representante de reclamos y al empleado que hayan presentado esta petición dentro del plazo de **un día hábil** desde el momento de haber sido recibida la forma del empleado.

EL FIRMAR ESTA FORMA NO SIGNIFICA ADMISION DE RESPONSABILIDAD

☐ Employer copy/Copia del Empleador ☐ Employee copy/Copia del Empleado ☐ Claims Administrator/Administrador de Reclamos ☐ Temporary Receipt/Recibo del Empleado

DIVISION OF WORKERS' COMPENSATION

FACTSHEET

What is workers' compensation?

If you get hurt on the job, your employer is required by law to pay for workers' compensation benefits. You could get hurt by:

One event at work. Examples: hurting your back in a fall, getting burned by a chemical that splashes on your skin, getting hurt in a car accident while making deliveries.

—or—

Repeated exposures at work. Examples: hurting your wrist from doing the same motion over and over, losing your hearing because of constant loud noise.

What are the benefits?

- **Medical care:** Paid for by your employer, to help you recover from an injury or illness caused by work.
- **Temporary disability benefits:** Payments if you lose wages because your injury prevents you from doing your usual job while recovering.
- **Permanent disability benefits:** Payments if you don't recover completely.
- **Supplemental job displacement benefits** (if your date of injury is in 2004 or later): Vouchers to help pay for retraining or skill enhancement if you don't recover completely and don't return to work for your employer.
- **Death benefits:** Payments to your spouse, children or other dependents if you die from a job injury or illness.

What should I do if I have a job injury?

Report the injury to your employer

Tell your supervisor right away. If your injury or illness developed gradually (like tendinitis or hearing loss), report it as soon as you learn or believe it was caused by your job.



Photos by Robert Gumpoert

Minimizing the impact of work-related injuries and illnesses



Helping resolve disputes over workers' compensation benefits



Monitoring the administration of claims

**Republic
Indemnity**

Get emergency treatment if needed

If it's a medical emergency, go to an emergency room right away. Your employer may tell you where to go for treatment. Tell the health care provider who treats you that your injury or illness is job-related.

Fill out a claim form and give it to your employer

Your employer must give or mail you a claim form (DWC 1) within one working day after learning about your injury or illness. Use it to request workers' compensation benefits.

Get good medical care

Get good medical care to help you recover. You should be treated by a doctor who understands your particular type of injury or illness. Tell the doctor about your symptoms and the events at work that you believe caused them. Also describe your job and your work environment.

I'm afraid I might be fired because of my injury. Can my employer fire me?

It's illegal for your employer to punish or fire you for having a job injury, or for filing a workers' compensation claim when you believe your injury was caused by your job.

If you feel your job is threatened, find someone who can help. Note that there are deadlines for taking action to protect your rights.

The California Division of Workers' Compensation (DWC) is the state agency that oversees the delivery of benefits for injured workers and helps resolve disputes over benefits between injured workers and employers.

DWC information and assistance (I & A) officers can help you navigate the workers' compensation system, and can provide claim forms or other forms you need to receive benefits.

The FREE publication, "A Guidebook for Injured Workers," can be downloaded from www.dwc.ca.gov.



Call 1-800-736-7401 to hear recorded information on a variety of workers' compensation topics 24 hours a day, or go on line to www.dwc.ca.gov to find the I & A office near you.

*Please visit the
DIVISION OF WORKERS' COMPENSATION
Web site at: www.dwc.ca.gov
or call 1-800-736-7401*



Republic Indemnity Company of America
Republic Indemnity Company of California

P.O. Box 4275
Woodland Hills, CA 91365-4275

Republic Indemnity Company ("Republic Indemnity")

Covered Employee Notification of Rights

Republic Indemnity Company
Medical Provider Network
("MPN")
www.republicmpn.com

**This pamphlet contains important information
about your medical care
in case of a work-related injury or illness.**

You Are Important To Us

Keeping you well and fully employed is important to us. It is your employer's goal to provide you employment in a safe working environment. However, should you become injured or ill as a result of your job, we want to ensure you receive prompt quality medical treatment. Our goal is to assist you in making a full recovery and returning to your job as soon as possible. In compliance with California law, we provide workers' compensation benefits, which include the payment of all appropriate medical treatment for work-related injuries or illnesses. If you have any questions regarding the MPN, please contact Republic Indemnity at 800-821-4520.

Republic Indemnity Medical Provider Network "MPN"

California law requires your employer to provide and pay for medical treatment if you are injured at work. Your employer has chosen to provide this medical care by using a Workers' Compensation physician network called a Medical Provider Network (MPN). This MPN is administered by Republic Indemnity Company. This notification tells you what you need to know about the MPN program and describes your rights in choosing medical care for work-related injuries and illnesses.

- **What happens if I get injured at work?**

In case of an emergency, you should call 911 or go to the closest emergency room.

If you are injured at work, notify your employer as soon as possible. Your employer will provide you with a claim form. When you notify your employer that you have had a work-related injury, your employer will make an initial appointment with a doctor in the MPN.

- **What is an MPN?**

A Medical Provider Network (MPN) is a group of health care providers (physicians and other medical providers) used by your employer to treat workers injured on the job. MPNs must allow employees to have a choice of provider(s). Each MPN must include a mix of doctors specializing in work-related injuries and doctors with expertise in general areas of medicine.

- **What MPN is used by my employer?**

Your employer is using the **Republic Indemnity Company MPN** with the identification numbers **2005** and **2006**. You must refer to the MPN name and the MPN identification number whenever you have questions or requests about the MPN.

- **Who can I contact if I have questions about my MPN?**

The MPN Contact listed in this notification will be able to answer your questions about the use of the MPN and will address any complaints regarding the MPN.

MPN Contact Toll Free # (877) 854-3353.

General information regarding the MPN can also be found at the following website: www.republicmpn.com.

- **What if I need help finding and making an appointment with a doctor?**

The MPN Medical Access Assistant will help you find available MPN physicians of your choice and can assist you with scheduling and confirming physician appointments. The Medical Access Assistant is available to assist you Monday through Saturday, excluding Sundays and holidays, from 7am-8pm (Pacific) and schedule medical appointments during the doctor's normal business hours. Assistance is available in English and in Spanish.

Medical Access Assistant (MAA)

Toll Free Number: (888) 545-3795

Email: mpninfo@netbyd.com

Fax: (209) 879-9387

- **How do I find out which doctors are in my MPN?**

You can get a regional list of all MPN providers in your area by calling the MPN Contact or by going to our website at: www.republicmpn.com. At minimum, the regional list must include a list of all MPN providers within 15 miles of your workplace and/or residence or a list of all MPN providers within the county where you live and/or work. You may choose which list you wish to receive. You also have the right to obtain a list of all the MPN providers upon request.

You can access the roster of all treating physicians and a roster of all participating providers in the MPN by going to the website at: www.republicmpn.com.

- **How do I choose a provider?**

Your employer will arrange the initial medical evaluation with an MPN physician. After the first medical visit, you may continue to be treated by that doctor, or you may choose another doctor from the MPN. You may continue to choose doctors within the MPN for all of your medical care for this injury.

If appropriate, you may choose a specialist or ask your primary treating physician for a referral to a specialist. Some specialists will only accept appointments with a referral from the primary treating physician. Such specialists might be listed as “by referral only” in your MPN directory.

If you need help in finding a doctor or scheduling a medical appointment, you may call the Medical Access Assistant.

- **Can I change providers?**

Yes. You can change providers within the MPN for any reason, but the providers you choose should be appropriate to treat your injury. Contact the MPN Contact or your claims adjuster if you want to change your treating physician.

- **What standards does the MPN have to meet?**

The MPN has providers for the entire state of California.

The MPN must give you access to a regional list of providers that includes at least three physicians in each specialty commonly used to treat work injuries/illnesses in your industry. The MPN must provide access to three primary treating physicians and a hospital or an emergency healthcare facility within 30 minutes or 15 miles and specialists within 60 minutes or 30 miles of where you work or live.

If you live in a rural area or an area where there is a health care shortage or if there are no MPN providers available within 30 miles of your residence or workplace location, you will be allowed to obtain services from a provider outside of the MPN, within a reasonable geographic area.

After you have notified your employer of your injury, the MPN must provide initial treatment within 3 business days. If treatment with a specialist has been authorized, the initial appointment with the specialist must be provided to you within 20 business days of your request. If the appointment with the specialist cannot be scheduled within 10 business days of your request, you may be allowed to obtain treatment with an appropriate specialist outside of the MPN.

If you have trouble getting an appointment with a provider in the MPN, contact the Medical Access Assistant.

- **What if there are no MPN providers where I am located?**

If you are a current employee living in a rural area or temporarily working or living outside the MPN service area, or you are a former employee permanently living outside the MPN service area, the MPN or your treating doctor will give you a list of at least three physicians who can treat you. The MPN may also allow you to choose your own doctor outside of the MPN network. Contact your MPN Contact for assistance in finding a physician or for additional information.

- **What if I need a specialist that is not available in the MPN?**

If you need to see a type of specialist that is not available in the MPN, you have the right to see a specialist outside of the MPN.

- **What if I disagree with my doctor about medical treatment?**

If you disagree with your doctor or wish to change your doctor for any reason, you may choose another doctor within the MPN.

If you disagree with either the diagnosis or treatment prescribed by your doctor, you may ask for a second opinion from another doctor within the MPN. If you want a second opinion, you must contact the MPN Contact or your claims adjuster and tell them you want a second opinion. The MPN should give you at least a regional or full MPN provider list from which you can choose a second opinion doctor. To get a second opinion, you must choose a doctor from the MPN list and make an appointment within 60 days.

You must tell the MPN Contact or your claims adjuster of your appointment date, and the MPN will send the doctor a copy of your medical records. You may also request a copy of your medical records that will be sent to the doctor.

If you do not make an appointment within 60 days of receiving the regional provider list, you will not be allowed to have a second or third opinion with regard to this disputed diagnosis or treatment of the treating physician.

If the second-opinion doctor feels that your injury is outside of the type of injury he or she normally treats, the doctor's office will notify the MPN Contact or your claims adjuster and you. You will get another list of MPN doctors or specialists so you can make another selection.

If you disagree with the second opinion, you may ask for a third opinion. If you request a third opinion, you will go through the same process you went through for the second opinion.

Remember that if you do not make an appointment within 60 days of obtaining another MPN provider list, then you will not be allowed to have a third opinion with regard to this disputed diagnosis or treatment of this treating physician.

If you disagree with the third-opinion doctor, you may ask for an MPN Independent Medical Review (MPN IMR). The MPN Contact will give you information on requesting an MPN Independent Medical Review (MPN IMR) and will complete the “MPN Contact section” of an MPN IMR application form for you at the time you select a third-opinion physician.

If either the second or third-opinion doctor or MPN Independent Medical Reviewer agrees with your need for a treatment or test, you may be allowed to receive that medical service from a provider within the MPN, or if the MPN does not contain a physician who can provide the recommended treatment, you may choose a physician outside the MPN within a reasonable geographic area.

- **What if I am already being treated for a work-related injury before the MPN begins?**

Your employer has a “*Transfer of Care*” policy which will determine if you can continue being temporarily treated for an existing work-related injury by a physician outside of the MPN before your care is transferred into the MPN.

If your current doctor is not or does not become a member of the MPN, then you may be required to see an MPN physician. However, if you have properly predesignated a primary treating physician, you cannot be transferred into the MPN. (If you have questions about predesignation, ask your supervisor.)

If your employer decides to transfer you into the MPN, you and your primary treating physician must receive a letter notifying you of the transfer.

If you meet certain conditions, you may qualify to continue treating with a non-MPN physician for up to a year before you are transferred into the MPN. The qualifying conditions to postpone the transfer of your care into the MPN are set forth below.

Can I Continue Being Treated By My Doctor?

You may qualify for continuing treatment with your non-MPN provider (through transfer of care or continuity of care) for up to a year if your injury or illness meets any of the following conditions:

- **(Acute)** The treatment for your injury or illness will be completed in less than 90 days;
- **(Serious or Chronic)** Your injury or illness is one that is serious and continues for at least 90 days without full cure or worsens and requires ongoing treatment. You may be allowed to be treated by your current treating doctor for up to one year, until a safe transfer of care can be made;
- **(Terminal)** You have an incurable illness or irreversible condition that is likely to cause death within one year or less;
- **(Pending Surgery)** You already have a surgery or other procedure that has been authorized by your employer or its claims administrator that will occur within 180 days of the MPN effective date, or the termination of contract date between the MPN and your doctor.

You can disagree with your employer's decision to transfer your care into the MPN. If you don't want to be transferred into the MPN, ask your primary treating physician for a medical report on whether you have one of the four conditions stated above to qualify for a postponement of your transfer into the MPN.

Your primary treating physician has 20 days from the date of your request to give you a copy of his/her report on your condition. If your primary treating physician does not give you the report within 20 days of your request, the employer can transfer your care into the MPN and you will be required to use an MPN physician.

You will need to give a copy of the report to your employer if you wish to postpone the transfer of your care. If you or your employer disagrees with your doctor's report on your condition, you or your employer can dispute it. See the complete Transfer of Care policy for more details on the dispute resolution process.

For a copy of the Transfer of Care policy, in English or Spanish, ask your MPN Contact.

- **What if I am being treated by an MPN doctor who decides to leave the MPN?**

Your employer or its claims administrator has a written "*Continuity of Care*" policy that will determine whether you can temporarily continue treatment for an existing work injury with your doctor if your doctor is no longer participating in the MPN.

If your employer or its claims administrator decides that you do not qualify to continue your care with the non-MPN provider, you and your primary treating physician must receive a letter notifying you of this decision.

If you meet certain conditions, you may qualify to continue treating with this doctor for up to a year before you must choose an MPN physician. These conditions are set forth in "*Can I Continue Being Treated By My Doctor?*" above.

You can disagree with your employer or its claims administrator's decision to deny you Continuity of Care with the terminated MPN provider. If you want to continue treating with the terminated doctor, ask your primary treating physician for a medical report on whether you have one of the four conditions stated in the box above to see if you qualify to continue treating with your current doctor temporarily.

Your primary treating physician has 20 days from the date of your request to give you a copy of his/her medical report on your condition. If your primary treating physician does not give you the report within 20 days of your request, your employer or its claims administrator's decision to deny you Continuity of Care with your doctor who is no longer participating in the MPN will apply, and you will be required to choose a MPN physician.

You will need to give a copy of the report to your employer if you wish to postpone the selection of another MPN doctor for your continued treatment. If you or your employer disagrees with your doctor's report on your condition, you or your employer can dispute it. See the complete Continuity of Care policy for more details on the dispute resolution process.

For a copy of the Continuity of Care policy, in English or Spanish, ask your MPN Contact.

- **What if I have questions or need help?**

- **MPN Contact:** You may always contact the MPN Contact if you have questions about the use of the MPN and to address any complaints regarding the MPN.
- **Medical Access Assistants:** You may contact the Medical Access Assistant if you need help finding MPN physicians and scheduling and confirming appointments.
- **Division of Workers' Compensation (DWC):** If you have any questions regarding your rights and responsibilities under the California workers' compensation law, you can call the DWC's Information and Assistance (I&A) Unit at 1-800-736-7401 for a recorded message or access its webpage <https://www.dir.ca.gov/dwc/landA.html> to locate the contact information of your nearest local I&A office for assistance. You can also go to the DWC's website at www.dir.ca.gov/dwc and click on "medical provider networks" for more information about MPNs.
- **MPN Independent Medical Review:** If you have questions about the MPN Independent Medical Review process, contact the Division of Workers' Compensation's Medical Unit at:

DWC Medical Unit
P.O. Box 71010
Oakland, CA 94612
(510) 286-3700 or (800) 794-6900

KEEP THIS INFORMATION
IN CASE YOU HAVE A
WORK RELATED INJURY OR ILLNESS

**Republic
Indemnity**

Republic Indemnity Company of America
Republic Indemnity Company of California

P.O. Box 4275
Woodland Hills, CA 91365-4275

Workers' Compensation Temporary Prescription ID Card

»» To the Injured Worker:

On your first visit, please give this notice to any pharmacy listed on the back side to speed processing your approved workers' compensation prescriptions (based on the guidelines established by your employer).

Questions or need assistance locating a participating retail network pharmacy? Call the Express Scripts Patient Care Contact Center at 800.945.5951.

Atencion Trabajador Lesionado:

Este formulario de identificación para servicios temporales de prescripción de recetas por compensación del trabajador DEBERÁ SER PRESENTADO a su farmacéutico al surtir su(s) receta(s) inicial(es).

Si tiene cualquier duda o necesita localizar una farmacia participante, por favor contacte al área de Atención a Clientes de Express Scripts, en el teléfono 800.945.5951.

»» To the Pharmacist:

Express Scripts administers this workers' compensation prescription program. Please follow the steps below to submit a claim. Standard claim limitations include quantity exceeding 150 pills or a day supply exceeding 14 days. This form is valid for up to 30 days from DOI. Limitations may vary. For assistance, call Express Scripts at 888.786.9640.

Pharmacy Processing Steps

Step 1: Enter bin number 003858

Step 2: Enter processor control A4

Step 3: Enter the group number as it appears above

Step 4: Enter the injured worker's nine-digit ID number

Step 5: Enter the injured worker's first and last name

Step 6: Enter the injured worker's date of injury
(enter in PA field in the format YYYYMMDD)

Express Scripts

ID #: _____

Your SSN is your temporary ID number; present to the pharmacy at the time prescription is filled. You will receive a new ID number shortly.

Date of Injury: _____

MM/DD/YYYY

Group #: **ESR3050**

Employee Date of Birth: _____

Thank you for using a participating retail network pharmacy. Even though there is no direct cost to you, it's important that we all do our part to help control the rising cost of healthcare.

Please see other side for a list of participating retail network pharmacies.

»» **To the Supervisor:** Please fill in the information requested for the injured worker.

Republic Indemnity

Employee Information

First

M

Last

Street Address or PO Box

City

State

ZIP

Employer Name



EXPRESS SCRIPTS®

Participating Retail Network Pharmacies

A & P	Drug Emporium	Major Value	Schnucks
Acme Pharmacy	Drug Fair	Marsh Drugs	Scolari's
Albertson's	Drug Town	Medic Discount	Sedano
Albertson's/Acme	Drug World	Medicap	Shaw's
Albertson's/Osco	Eckerd	Medistat	Shop 'N Save
Albertson's/Sav-On	Econofoods	Meijer	Shopko
Amerisource	EPIC Pharmacy	Minyard	ShopRite
Bergen	Network	NCS HealthCare	Snyder
Anchor Pharmacies	FamilyMeds	Neighborcare	Stop & Shop
Arrow	Farm Fresh	Network	Sun Mart
Aurora	Farmer Jack	Pharmaceuticals	Super Fresh
Bartell Drugs	Food City	Northeast	Super Rx
Bigg's	Food Lion	Pharmacy Services	Target
Bi-Lo	Fred's	Osco	Texas Oncology
Bi-Mart	Gemmel	P & C Food	Srvs
BJ's Wholesale	Giant	Markets	The Pharm
Club	Giant Eagle	Pamida	Thrifty White
Brooks	Giant Foods	Park Nicollet	Times
Brookshire Brothers	Hannaford	Pathmark	Tom Thumb
Brookshire Grocery	Harris Teeter	Pavilions	Tops
Bruno	H-E-B	Price Chopper	Ukrop's
Carrs	Hi-School	Publix	United Drugs
Cash Wise	Pharmacy	Quality Markets	United
Coborn's	Hy-Vee	Raley's	Supermarkets
Costco	Jewel/Osco	Randalls	Vons
Cub	Kash n Karry	Rite Aid	Waldbaums
CVS	Keltsch	Rosauers	Walgreens
D&W	Kerr	Rx Express	Wal-Mart
Dahl's	Kmart	RXD	Wegmans
Dierbergs	Knight Drugs	Safeway	Weis
Discount Drugmart	Kroger	Sam's Club	Winn Dixie
Doc's Drugs	LeaderNet (PSAO)	Sav-On	
Dominicks	Longs Drug Store	Save Mart	

NOTE: This form is not valid in the state of Ohio. For all other states, liability of a workers' compensation claim is not assumed based on the dispensing of medication(s) to a patient.



EXPRESS SCRIPTS®



Republic Indemnity Company of America
Republic Indemnity Company of California

P.O. Box 4275, Woodland Hills, California 91365-4275

Phone (800) 821-4520, option 1 • Fax (818) 789-7286 • eMail riclaims@ri-net.com

www.republicindemnity.com

AUTHORIZATION FOR INDUSTRIAL MEDICAL, SURGICAL OR HOSPITAL AID

Employer:	Policy No:
Date of Injury:	By:
To: _____, M.D.	
Address:	
Please render necessary medical service to:	
and immediately forward "DOCTOR'S FIRST REPORT OF WORK INJURY," together with this authorization, to the appropriate servicing office.	

California:

Claims Mailing Address: Republic Indemnity, P.O. Box 4275, Woodland Hills, California 91365-4275
Phone (800) 821-4520, option 1 • Fax (818) 789-7286 • eMail riclaims@ri-net.com

Greater Bay Area:

Phone (415) 981-3200 • Fax (415) 954-1177

Los Angeles / Tri-County / Orange County / San Joaquin Valley:

Phone (818) 990-9860 • Fax (818) 789-7286

San Diego / San Bernardino / Riverside / Imperial County:

Phone (858) 292-7002 • Fax (858) 467-7815

Third Party Administrators:

Northern Adjusters, Inc. 1401 Rudakof Circle Anchorage, Alaska 99508 Phone (907) 868-3999 • Fax (907) 868-3866	Nevada Alternative Solutions, Inc. 9506 W. Flamingo Road, Suite 102 Las Vegas, Nevada 89147 Phone (702) 796-1333 • Fax (702) 796-1330
For Arizona Claims: The Integrion Group P.O. Box 27815 Albuquerque, New Mexico 87125 Phone (480) 653-9130 • Fax (505) 293-6400	The Integrion Group P.O. Box 27815 Albuquerque, New Mexico 87125 Phone (505) 293-6600 • Fax (505) 293-6400
For Colorado Claims: The Integrion Group P.O. Box 27815 Albuquerque, New Mexico 87125 Phone (480) 653-9130 • Fax (505) 293-6400	Intermountain Claims, Inc. P.O. Box 23547 Portland, Oregon 97281-3547 Phone (503) 626-6966 • Fax (503) 626-7105
Intermountain Claims, Inc. P.O. Box 4367 Boise, Idaho 83711 Phone (208) 323-7571 • Fax (208) 375-8905	Anchor Claims Management P.O. Box 819045 Dallas, Texas 75381-9045 Phone (800) 275-3193 • Fax (800) 275-3194
Intermountain Claims, Inc. P.O. Box 4546 Missoula, Montana 59806-4546 Phone (406) 656-3951 • Fax (406) 651-0975	Intermountain Claims, Inc. 1543 East 3300 South Salt Lake City, Utah 84106 Phone (801) 466-7993 • Fax (801) 466-1749

DIVISIÓN DE COMPENSACIÓN DE TRABAJADORES

HOJA INFORMATIVA

¿Qué es la compensación de trabajadores?

Si usted se lesiona en el trabajo, su empleador está obligado por ley a pagarle los beneficios de compensación de trabajadores. Usted podría lesionarse por:

Un incidente en el trabajo. Ejemplos: lastimarse la espalda al caerse, quemarse con un producto químico que le salpica la piel, lesionarse en un accidente automovilístico mientras hace entregas.

-O-

Exposiciones repetidas en el trabajo. Ejemplos: lastimarse la muñeca por hacer movimientos repetitivos, perder la audición debido a la presencia de ruidos fuertes y constantes.

¿Cuáles son los beneficios?

- **Atención médica:** Pagada por su empleador, para ayudarle a recuperarse de una lesión o enfermedad causada por el trabajo.
- **Beneficios por incapacidad temporal:** Pagos que usted recibe por los salarios perdidos si su lesión le impide hacer su trabajo habitual mientras se recupera.
- **Beneficios por incapacidad permanente:** Pagos que usted recibe si no se recupera completamente.
- **Beneficios suplementarios por la pérdida de trabajo** (si usted se lesionó durante o después del año 2004): Vales que ayudan a cubrir el costo de capacitación o desarrollo de habilidades en caso de que usted no se recupere por completo y no regrese a trabajar para su empleador.
- **Beneficios por muerte:** Pagos que recibe su cónyuge, sus hijos u otros dependientes en caso de su muerte a causa de una lesión o enfermedad laboral.

¿Qué debo hacer si me lesiono en el trabajo?

Informe a su empleador sobre la lesión que ha sufrido

Infórmele inmediatamente a su supervisor. Si su lesión o enfermedad se desarrolló gradualmente (como la tendinitis o la pérdida de audición), infórmelo tan pronto como se entere o usted considere, que la lesión fue causada por su trabajo.



Fotos por Robert Gumpert

Reduce al mínimo el impacto de las lesiones y enfermedades relacionadas con el trabajo



Ayuda a resolver las disputas sobre los beneficios de compensación de trabajadores



Supervisa la administración de los reclamos

**Republic
Indemnity**

Reciba atención de emergencia si es necesario

Si se trata de una emergencia médica, vaya a una sala de emergencias inmediatamente. Su empleador puede indicarle a qué centro médico dirigirse. Informe al proveedor de atención médica que le atienda que su enfermedad o lesión está relacionada con su trabajo.

Llene un formulario de reclamo y entrégueselo a su empleador

Su empleador debe darle o enviarle por correo un formulario de reclamo (DWC 1) dentro del plazo de un día laboral a partir del momento en que se le notifica de su lesión o enfermedad. Utilícelo para solicitar los beneficios de compensación de trabajadores.

Reciba una buena atención médica

Reciba una buena atención médica para ayudarle a recuperarse. Debe ser atendido por un médico que comprenda su lesión o enfermedad específica. Explíquelo al médico sus síntomas y las circunstancias laborales que usted cree causaron la lesión o enfermedad. Describa también su trabajo y su ambiente de trabajo.

Tengo miedo de que me despidan por mi lesión. ¿Puede despedirme mi empleador?

Es ilegal que un empleador lo sancione o lo despidan por lesionarse o por presentar un reclamo de compensación de trabajadores cuando usted considera que la lesión fue causada por su trabajo.

Si usted cree que su empleo está en riesgo, recurra a alguien que pueda ayudarlo. Tenga en cuenta que existen plazos para tomar medidas a fin de proteger sus derechos.

La División de Compensación de Trabajadores de California

(DWC- Division of Workers' Compensation) es el organismo estatal que supervisa el otorgamiento de beneficios a trabajadores que han sufrido lesiones, y ayuda a resolver disputas sobre beneficios entre los trabajadores lesionados y sus empleadores.

El personal de la oficina de Información y Asistencia (I&A- Information and Assistance) de la DWC puede guiarle por el sistema de compensación de trabajadores, y puede proporcionarle formularios de reclamo u otros documentos que usted necesite para recibir beneficios.

Puede descargar la publicación GRATUITA "Una Guía para los trabajadores lesionados" ("A Guidebook for Injured Workers") en www.dwc.ca.gov.



Llame al 1-800-736-7401, las 24 horas, para escuchar información grabada sobre una variedad de temas de compensación de trabajadores, o consulte la página web en www.dwc.ca.gov para información sobre la oficina de I & A más cercana a usted.

*Visite el sitio web de la **DIVISIÓN DE COMPENSACIÓN DE TRABAJADORES** (Division of Workers' Compensation) en www.dwc.ca.gov o llame al 1-800-736-7401*



Republic Indemnity Company of America
Republic Indemnity Company of California

P.O. Box 4275
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Republic Indemnity Company ("Republic Indemnity")

Notificación de los Derechos del Empleado

Republic Indemnity Company
Medical Provider Network
("MPN")
www.republicmpn.com

Este panfleto contiene información importante sobre su atención médica, en caso que sufra una lesión o enfermedad relacionada con el trabajo.

Su bienestar es importante para nosotros

Para nosotros es importante que usted goce de Buena salud y que mantenga óptima capacidad laboral. La meta de su empleador es proveerle un entorno de trabajo seguro. Sin embargo, si sufriera una lesión o enfermedad a causa de su trabajo, queremos asegurarnos que reciba oportunamente tratamiento médico de calidad. Nuestra meta es ayudarlo a que se recupere totalmente y regrese a trabajar tan pronto le sea posible. En cumplimiento con las leyes de California, les ofrecemos a nuestros empleados indemnización laboral, la cual incluye el pago por todo el tratamiento médico apropiado por aquellas lesiones o enfermedades relacionadas con el trabajo. Si tiene alguna pregunta con relación a la MPN, sírvase comunicarse con Republic Indemnity at 800-821-4520.

Republic Indemnity Medical Provider Network "MPN"

La ley de California requiere que su empleador le proporcione y pague el tratamiento médico si se lesiona en el trabajo. Su empleador ha elegido a proporcionar este cuidado médico utilizando una red de médicos de Compensación de Trabajadores llamada Red de Proveedores Médicos o MPN (Medical Provider Network). Esta MPN está administrada por Republic Indemnity Company. Esta notificación le informará lo que necesita saber sobre el programa de la MPN y le describirá sus derechos en elegir cuidado médico para sus lesiones o enfermedades de trabajo.

• ¿Qué pasa si me lastimo en el trabajo?

En caso de emergencia, debe llamar al 911 o ir a la sala de emergencias más cercana.

Si se lesiona en el trabajo, notifique a su empleador lo más pronto posible. Su empleador le proporcionará un formulario de reclamo. Cuando le notifique a su empleador que ha sufrido una lesión de trabajo, su empleador hará la cita inicial con el médico de la MPN.

• ¿Qué es una MPN?

Una Red de Proveedores Médicos o MPN es un grupo de proveedores de asistencia médica usados por su empleador (médicos y otros proveedores médicos) utilizados por su empleador o su administrador de reclamos para atender a trabajadores que se lesionan en el trabajo. Cada MPN debe incluir una combinación de médicos que se especializan en lesiones de trabajo y médicos expertos en áreas de medicina general.

• ¿Que es una MPN usado por mi empleador?

Su empleador está usando **Republic Indemnity Company MPN** con número de identificación **2005** y **2006**. Usted debe referirse al nombre y número de identificación de la MPN cuando tenga preguntas o peticiones acerca de la MPN.

• ¿Cómo puedo averiguar cuáles médicos pertenecen a mi MPN?

El Contacto de la MPN enlistado en esta notificación podrá contestar sus preguntas sobre cómo usar el MPN y resolverá cualquier queja respecto a el MPN.

Numero Gratuito del Contacto de MPN: (877) 854-3353.

Información General respecto a la MPN también puede ser encontrada en la siguiente página de la red: www.republicmpn.com.

• ¿Que si necesito ayuda para encontrar un médico?

El Asistente de Acceso Médico de la MPN le ayudará a encontrar un médico de la MPN disponible de su elección y puede asistirle en hacer y confirmar una cita médica. El Asistente de Acceso Médico está disponible de Lunes a Sábado, excluyendo Domingos y días festivos, de 7am- 8pm (Pacífico) para programar citas médicas durante las horas de las oficinas médicas. La asistencia está disponible en Inglés y Español.

Asistente de Acceso Medico (MAA)

Numero gratuito: (888) 545-3795

Email: mpninfo@netbyd.com

Fax: (209) 879-9387

• ¿Cómo averiguo cuáles proveedores médicos son parte de la MPN?

Usted puede obtener una lista regional de los proveedores de la MPN en su área llamando al contacto de la MPN o visitando nuestro sitio web en: www.republicmpn.com. Como mínimo, la lista regional debe incluir una lista de todos los proveedores de la MPN dentro de 15 millas de su lugar de trabajo y / o residencia o una lista de todos los proveedores de la MPN dentro del condado donde usted vive y / o trabaja. Usted puede elegir qué lista quiere recibir. Usted también tiene el derecho de obtener una lista de todos los proveedores de la MPN que lo soliciten.

Puede acceder a la lista de todos los médicos tratantes y todos los proveedores en la MPN visitando la página web en: www.republicmpn.com.

• ¿Cómo escojo un proveedor?

Su empleador arreglara la evaluación médica inicial con un médico de la MPN. Después de la primera visita médica, puede continuar ser atendido por este médico o puede elegir otro médico dentro de la MPN. Puede continuar eligiendo médicos de la MPN para todo su cuidado médico para esta lesión. Si es apropiado, puede escoger un especialista o puede pedirle al médico que lo está atendiendo que lo refiera a un especialista.

Si necesita ayuda en elegir un médico puede llamar al contacto de la MPN arriba descrito. Algunos especialistas solo aceptarán citas con una referencia del médico tratante. Dicho especialista puede ser enlistado como “por referencia solamente” en el directorio de la MPN.

Si necesita ayuda para encontrar un doctor o hacer una cita médica, puede llamar al Asistente de Acceso Médico.

- **¿Puedo cambiar de proveedor?**

Sí. Usted puede cambiar de proveedores dentro de la MPN por cualquier razón, pero los proveedores que elija deben ser apropiados para tratar su lesión. Contacte al contacto de la MPN o a su ajustador de reclamos si desea cambiar su médico tratante.

- **¿Qué requisitos debe tener la MPN?**

La MPN tiene proveedores en todo el estado de California.

La MPN tiene que proporcionarle acceso a una lista regional de proveedores que incluya por lo menos tres médicos en cada especialidad usualmente utilizada para tratar lesiones/enfermedades en su industria. La MPN debe proporcionarles acceso a médicos primarios, Médicos que tratan dentro de 30 minutos o 15 millas y especialistas dentro de 60 minutos o 30 millas de distancia de donde usted vive o trabaja.

Si vive en un área rural o un área donde hay una escasez de atención médica o si no hay proveedores de MPN disponibles dentro de las 30 millas de la ubicación de su residencia o lugar de trabajo, se le permitirá obtener servicios de un proveedor fuera de la MPN, dentro de un área geográfica razonable.

Después de haber notificado a su empleador sobre su lesión, la MPN debe proporcionar tratamiento inicial dentro de 3 días. Si el tratamiento con un especialista ha sido autorizado, la cita con el especialista debe de ser proveída dentro de 20 días de negocio desde su pedido.

Si tiene dificultad para conseguir una cita con un proveedor de la MPN, contacte al Asistente de Acceso Médico.

- **¿Qué tal si no hay proveedores de la MPN donde estoy localizado?**

Si está temporalmente trabajando o viviendo fuera del área de servicio de la MPN o en una área rural, la MPN o el médico que lo está atendiendo le dará una lista de por lo menos tres médicos que lo puedan atender. La MPN también puede permitirle elegir su propio médico fuera de la red de la MPN. Póngase en contacto con su contacto de la MPN para asistencia en encontrar un médico o para información adicional.

- **¿Qué tal si necesito un especialista que no está dentro de la MPN?**

Si necesita ver un especialista que no está disponible dentro de la MPN, usted tiene derecho a ver un especialista fuera de la MPN.

- **¿Qué tal si no estoy de acuerdo con mi médico sobre tratamiento médico?**

Si usted no está de acuerdo con su médico o desea cambiar de médico por cualquier razón, usted puede escoger otro médico dentro de la MPN.

Si usted no está de acuerdo con el diagnóstico o tratamiento recetado por su médico, usted puede pedir una segunda opinión de un médico dentro de la MPN. Si quiere una segunda opinión, debe ponerse en contacto con la MPN o su ajustador de reclamos y dígame que quiere una segunda opinión. La MPN asegurará que por lo menos tenga una lista regional o completa de proveedores de la MPN para elegirlo. Para obtener una segunda opinión, debe elegir un médico dentro de la lista de la MPN y hacer una cita dentro de 60 días. Usted debe decirle al contacto de la

MPN o su ajustador de reclamos la fecha de su cita y la MPN le mandará al médico una copia de su expediente médico. Usted puede pedir una copia de su expediente médico que se le enviará al médico.

Si no hace una cita dentro de 60 días a partir de recibir la lista regional de proveedores, no le será permitido tener una segunda o tercera opinión sobre el disputado diagnóstico o tratamiento recomendado por el médico que lo está atendiendo.

Si el médico de la segunda opinión siente que su lesión está fuera del tipo de lesión que él o ella normalmente trata, la oficina del médico le notificará al Contacto de la MPN o ajustador de reclamos y usted. Usted obtendrá otra lista de médicos o especialistas de la MPN para que pueda hacer otra selección.

Si usted no está de acuerdo con la segunda opinión, puede pedir por una tercera opinión. Si usted pide una tercera opinión, usted pasará por el mismo proceso que pasó para la segunda opinión.

Recuerde que si no hace una cita dentro de 60 días a partir de recibir la otra lista de proveedores de la MPN, entonces no le será permitido tener una tercera opinión sobre el disputado diagnóstico o tratamiento recomendado por el médico que lo está atendiendo.

Si usted no está de acuerdo con el médico de la tercera opinión, usted puede pedir una MPN Revisión Médica Independiente o MPN IMR (MPN Independent Medical Review). El contacto de la MPN le dará información sobre como solicitar una Revisión Médica Independiente de MPN (MPN IMR) y completará la sección del Contacto de MPN de un formulario de solicitud de MPN IMR para usted en el momento que seleccione un médico de tercera opinión.

Si el médico o MPN Revisor Médico Independiente de la segunda o tercera opinión está de acuerdo que usted necesita algún tratamiento o análisis, le será tal vez permitido recibir el servicio médico de un proveedor dentro de la MPN, o si la MPN no tiene un médico quien puede proveer el tratamiento, puede elegir a un médico fuera de la MPN dentro de un área geográfica razonable

- **¿Qué tal si ya estoy siendo atendido por una lesión de trabajo antes de que empiece el MPN?**

Su empleador tiene un plan de “Transferencia de Cuidado” que determinará si usted puede continuar siendo temporalmente atendido por una lesión de trabajo por un médico fuera de la MPN antes de que su cuidado sea transferido a la MPN.

Si su médico actual no es o no se convierte en un miembro de la MPN, entonces podrá ser obligado a ver a un médico de la MPN. Sin embargo, si usted apropiadamente ha designado previamente un médico para atenderlo, usted no puede ser transferido a la MPN. (Si tiene preguntas acerca de la designación previa, pregúntele a su supervisor.)

Si su empleador decide transferirlo a la MPN, usted y su médico que lo está atendiendo deben recibir una carta notificándoles de la transferencia.

Si usted llena ciertos requisitos, pueda que califique a continuar ser atendido por un médico fuera de la MPN hasta por un año antes de que sea transferido a la MPN. Los requisitos para posponer la transferencia de su cuidado a la MPN están expuestos en la caja debajo.

¿Puedo Continuar Ser Tratado Por Mi Médico?

Usted puede calificar para tratamiento continuo con su proveedor que no está dentro de la MPN (por transferencia de cuidado o continuidad de cuidado) hasta por un año si su lesión o enfermedad llena cualquiera de las siguientes condiciones:

- **(Agudo)** El tratamiento para su lesión o enfermedad será completado en menos de 90 días;
- **(Grave o crónico)** Su lesión o enfermedad es una que es grave y continua por lo menos 90 días sin una cura total o empeora y requiere de tratamiento continuo. Se le podrá permitir ser tratado por su médico actual hasta por un año, hasta que una transferencia de cuidado segura pueda ser hecha;
- **(Terminal)** Tiene una enfermedad incurable o condición irreversible que probablemente cause la muerte dentro de un año o menos;
- **(Cirugía pendiente)** Ya tiene una cirugía u otro procedimiento que ha sido autorizado por su empleador o administrador de reclamos y que se realizará dentro de 180 días a partir de la fecha efectiva de la MPN o la fecha de la terminación del contrato entre la MPN y su médico.

Usted puede no estar de acuerdo con la decisión de su empleador sobre transferir su cuidado a la MPN. Si no quiere ser transferido a la MPN, pídale a su médico que lo está atendiendo por un informe médico que indique si tiene una de las cuatro condiciones indicadas arriba para poder posponer su transferencia a la MPN.

El médico que lo está atendiendo tiene 20 días a partir de la fecha de su petición para darle una copia del informe sobre su condición. Si el médico que lo está atendiendo no le da el informe dentro de los 20 días a partir de la fecha de su petición, el empleador podrá transferir su cuidado a la MPN y estará obligado a utilizar un médico de la MPN.

Tendrá que darle una copia del informe a su empleador si desea posponer la transferencia de su cuidado. Si usted o su empleador no está de acuerdo con el informe de su médico sobre su condición, usted o su empleador puede disputarlo. Vea el plan de Transferencia de Cuidado para más detalles sobre el proceso de resolución de disputa.

Para una copia del plan entero sobre la Transferencia de Cuidado, en inglés o español, pregúntele a su contacto de la MPN.

- **¿Qué tal si estoy bajo tratamiento con un médico de la MPN que decide dejar la MPN?**

Su empleador o su administrador de reclamos tiene un plan escrito para “La Continuidad de Cuidado” que determinará si es que podrá continuar temporalmente su tratamiento por su lesión de trabajo actual con su médico si su médico ya no está participando en la MPN.

Si su empleador o su administrador de reclamos decide que usted no califica para continuar su tratamiento con el médico que no es un proveedor dentro de la MPN, usted y el médico que lo está atendiendo deberán recibir una carta notificándole de esta decisión.

Si usted llena ciertos requisitos, tal vez podrá calificar para continuar su tratamiento con este médico hasta por un año antes de que tenga que elegir a un médico de la MPN. Estos requisitos están expuestos, “¿Puedo Continuar Ser Tratado Por Mi Médico?” en la caja descrita arriba.

Usted puede no estar de acuerdo con la decisión de su empleador o su administrador de reclamos sobre negarle la Continuidad de Cuidado con el proveedor que ya no es parte de la MPN. Si quiere continuar su tratamiento con este médico, pídale al médico que lo está atendiendo por un informe que indique si tiene una de las cuatro condiciones descritas en la caja de arriba para ver si califica para seguir recibiendo tratamiento de su médico actual.

El médico que lo está atendiendo tiene 20 días a partir de la fecha de su petición para darle una copia del informe sobre su condición. Si el médico que lo está atendiendo no le da el informe dentro de los 20 días a partir de la fecha de su petición, la decisión de su empleador o su administrador de reclamos de negarle la Continuidad de Cuidado con su doctor quien ya no participa en la MPN aplicará, y usted será requerido a escoger un médico de la MPN.

Tendrá que darle una copia del informe a su empleador si desea posponer la selección de un tratamiento con un médico de la MPN. Si usted o su empleador no está de acuerdo con el informe de su médico sobre su condición, usted o su empleador puede disputarlo. Vea el plan de transferencia de cuidado para más detalles sobre el proceso de resolución de disputa.

Para una copia del plan de la Continuidad de Cuidado, en inglés o español, pregúntele a su Contacto de la MPN.

- **¿Qué tal si tengo preguntas o necesito ayuda?**

El Contacto de la MPN: Usted siempre puede ponerse en contacto con el Contacto de la MPN si tiene preguntas sobre el uso de la MPN y como mandar sus reclamos respecto a la MPN.

- **Asistente de Acceso Médico:** Puede contactar el Asistente de Acceso Médico si necesita ayuda para encontrar médicos del MPN y la programación y confirmar citas.
- **La División de Compensación de Trabajadores (DWC):** Si tiene alguna pregunta sobre sus derechos y responsabilidades bajo la ley de compensación de trabajadores de California, puede llamar a la Unidad de Información y Asistencia (I&A) de DWC al 1-800-736-7401 para obtener un mensaje grabado o acceder a su página web <https://www.dir.ca.gov/dwc/IandA.html> para localizar la información de contacto de su oficina local de I&A más cercana para obtener ayuda. También puede ir al sitio web del DWC en www.dir.ca.gov/dwc y hacer clic en "redes de proveedores médicos" para obtener más información sobre las MPN
- **MPN Revisión Médica Independiente:** Si usted tiene preguntas sobre el MPN, proceso de la MPN Revisión Médica Independiente póngase en contacto con la Unidad Médica de la División de Compensación de Trabajadores en:
DWC Medical Unit
P.O. Box 71010
Oakland, CA 94612
(510) 286-3700 or (800) 794-6900

GUARDE ESTA INFORMACIÓN EN CASO QUE SUFRA UNA LESIÓN O ENFERMEDAD RELACIONADA CON EL TRABAJO.

**Republic
Indemnity**

Republic Indemnity Company of America
Republic Indemnity Company of California

P.O. Box 4275
Woodland Hills, CA 91365-4275

Workers' Compensation Temporary Prescription ID Card

»» To the Injured Worker:

On your first visit, please give this notice to any pharmacy listed on the back side to speed processing your approved workers' compensation prescriptions (based on the guidelines established by your employer).

Questions or need assistance locating a participating retail network pharmacy? Call the Express Scripts Patient Care Contact Center at 800.945.5951.

Atencion Trabajador Lesionado:

Este formulario de identificación para servicios temporales de prescripción de recetas por compensación del trabajador DEBERÁ SER PRESENTADO a su farmacéutico al surtir su(s) receta(s) inicial(es).

Si tiene cualquier duda o necesita localizar una farmacia participante, por favor contacte al área de Atención a Clientes de Express Scripts, en el teléfono 800.945.5951.

»» To the Pharmacist:

Express Scripts administers this workers' compensation prescription program. Please follow the steps below to submit a claim. Standard claim limitations include quantity exceeding 150 pills or a day supply exceeding 14 days. This form is valid for up to 30 days from DOI. Limitations may vary. For assistance, call Express Scripts at 888.786.9640.

Pharmacy Processing Steps

Step 1: Enter bin number 003858

Step 2: Enter processor control A4

Step 3: Enter the group number as it appears above

Step 4: Enter the injured worker's nine-digit ID number

Step 5: Enter the injured worker's first and last name

Step 6: Enter the injured worker's date of injury
(enter in PA field in the format YYYYMMDD)

Express Scripts

ID #: _____

Your SSN is your temporary ID number; present to the pharmacy at the time prescription is filled. You will receive a new ID number shortly.

Date of Injury: _____

MM/DD/YYYY

Group #: **ESR3050**

Employee Date of Birth: _____

Thank you for using a participating retail network pharmacy. Even though there is no direct cost to you, it's important that we all do our part to help control the rising cost of healthcare.

Please see other side for a list of participating retail network pharmacies.

»» **To the Supervisor:** Please fill in the information requested for the injured worker.

Republic Indemnity

Employee Information

First M Last

Street Address or PO Box

City State ZIP

Employer Name

Participating Retail Network Pharmacies

A & P	Drug Emporium	Major Value	Schnucks
Acme Pharmacy	Drug Fair	Marsh Drugs	Scolari's
Albertson's	Drug Town	Medic Discount	Sedano
Albertson's/Acme	Drug World	Medicap	Shaw's
Albertson's/Osco	Eckerd	Medistat	Shop 'N Save
Albertson's/Sav-On	Econofoods	Meijer	Shopko
Amerisource	EPIC Pharmacy	Minyard	ShopRite
Bergen	Network	NCS HealthCare	Snyder
Anchor Pharmacies	FamilyMeds	Neighborcare	Stop & Shop
Arrow	Farm Fresh	Network	Sun Mart
Aurora	Farmer Jack	Pharmaceuticals	Super Fresh
Bartell Drugs	Food City	Northeast	Super Rx
Bigg's	Food Lion	Pharmacy Services	Target
Bi-Lo	Fred's	Osco	Texas Oncology
Bi-Mart	Gemmel	P & C Food	Srvs
BJ's Wholesale	Giant	Markets	The Pharm
Club	Giant Eagle	Pamida	Thrifty White
Brooks	Giant Foods	Park Nicollet	Times
Brookshire Brothers	Hannaford	Pathmark	Tom Thumb
Brookshire Grocery	Harris Teeter	Pavilions	Tops
Bruno	H-E-B	Price Chopper	Ukrop's
Carrs	Hi-School	Publix	United Drugs
Cash Wise	Pharmacy	Quality Markets	United
Coborn's	Hy-Vee	Raley's	Supermarkets
Costco	Jewel/Osco	Randalls	Vons
Cub	Kash n Karry	Rite Aid	Waldbaums
CVS	Keltsch	Rosauers	Walgreens
D&W	Kerr	Rx Express	Wal-Mart
Dahl's	Kmart	RXD	Wegmans
Dierbergs	Knight Drugs	Safeway	Weis
Discount Drugmart	Kroger	Sam's Club	Winn Dixie
Doc's Drugs	LeaderNet (PSAO)	Sav-On	
Dominicks	Longs Drug Store	Save Mart	

NOTE: This form is not valid in the state of Ohio. For all other states, liability of a workers' compensation claim is not assumed based on the dispensing of medication(s) to a patient.



EXPRESS SCRIPTS®



Republic Indemnity Company of America
Republic Indemnity Company of California

P.O. Box 4275, Woodland Hills, California 91365-4275

Phone (800) 821-4520, option 1 • Fax (818) 789-7286 • eMail riclaims@ri-net.com

www.republicindemnity.com

AUTHORIZATION FOR INDUSTRIAL MEDICAL, SURGICAL OR HOSPITAL AID

Employer:	Policy No:
Date of Injury:	By:
To: _____, M.D.	
Address:	
Please render necessary medical service to:	
and immediately forward "DOCTOR'S FIRST REPORT OF WORK INJURY," together with this authorization, to the appropriate servicing office.	

California:

Claims Mailing Address: Republic Indemnity, P.O. Box 4275, Woodland Hills, California 91365-4275
Phone (800) 821-4520, option 1 • Fax (818) 789-7286 • eMail riclaims@ri-net.com

Greater Bay Area:

Phone (415) 981-3200 • Fax (415) 954-1177

Los Angeles / Tri-County / Orange County / San Joaquin Valley:

Phone (818) 990-9860 • Fax (818) 789-7286

San Diego / San Bernardino / Riverside / Imperial County:

Phone (858) 292-7002 • Fax (858) 467-7815

Third Party Administrators:

Northern Adjusters, Inc. 1401 Rudakof Circle Anchorage, Alaska 99508 Phone (907) 868-3999 • Fax (907) 868-3866	Nevada Alternative Solutions, Inc. 9506 W. Flamingo Road, Suite 102 Las Vegas, Nevada 89147 Phone (702) 796-1333 • Fax (702) 796-1330
For Arizona Claims: The Integrion Group P.O. Box 27815 Albuquerque, New Mexico 87125 Phone (480) 653-9130 • Fax (505) 293-6400	The Integrion Group P.O. Box 27815 Albuquerque, New Mexico 87125 Phone (505) 293-6600 • Fax (505) 293-6400
For Colorado Claims: The Integrion Group P.O. Box 27815 Albuquerque, New Mexico 87125 Phone (480) 653-9130 • Fax (505) 293-6400	Intermountain Claims, Inc. P.O. Box 23547 Portland, Oregon 97281-3547 Phone (503) 626-6966 • Fax (503) 626-7105
Intermountain Claims, Inc. P.O. Box 4367 Boise, Idaho 83711 Phone (208) 323-7571 • Fax (208) 375-8905	Anchor Claims Management P.O. Box 819045 Dallas, Texas 75381-9045 Phone (800) 275-3193 • Fax (800) 275-3194
Intermountain Claims, Inc. P.O. Box 4546 Missoula, Montana 59806-4546 Phone (406) 656-3951 • Fax (406) 651-0975	Intermountain Claims, Inc. 1543 East 3300 South Salt Lake City, Utah 84106 Phone (801) 466-7993 • Fax (801) 466-1749

The Benefits of Prompt Claims Reporting

Republic's Medical Provider Network (MPN) will get your injured workers medical care access right away:

- Early, appropriate medical care speeds recovery.
- Faster recovery means more motivation to return to work.
- Faster recovery reduces claims costs.
- Faster recovery minimizes loss of productivity for your business.

You can access our Medical Provider Network at www.republicmpn.com or call 888-545-3795 for a doctor/clinic closest to your business.

Republic can more quickly process claims, address your employees' needs, and earn their trust:

Our California-based claims professionals promptly contact injured workers to answer their questions and encourage phone and email contact about medical care, lost income, and future needs — facilitating the prompt payment of benefits when due.

Republic can gather evidence to defend litigated claims:

- Experienced claims professionals and staff phone investigators can quickly collect vital information to more effectively defend your claims.

**Republic
Indemnity®**

RepublicIndemnity.com

Need a California Workers' Compensation Claim Form, New Hire Pamphlet, or Posting Notice? Visit our Republic Indemnity website at RepublicIndemnity.com.

You'll find a variety of "fillable" PDF forms available on our website under "Claims Forms & Posting Notices," which you can complete online and save to your PC desktop or "My Documents" folder.

No Login • No Password • No Problem

**Republic
Indemnity®**

Workers' Compensation
Insurance Specialists

Reporting a Claim

5 Ways 5 Days

for all the *great* you do®

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MEMBER OF


GREATAMERICAN®
INSURANCE GROUP

For an employee, a job-related injury can range from a minor, temporary inconvenience to a major, life-changing event. Whatever its extent, the injury triggers several responses on the part of the employer including the following:

- Provide first aid treatment, when necessary;
- Assess whether treatment beyond first aid is needed;
- Exercise right of medical control when additional treatment is required and where statutes allow; and
- **Report all injuries requiring the assistance of a physician and for which medical treatment costs are incurred to Republic Indemnity.**

When reporting new claims, choose the method that works best for you...

1

Email**riclaims@ri-net.com**

Email is our policyholders' most preferred method for reporting new claims. Save or scan your completed claim form and email to Republic Indemnity at riclaims@ri-net.com.

While you can email or fax anytime, claims will be processed during regular business hours, Monday-Friday.

2

Fax**818-789-7286**

Fax is an easy way to report new claims. Incoming new claim faxes are processed in our Los Angeles (Calabasas) home office for all of our California servicing branches.

3

Online**RepublicIndemnity.com**

Given tight time restraints to comply with various statutes and regulations, we also encourage you to report new claims online via our secure policyholder website at **RepublicIndemnity.com** (refer to your policy claims kit for registration instructions for our secure policyholder website or email us at **marketing@ri-net.com** for more information).

You can also report new claims online without a policyholder login. Click the "Report Injury" link on our public website homepage at RepublicIndemnity.com, then click "Continue as Guest." An Employer's Report of Occupational Injury or Illness (Form 5020) will not generate, but you can print a summary of the claim for future reference at the end of the submission process.

4

Phone**888-336-7569**

Many of our California policyholders appreciate the convenience of reporting new claims via our 24/7 call center at 888-336-7569. During regular business hours, Monday-Friday, you may also call us directly at 800-821-4520, Option 1, to report new claims.

5

U.S. Mail**Republic Indemnity Co.****P.O. Box 4275****Woodland Hills, CA 91365-4275**

Due to the uncertainties of mail delivery, less than 2% of our new California claims are reported via U.S. mail.

It is our goal that your employees receive quality medical treatment and return to work in the shortest possible time. In order to achieve this goal, it is imperative that any injury be reported immediately.

The provision of timely benefits and communication of information will reduce costs including the unnecessary need for litigation.

It's the Law:

With the exception of "First Aid" claims, you are required to provide an injured worker with a DWC-1 Employee Claim Form within 24-hours of your knowledge of an alleged injury, even if the claim is questionable.

"First Aid" means any one-time treatment and follow-up visit for the purpose of observation of minor scratches, cuts, burns, splinters, or other minor industrial injury, which do not ordinarily require medical care.

Physicians who attend to an injured worker are required to file a Doctor's First Report of Occupational Injury or Illness with the insurance carrier on all claims including first aid claims [California Labor Code Sec. 6409(a)].

Any and all claims, including those involving first aid as defined in California Labor Code Sec. 5401(a), in which Indemnity or Medical Losses are incurred or Allocated Loss Adjustment Expenses are paid must be reported individually to the WCIRB.

You are required to file an Employer's Report of Occupational Injury or Illness (Form 5020) within five days of every industrial injury or occupational illness for which medical treatment costs are incurred.

When you follow the law, you minimize the potential for fines and legal action.

Our Part — Experienced claims professionals dedicated to handling your claims.

Your Part — Promptly reporting claims; choose the method that works best for you.



Give your employees a healthy lift

Kaiser On-the-Job® occupational health services

With Kaiser On-the-Job, you get a proven, comprehensive approach to occupational health that helps you keep your employees healthy, productive, and ready to work:

- **Workers' compensation medical care** that gets injured or ill employees back to work safely and quickly
- **An extensive selection of occupational illness and injury preventive services** that identify and prevent future health concerns while helping you comply with federal and state occupational health and safety regulations

No matter which services you choose, you'll get the support you need to help your business grow:

- Consistent services and best practices
- Skilled occupational health physicians and staff focused on quality care and service
- Reporting and performance standards that support effective case outcomes

Available to all your employees

All your employees—even those without Kaiser Permanente health plan coverage—can benefit from our experience, whether they're getting a health

Download our free **KP Locator** app for the iPhone from Apple's App Store to find your nearest facility and get directions, hours, and contact information.



Let Kaiser On-the-Job help you raise the total health and productivity of your employees—and your business. Call us toll free at **888-KOJ-WORK** (888-565-9675) to get started.

examination or treatment for an injury or illness. They don't need to be enrolled in a Kaiser Permanente plan to use our services.

Multiple locations with one-stop convenience

When employees are injured, the last thing they want to do is make multiple stops—to take lab tests, get treatment, and pick up prescriptions. Most of our nearly 50 California occupational health clinics are located on the campuses of our medical offices and hospitals, helping your employees save time and energy by accessing all the services they need in one convenient location.

Get more from your workers' compensation program

Big savings for a healthy business

The average workers' compensation lost-time claim results in eight lost workdays—and a total cost of \$63,596.¹ But according to the California State Compensation Insurance Fund, employees under our occupational health care return to work faster than with other providers—saving you money:²

- 32% lower medical treatment costs
- 25% lower disability costs
- 30% lower attorney involvement rate
- 24% lower average total costs

Electronic medical records enhance care

Prior injuries and illnesses can affect a physician's treatment recommendation. That's why our caregivers maintain an electronic medical record for every employee who accesses care at our clinics. Doctors' notes, prescriptions, lab tests, and X-rays are all available in real time—helping ensure that caregivers make consistent, well-informed decisions.

Protect your business with occupational illness and injury preventive services

Our services go beyond workplace illness and injury care. With Kaiser On-the-Job, you can also choose from a full range of preventive services that can help create a safer workplace and bring your business into compliance with federal and state occupational health and safety regulations. Some examples of our fee-for-service products:³

- **Medical evaluations** to catch health concerns early—and help ensure that your employees stay healthy to reduce time away from work
- **Screening and monitoring services** to help you meet OSHA and DOT guidelines
- **Drug and alcohol testing** to protect your business from insurance issues or other potential hazards
- **Immunizations** to help your employees avoid preventable illnesses so they can stay productive and on the job

How to reach us

Call us toll free at 888-KOJ-WORK (888-565-9675) to make Kaiser On-the-Job your occupational health care provider. Or learn more at kp.org/kaiseronthejob.

¹ "Nonfatal Occupational Injuries and Illnesses Requiring Days Away from Work, 2009," Bureau of Labor Statistics press release, November 9, 2010; "WCIRB Summary of June 30, 2011: Insurer Experience," Workers' Compensation Insurance Rating Bureau of California, December 9, 2010.

² "State Fund-Kaiser Permanente Alliance Saves More Than \$395 Million in Workers' Compensation Costs for California Employers in its 10 Year History," State Compensation Insurance Fund, June 11, 2007. Results based on a comprehensive 10-year study by the State Compensation Insurance Fund (SCIF), a source of at-cost workers' compensation insurance for California employers. From 1996–2006, SCIF compared the care provided by Kaiser On-the-Job health centers and physicians with the care offered by other respected occupational health programs, finding that our care was more cost-effective.

³ You must sign a written agreement with Kaiser Permanente to use these services.

Information in this publication was accurate at the time of production. However, details may have changed since our release date. For the most current information, contact your sales executive or account manager.

Our Kaiser Permanente On-the-Job® centers in Northern California



Our Kaiser Permanente On-the-Job® centers in Northern California

Central California Area

Fresno Medical Center

Oak 1 Building
7300 N. Fresno St.
Fresno, CA 93720
559-448-4886

Manteca Medical Offices

Yosemite Building, Suite 202
1779 W. Yosemite Ave.
Manteca, CA 95337
209-825-3531

Modesto Medical Center

4601 Dale Road, 4th Floor
Modesto, CA 95356
209-735-4100

Selma Medical Offices

2651 Highland Ave
Selma, CA 93662
559-448-4886

Stockton Medical Offices

7373 West Lane, 1st Floor
Stockton, CA 95210
209-476-3694

Diablo Area

Antioch Medical Center

Sand Creek Building, 3rd Floor
4501 Sand Creek Road
Antioch, CA 94531
925-813-3770

Dublin Medical Offices

3100 Dublin Blvd., 3rd Floor
Dublin, CA 94568
925-556-5886

Martinez Medical Offices

Hacienda Building, 1st Floor
200 Muir Road
Martinez, CA 94553
925-313-0301

Park Shadelands Medical Offices

Lassen Building, 2nd Floor
320 Lennon Lane
Walnut Creek, CA 94598
925-906-2060

Marin and Sonoma Area

Petaluma Medical Offices

Medical Office Building 2
3900 Lakeville Highway
Petaluma, CA 94954
707-765-3800

San Rafael Medical Center

Medical Office Building 1, 1st Floor
99 Montecillo Road
San Rafael, CA 94903
415-444-2900

Santa Rosa Medical Offices

Medical Office Building 5, Suite 152
3975 Old Redwood Highway
Santa Rosa, CA 95403
707-566-5555

Napa and Solano Area

Napa Medical Offices

3285 Claremont Way, 2nd Floor
Napa, CA 94558
707-258-4907

Vacaville Medical Center

Medical Office Building A
1 Quality Drive
Vacaville, CA 95688
707-624-2480

Vallejo Medical Center

975 Sereno Drive, Department #128
Vallejo, CA 94589
707-651-1370

Oakland Area

Fremont Medical Center

Mission Building
39400 Paseo Padre Parkway
Fremont, CA 94538
510-248-3015

Oakland Medical Center

Broadway Medical Office Building
5th Floor
3701 Broadway
Oakland, CA 94611
510-752-1244

Richmond Medical Center

Building 1, 1st Floor
901 Nevin Ave.
Richmond, CA 94801
510-307-1560

Union City Medical Offices

Building B, 2nd Floor
3555 Whipple Road
Union City, CA 94587
510-675-4807

Sacramento Area

Folsom Medical Offices

2155 Iron Point Road, 2nd Floor
Folsom, CA 95630
916-817-5660

Roseville Medical Center

Building C, 1st Floor
1600 Eureka Road
Roseville, CA 95661
916-784-4100

Sacramento Medical Center

2016 Morse Ave.
Sacramento, CA 95825
916-973-5499

South Sacramento Medical Center

Building 3, 2nd Floor, Suite 235
6600 Bruceville Road
Sacramento, CA 95823
916-688-2005

San Francisco Peninsula Area

Bayhill Medical Offices

801 Traeger Ave., 2nd Floor
San Bruno, CA 94066
650-742-7110

Mission Bay Medical Offices

1600 Owens St.
San Francisco, CA 94158
415-833-9600

Redwood City Medical Center

1400 Veterans Blvd., 1st Floor
Redwood City, CA 94063
650-299-4785

San Francisco Medical Center

Opera Plaza, Mezzanine Level
Suite 2008
601 Van Ness Ave.
San Francisco, CA 94102
415-833-9600

San Jose Area

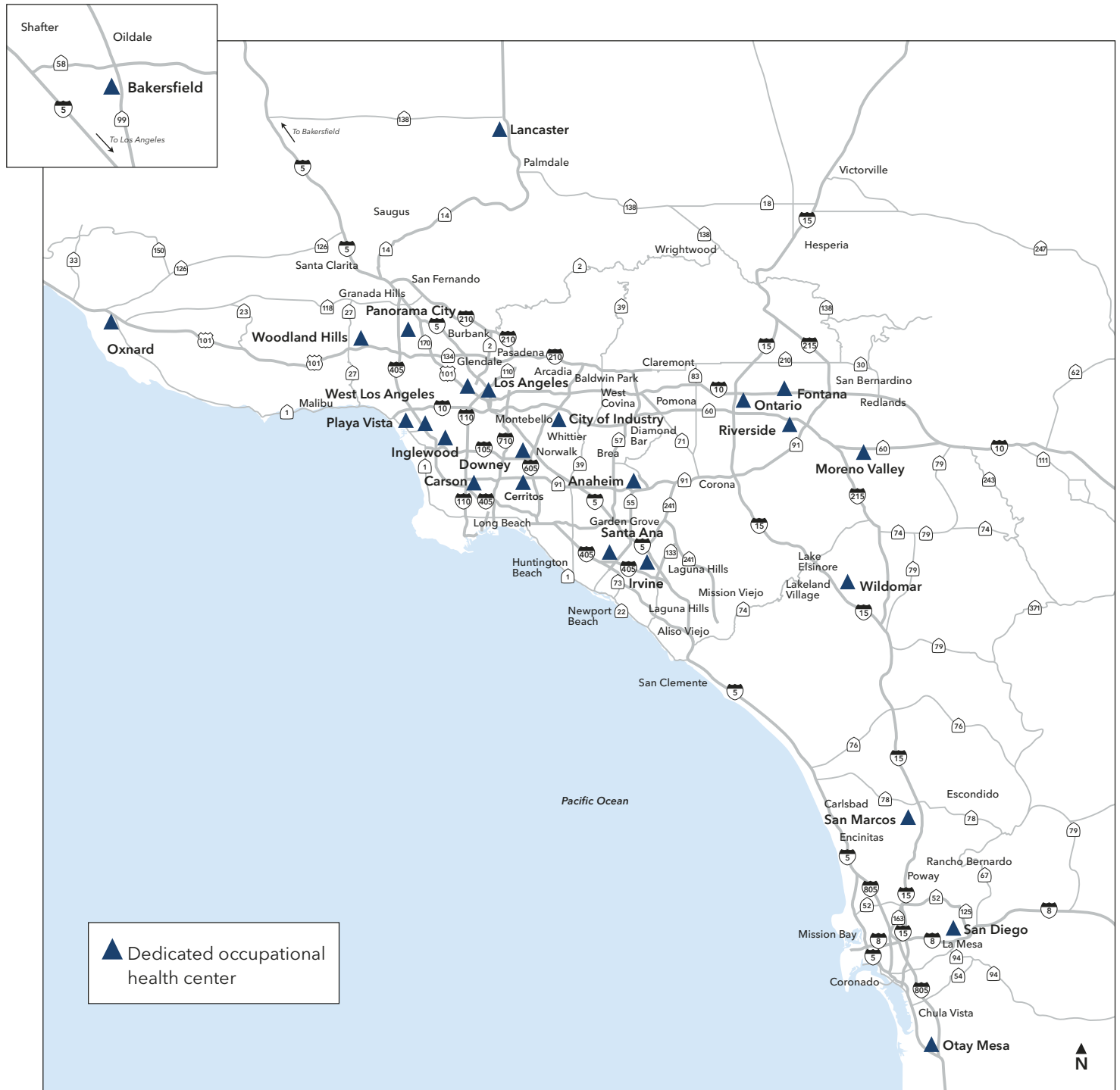
Cupertino Medical Offices

10050 N. Wolfe Road, Suite SW1-190
Cupertino, CA 95014
408-236-6160

San Jose Medical Center

Medical Office Building, 5th Floor
275 Hospital Parkway
San Jose, CA 95119
408-972-6800

Our Kaiser Permanente On-the-Job® centers in Southern California



Maps not to scale

Our Kaiser Permanente On-the-Job® centers in Southern California

Antelope Valley Area

Lancaster Medical Offices
West Building
43112 N. 15th St. W.
Lancaster, CA 93534
661-726-2262

Baldwin Park Area

Crossroads Medical Offices
12801 Crossroads Parkway S.
Suite 150
City of Industry, CA 91746
562-463-4357

Cerritos Area

Cerritos Medical Offices
10820 183rd St., 2nd Floor
Cerritos, CA 90703
562-657-2200

Downey Area

Garden Medical Offices
9353 E. Imperial Highway
3rd Floor
Downey, CA 90242
562-657-2200

Inland Empire Area

Fontana Medical Center
Medical Office Building 3
Basement
9985 Sierra Ave.
Fontana, CA 92335
909-427-3917

Moreno Valley
Heacock Medical Offices
12815 Heacock St.
1st Floor, Suite 106
Moreno Valley, CA 92553
951-353-4322

Ontario Medical Center
Medical Office Building A
3rd Floor, Suite 306
2295 S. Vineyard Ave.
Ontario, CA 91761
909-427-3917

Riverside Medical Center
Medical Office Building 1
4th Floor, Suite 408
10800 Magnolia Ave.
Riverside, CA 92505
951-353-4322

Wildomar Medical Offices
36450 Inland Valley Drive
2nd Floor, Suite 205
Wildomar, CA 92595
951-353-4322

Kern County Area

Stockdale Medical Offices
3501 Stockdale Highway
Bakersfield, CA 93309
661-398-3813

Los Angeles Metro Area

Downtown Hope Street Medical Offices
333 S. Hope St., Suite C130
Los Angeles, CA 90071
323-783-6621

Inglewood Medical Offices
110 N. La Brea Ave.
3rd Floor, Suite 303
Inglewood, CA 90301
310-202-3030

Los Angeles Medical Center
1526 N. Edgemont St., 1st Floor
Los Angeles, CA 90027
323-783-6621

Playa Vista Medical Center
5300 McConnell Ave.
1st Floor
Los Angeles, CA 90066
310-202-3030

West Los Angeles Medical Center
5971 Venice Blvd.
4th Floor, Room 462
Los Angeles, CA 90034
310-202-3030

Orange County Area

Alton/Sand Canyon Medical Offices
Medical Office Building 1
6670 Alton Parkway
Irvine, CA 92618
714-644-6450

Harbor-MacArthur Medical Offices
3401 S. Harbor Blvd.
Santa Ana, CA 92704
714-644-6450

Orange County-Anaheim Medical Center
Medical Office Building 1, 1st Floor
3460 E. La Palma Ave.
Anaheim, CA 92806
714-644-6450

San Diego County Area

Otay Mesa Medical Offices
Medical Office Building 2, 2nd Floor
4650 Palm Ave.
San Diego, CA 92154
833-242-8500

San Diego Medical Center
4647 Zion Ave., 1st Floor
San Diego, CA 92120
833-242-8500

San Marcos Medical Offices
Medical Office Building 1, 2nd Floor
400 Craven Road
San Marcos, CA 92078
833-242-8500

San Fernando Valley Area

Panorama City Medical Center
Building 2, 1st Floor
13652 Cantara St.
Panorama City, CA 91402
818-375-2233

Woodland Hills Medical Center
Northside Medical Offices
Entrance N, Suite 172
5601 De Soto Ave.
Woodland Hills, CA 91367
818-719-3006

South Bay Area

Carson Medical Offices
18600 S. Figueroa, 1st Floor, Suite 120
Gardena, CA 90248
310-527-5600

Ventura Area

Oxnard 2200 East Gonzales Road Medical Offices
2200 E. Gonzales Road
Oxnard 2 Building
1st Floor, Suite 105
Oxnard, CA 93036
805-604-6055

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The following state-mandated notices must be provided to new employees *at the time of hire*.

- Should you wish to order additional pamphlets or other workers' compensation supplies, please submit your completed supply request form or contact our Mail/Supply Department via eMail (riclaims@ri-net.com) or fax (818.382.1133).
- You also may download claim forms on-line at our website (www.republicindemnity.com).

As a reminder, you may report new claims on-line at our website (www.republicindemnity.com); Also via eMail (riclaims@ri-net.com); Phone (888.336.7569 — 24-hours a day); Fax (818.789.7286); or U.S. Mail (P.O. Box 4275, Woodland Hills, CA 91365-4275).



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We've enclosed the following workers' compensation pamphlets.

- For your convenience, we've highlighted California state-mandated forms:
- We've also highlighted additional forms recommended for your employees:



Claim forms are also available on-line at our website at RepublicIndemnity.com or via eMail at riclaims@ri-net.com.

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Facts about Workers' Compensation Pamphlet
(English & Spanish) (RI-31 & RI-31S; Rev. 9/2015)



Facts about Workers' Compensation Pamphlets must be provided to new employees *at the time of hire*.

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The following workers' compensation reference materials are attached for your review.

**2-1
2-2
2-3
2-4
2-5
2-6**

Labor Law Advisory for California Policyholders
(170-286; 4/2022)

This advisory outlines employer obligations and provides a list of governmental agencies and contact information you may find useful.

LC 2810.5 Notice to Employee Cover Letter
(170-364; Rev. 3/2020)

This law requires private employers to provide written notice with detailed wage information to nonexempt employees at the time of hire.

LC 2810.5 Notice to Employee
(English) (DLSE-NTE; Rev. 11/2023)



Templates with additional languages may be available on the Division of Labor Standards Enforcement website at www.dir.ca.gov/dlse.

Workers' Compensation Fraud Warning Notice
(Rev. 10/2011)



Per the Division of Workers' Compensation, this is an annual notice to all employers and is not targeted to any specific entities or individuals.

Request for Fraud Warning Notices
(170-231; Rev. 3/2020)



We encourage you to insert notices in paycheck envelopes to help heighten awareness that workers' comp fraud is a felony that hurts everyone.

Employer Supply Request Form
(170-086(A); Rev. 12/2024)

Please submit your completed supply request form to our Mail/Supply Department via eMail (riclaims@ri-net.com) or fax (818.382.1133).

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Thank you for selecting Republic Indemnity Company as your workers' compensation insurance carrier.

Should you wish to submit a completed claim form, medical report, or other information, our claims fax number is 818.789.7286 or eMail us at riclaims@ri-net.com.

Our Claims Mailing Address: P.O. Box 4275, Woodland Hills, CA 91365-4275. Toll Free Phone: 800.821.4520, option 1.

For a Doctor/Clinic closest to your business, visit the MPN website at republicmpn.com or call 888.545.3795.

TO OUR CALIFORNIA POLICYHOLDERS

Your workers' compensation insurance policy only applies to employee work-incurred bodily injury or disease. However, there are also many local, state and federal laws obligating you to consider other aspects of an injured employee's status. These laws are separate from workers' compensation.

Your own human resources consultant, attorney or labor advisor can advise you about these laws and obligations including but not limited to:

- The Americans with Disabilities Act (ADA)
- Fair Employment and Housing Act (FEHA)
- The Family Medical Leave Act (FMLA)
- Time off for victims of domestic violence, stalking or sexual assault (Labor Code 230(c))
- California Paid Sick Leave (California Healthy Families Act)

Some of these laws may require you to:

- Conduct a meaningful "interactive process" with an injured employee
- Accommodate disabilities to enable a worker to continue employment
- Provide sick leave information to employees
- Allow employees to take paid or unpaid time off

These employer obligations may overlap with, but are different from a workers' compensation claim.

- **Example 1:**
 - In a workers' compensation claim, Republic may ask if you have modified, alternative or transitional work within medical restrictions.
 - Before you decide if you can or cannot accommodate restrictions, you should consult your human resources consultant, attorney or labor advisor because the answer could also affect your employer obligations outside workers' compensation.
- **Example 2:**
 - An injured worker doesn't return to work after being medically released to full duty.
 - Your human resources consultant, attorney or labor advisor can explain possible legal consequences before you take any personnel action.

Republic Indemnity is always available to discuss your workers' compensation claims, but we hope this information is helpful to you regarding your independent personnel decisions outside of workers' compensation.

You may wish to contact the following for additional information. Please note email and phone access may change over time.

Americans with Disabilities Act www.ada.gov Toll free: 800.514.0301 (voice) Toll free: 800.514.0383 (TTY)	Family and Medical Leave Act - U.S. Department of Labor www.dol.gov	Paid Sick Leave - California Department of Industrial Relations www.dir.ca.gov	California Department of Fair Employment & Housing www.dfeh.ca.gov email: contact.center@dfeh.ca.gov
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TO OUR CALIFORNIA POLICYHOLDERS

As a courtesy, we wish to remind you of an important law that became effective January 1, 2012.

AB 469: Wage Theft Protection Act of 2011. Labor Code 2810.5.

This law requires private employers to provide written notice with detailed wage information as part of the materials given to nonexempt employees at the time of hire. The section requires that the Labor Commissioner make available a template that complies with the requirements of the notice. We have attached a copy of the template to this letter; it is also available in multiple languages (along with Frequently Asked Questions) on the Division of Labor Standards and the Office of the Labor Commissioner website at:

http://www.dir.ca.gov/dlse/Governor_signs_Wage_Theft_Protection_Act_of_2011.html

Specific information required in the new notice includes but is not limited to:

- The rate of pay and basis thereof, whether paid by the hour, shift, day, week, salary, piece, commission, or otherwise, including any rates for overtime, as applicable.
- Allowances, if any, claimed as part of the minimum wage, including meal or lodging allowances.
- The regular payday designated by the employer.
- The employer's name, including any "doing business as" names used by the employer.
- The physical address of the employer's main office or principal place of business, and a mailing address, if different.
- The employer's phone number.
- **The name, address, and phone number of the employer's workers' compensation insurance carrier.**
- Any other information the Labor Commissioner deems material and necessary.

The new law also specifies that the employer must notify all non-exempt employees by written amendment, a new written notice, or a revised paycheck stub, within 7 calendar days if any of the required information changes. Therefore, any change of workers' compensation insurer after January 1, 2012 will require a new notice.

NOTICE TO EMPLOYEE

Labor Code section 2810.5

EMPLOYEE

Employee Name: _____

Start Date: _____

EMPLOYER

Legal Name of Hiring Employer: _____

Is hiring employer a staffing agency/business (e.g., Temporary Services Agency; Employee Leasing Company; or Professional Employer Organization [PEO])? ☐ Yes ☐ No

Other Names Hiring Employer is "doing business as" (if applicable):

Physical Address of Hiring Employer's Main Office:

Hiring Employer's Mailing Address (if different than above):

Hiring Employer's Telephone Number: _____

If the hiring employer is a staffing agency/business (above box checked "Yes"), the following is the other entity for whom this employee will perform work:

Name: _____

Physical Address of Main Office: _____

Mailing Address: _____

Telephone Number: _____

WAGE INFORMATION

Rate(s) of Pay: _____ Overtime Rate(s) of Pay: _____

Rate by (check box): ☐ Hour ☐ Shift ☐ Day ☐ Week ☐ Salary ☐ Piece rate ☐ Commission

☐ Other (provide specifics): _____

Does a written agreement exist providing the rate(s) of pay? (check box) ☐ Yes ☐ No

If yes, are all rate(s) of pay and bases thereof contained in that written agreement? ☐ Yes ☐ No

Allowances, if any, claimed as part of minimum wage (including meal or lodging allowances):

(If the employee has signed the acknowledgment of receipt below, it does not constitute a "voluntary written agreement" as required under the law between the employer and employee in order to credit any meals or lodging against the minimum wage. Any such voluntary written agreement must be evidenced by a separate document.)

Regular Payday: _____

WORKERS' COMPENSATION

Insurance Carrier's Name: _____
Address: _____
Telephone Number: _____
Policy No.: _____
☐ Self-Insured (Labor Code 3700) and Certificate Number for Consent to Self-Insure: _____

PAID SICK LEAVE

Unless exempt, the employee identified on this notice is entitled to minimum requirements for paid sick leave under state law which provides that an employee:

- a. May accrue paid sick leave and may request and use up to 5 days or 40 hours, whichever is greater, of accrued paid sick leave per year;
- b. May not be terminated or retaliated against for using or requesting the use of paid sick leave; and
- c. Has the right to file a complaint against an employer who retaliates or discriminates against an employee for
 1. requesting or using sick days;
 2. attempting to exercise the right to use paid sick days;
 3. filing a complaint or alleging a violation of Article 1.5 section 245 et seq. of the California Labor Code;
 4. cooperating in an investigation or prosecution of an alleged violation of this Article or opposing any policy or practice or act that is prohibited by Article 1.5 section 245 et seq. of the California Labor

The following applies to the employee identified on this notice: *(Check one box)*

- ☐ 1. Accrues paid sick leave only pursuant to the minimum requirements stated in Labor Code §245 et seq. with no other employer policy providing additional or different terms for accrual and use of paid sick leave.
- ☐ 2. Accrues paid sick leave pursuant to the employer's policy which satisfies or exceeds the accrual, carryover, and use requirements of Labor Code §246.
- ☐ 3. Employer provides no less than 40 hours (or 5 days) of paid sick leave at the beginning of each 12-month period.
- ☐ 4. The employee is exempt or partially exempt from paid sick leave by Labor Code §245.5. (State exemption and subsection for exemption): _____

EMERGENCY OR DISASTER DISCLOSURE

☐ There is a state or federal emergency or disaster declaration applicable to the county or counties where the employee will work issued within 30 days before the employee's first day of employment and that may affect their health and safety during employment. (State emergency or disaster declaration and how it may affect health or safety)

ACKNOWLEDGEMENT OF RECEIPT

(PRINT NAME of Employer representative)

(PRINT NAME of Employee)

(SIGNATURE of Employer Representative)

(SIGNATURE of Employee)

(Date)

(Date)

The employee's signature on this notice merely constitutes acknowledgement of receipt.

Labor Code section 2810.5(b) requires that the employer notify you in writing of any changes to the information set forth in this Notice within seven calendar days after the time of the changes, unless one of the following applies: (a) All changes are reflected on a timely wage statement furnished in accordance with Labor Code section 226; (b) Notice of all changes is provided in another writing required by law within seven days of the changes.

DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF WORKERS' COMPENSATION
1515 Clay Street, 17th Floor
Oakland, CA 94612
(510) 286-7100

MAILING ADDRESS:
P. O. Box 420603
San Francisco, CA 94142-0603



October 2011

To: All California Employers
From: Administrative Director, Division of Workers' Compensation
Subject: Workers' Compensation Fraud Warning Notice

To promote awareness and to eliminate fraud in the workers' compensation system, the legislature enacted Labor Code section 3822 to require the Administrative Director of the Division of Workers' Compensation to provide every employer, claims adjuster, third party administrator, physician and attorney who participates in the workers' compensation system, an annual notice warning the recipient against committing workers' compensation fraud, and advising of the penalties for such fraud. This is an annual notice to all California employers and is not targeted to any specific entities or individuals.

Workers' compensation fraud is a drain on California's economy. Workers' compensation fraud harms employers by contributing to the high cost of workers' compensation insurance and self-insurance and it harms employees by undermining the perceived legitimacy of all workers' compensation claims. Workers' compensation fraud is not limited to claimant fraud. The workers' compensation program can also be victimized by fraud committed by medical providers, employers, claims adjusters and attorneys.

WHAT CONSTITUTES EMPLOYER FRAUD?

- **Premium fraud:** when an employer schemes to defraud their workers' compensation insurer by paying less for their workers' compensation insurance than they should. Examples include under-reporting payroll, misclassifying employees' job descriptions, paying an employee's medical provider directly for medical treatment for a work related injury.
- **Failing to secure workers' compensation insurance coverage**

WORKERS' COMPENSATION FRAUD IS A CRIME

Insurance Code section 1871.4 provides that it is a felony to make or cause to be made a knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying any compensation, as defined in Labor Code section 3207, or present or cause to be presented any knowingly false or fraudulent written or oral material statement in support of, or in opposition to, any claim for compensation for the purpose of obtaining or denying any compensation, as defined in Labor Code section 3207. It is a crime to knowingly assist, abet, conspire with, or solicit any person in an unlawful act of workers' compensation insurance fraud. It is also a crime to make or cause to be made a knowingly false or fraudulent statement with regard to entitlement to benefits with the intent to discourage an injured worker from claiming benefits or pursuing a claim.

Workers' compensation fraud may be punished by imprisonment which can be in county jail for over one year, or in a state prison, for two to five years. A fine may also be imposed not exceeding \$150,000, or double the amount of the fraud, whichever is greater. If someone is convicted of workers' compensation fraud, the court is required to order restitution to be paid, including restitution for any medical evaluation or treatment services obtained or provided. A person convicted under Insurance Code section 1871.4 may be charged the costs of the investigation at the discretion of the court. Insurance Code section 1871.5 provides that any person convicted of workers' compensation fraud pursuant to section 1871.4 or section 550 of the Penal Code shall be ineligible to receive or retain any compensation, as defined in Labor Code section 3207, where that compensation was owed or received as a result of a violation of section 1871.4 or section 550 of the Penal Code for which the recipient of the compensation was convicted.

WORKERS' COMPENSATION FRAUD IS A SERIOUS MATTER

Workers' compensation fraud can increase the cost of doing business and can result in decreases (or no increases) in employee salaries, laying off employees or even going out of business. Workers' compensation fraud can also increase health care costs and the cost of insurance for all Californians. If you would like to obtain more information about the issue of workers' compensation fraud, or would like to report an occurrence of workers' compensation fraud, please call the Department of Insurance Fraud Division's hotline number: (800) 927-4357. You can also access the Fraud Division's fraud reporting form at: <http://www.insurance.ca.gov/0300-fraud/0100-fraud-division-overview/0300-fraud-claims-and-forms/> to obtain more information and locate the telephone number for the Fraud Division office nearest to you. If you have questions about this notice, please contact the Division of Workers' Compensation.



HELP US HELP YOU

Workers' compensation fraud drives your premiums up, up, up, reduces potential dividends, creates mountains of paperwork, and reduces actual benefits available to legitimately injured workers. **IT'S A CRIME.**

Help us put a stop to fraudulent claims.

We are anxious to send you a supply of the notice illustrated below free of charge. If you will insert the notices in your employees' paycheck envelopes, it will help heighten awareness that workers' compensation fraud is a felony that hurts everyone.

TO ORDER, SIMPLY WRITE YOUR COMPANY NAME AND ADDRESS BELOW, INDICATING THE QUANTITY DESIRED, AND RETURN TO US. WE RECOMMEND YOU ORDER A SUFFICIENT SUPPLY TO COVER ONE PAYROLL PERIOD.

Workers' compensation fraud is a felony punishable by up to five years in prison and a fine which, effective January 1, 2004, is not to exceed one hundred fifty thousand dollars (\$150,000) or double the value of the fraud, whichever is greater, or both.

Examples of fraud include filing a claim for a non-existing injury, for a non-work related injury, or helping a co-worker file a false claim.

False claims cause your employer's insurance costs to go up, and may force jobs to be eliminated.

It hurts everyone – Don't do it.

(CA Ins Code 1871.4)

Quantity:
Employer:
Address:
City, State, Zip:
Attention:

Please direct your request to:

Republic Indemnity
Mail / Supply Department
P.O. Box 4275
Woodland Hills, CA 91365-4275
Fax: (818) 382-1133
eMail: riclaims@ri-net.com



Republic Indemnity Company of America
Republic Indemnity Company of California

P.O. Box 4275, Woodland Hills, California 91365-4275

Phone (800) 821-4520, option 1 • Fax (818) 789-7286 • eMail riclaims@ri-net.com

www.republicindemnity.com

EMPLOYER SUPPLY REQUEST - CALIFORNIA

Employer:	
Policy No:	Phone No:
Address:	
City, State, Zip:	
Attention:	
eMail:	

QUANTITY	FORM NO.	DESCRIPTION
CLAIM FORMS ("IF A WORK INJURY OCCURS...")		
	Form 5020	Employer's Report of Occupational Injury or Illness
	Form DWC-1	Employee's Claim for Workers' Compensation Benefits
	Information Packet for Injured Worker (English)	Includes DWC Workers' Comp Employee Factsheet; Medical Provider Network Notification of Rights; Temporary Prescription ID Form; and Authorization for Medical Treatment
	Information Packet for Injured Worker (Spanish)	
	Self-Addressed Envelopes	Attn: Claims Department
INFORMATION FOR YOUR EMPLOYEES		
	RI-31	Facts about Workers' Compensation Pamphlet (English)
	RI-31S	Facts about Workers' Compensation Pamphlet (Spanish)
	170-232	Fraud Payroll Stuffers (English / Spanish)
WORKERS' COMPENSATION POSTING NOTICES		
	Posting Notices Kit with Instructions (English / Spanish)	Includes DWC-7 Injuries Caused By Work; SB559 When Medical Care is Needed; and Form 1002 Fraud Penalties Posting Notice
ADDITIONAL SUPPLIES		

Need a California Workers' Compensation Claim Form, New Hire Pamphlet, or Posting Notice? Visit our Republic Indemnity website at RepublicIndemnity.com.

You'll find a variety of "fillable" PDF forms available on our website under "Claims Forms & Posting Notices," which you can complete on-line and save to your PC desktop or "My Documents" folder.

No Login • No Password • No Problem

Please direct your supply request to:

Republic Indemnity
Mail / Supply Department
P.O. Box 4275, Woodland Hills, CA 91365-4275
Fax: (818) 382-1133
eMail: riclaims@ri-net.com

Time of Hire Pamphlet

This pamphlet, or a similar one that has been approved by the Administrative Director, must be given to all newly hired employees in the State of California. Employers and claims administrators may use the content of this document and put their logos and additional information on it. The content of this pamphlet applies to all industrial injuries that occur on or after **January 1, 2013**.

WHAT IS WORKERS' COMPENSATION?

If you get hurt on the job, your employer is required by law to pay for workers' compensation benefits. You could get hurt by:

One event at work. Examples: hurting your back in a fall, getting burned by a chemical that splashes on your skin or getting hurt in a car accident while making deliveries.

—or—

Repeated exposures at work. Examples: hurting your hand, back, or other part of your body from doing the same repeated motion or losing your hearing because of constant loud noise

—or—

Workplace crime. Examples: you get hurt in a store robbery, physically attacked by an unhappy customer.

Discrimination is illegal

It is illegal under Labor Code section 132a for your employer to punish or fire you because you:

- File a workers' compensation claim
- Intend to file a workers' compensation claim
- Settle a workers' compensation claim
- Testify or intend to testify for another injured worker.

If it is found that your employer discriminated against you, he or she may be ordered to return you to your job. Your employer may also be made to pay for lost wages, increased workers' compensation benefits, and costs and expenses set by state law.

WHAT ARE THE BENEFITS?

- **Medical care:** Paid for by your employer to help you recover from an injury or illness caused by work. Doctor visits, hospital services, physical therapy, lab tests and x-rays are some of the medical services that may be provided. These services should be necessary to treat your injury. There are limits on some services such as physical and occupational therapy and chiropractic care.
- **Temporary Disability (TD) benefits:** Payments if you lose wages because your injury prevents you from doing your usual job while recovering. The amount you may get is up to two-thirds of your wages. There are minimum and maximum payment limits set by state law. You will be paid every two weeks if you are eligible. For most injuries, payments may not exceed **104 weeks within five years from your date of injury**. Temporary Disability (TD) stops when you return to work, or when the doctor releases you for work, or says your injury has improved as much as it's going to.
- **Permanent Disability (PD) benefits:** Payments if you don't recover completely. You will be paid every two weeks if you are eligible. There are minimum and maximum weekly payment rates established by state law. The amount of payment is based on:
 - Your doctor's medical reports
 - Your age
 - Your occupation
- **Supplemental Job Displacement Benefits (SJDB):** This is a voucher for up to \$6,000 that you can use for retraining or skill enhancement at an approved school, books, tools, licenses or certification fees, or other resources to help you find a new job. You are eligible for this voucher if:
 - You have a permanent disability.
 - Your employer does not offer regular, modified, or alternative work, **within 60 days** after the claims administrator receives a doctor's report saying you have made a maximum medical recovery.
- **Return-to-Work Supplemental Program (RTWSP):** For dates of injury after 1/1/2013, you may qualify for additional money from the Division of Workers' compensation program known as the Return-to-Work Supplement Program (RTWSP) if you received the Supplemental Job Displacement Voucher (SJDB). If you have questions or think you qualify, contact the Information & Assistance Unit by calling 1-800-736-7401 or visit website: <https://www.dir.ca.gov/RTWSP/RTWSP.html>

- **Death benefits:** Payments to your spouse, children or other dependents if you die from a job injury or illness. The amount of payment is based on the number of dependents. The benefit is paid every two weeks at a rate of at least **\$224 per week**. In addition, workers' compensation provides a burial allowance.

OTHER BENEFITS

You may file a claim with the Employment Development Department (EDD) to get state disability benefits when workers' compensation benefits are delayed, denied, or have ended. There are time restrictions so for more information contact the local office of EDD or go to their web site www.edd.ca.gov.

Workers' compensation fraud is a crime

Any person who makes or causes to be made any knowingly false statement in order to obtain or deny workers' compensation benefits or payments is guilty of a felony. If convicted, the person will have to pay fines up to \$150,000 and/or serve up to five years in jail.

WHAT SHOULD I DO IF I HAVE AN INJURY?

Report your injury to your employer

Tell your supervisor right away no matter how slight the injury may be. Don't delay – there are time limits. You could lose your right to benefits if your employer does not learn of your injury within 30 days. If your injury or illness is one that develops over time, report it as soon as you learn it was caused by your job. If you cannot report to the employer or don't hear from the claims administrator after you have reported your injury, contact the claims administrator yourself.

Workers' compensation insurance company or if employer is self-insured, person responsible for handling the claim is:

Address: _____

Phone: _____

You may be able to find the name of your employer's workers' compensation insurer at www.caworkcompcoverage.com. If no coverage exists or coverage has expired, contact the Division of Labor Standards Enforcement at www.dir.ca.gov/DLSE as all employees must be covered by law.

Get emergency treatment if needed

If it's a medical emergency, go to an emergency room right away. Tell the medical provider who treats you that your injury is job related. Your employer may tell you where to go for treatment.

Emergency telephone number: Call 911 for an ambulance, fire department or police. For non-emergency medical care, contact your employer, the workers' compensation claims administrator or go to this facility:

Fill out DWC 1 claim form and give it to your employer

Your employer must give you a [DWC 1 claim form](#) within one working day after learning about your injury or illness. Complete the employee portion, sign and give it back to your employer. Your employer will then file your claim with the claims administrator. Your employer must authorize treatment within **one working day** of receiving the **DWC 1 claim form**. If the injury is from repeated exposures, you have **one year** from when you realized your injury was job related to file a claim.

In either case, you may receive up to **\$10,000** in employer-paid medical care until your claim is either accepted or denied. The claims administrator has **up to 90 days** to decide whether to accept or deny your claim. Otherwise, your case is presumed payable. Your employer or the claims administrator will send you "benefit notices" that will advise you of the status of your claim.

MORE ABOUT MEDICAL CARE

What is a Primary Treating Physician (PTP)?

This is the doctor with overall responsibility for treating your injury or illness. He or she may be:

- The doctor you name in writing *before* you get hurt on the job
- A doctor from the medical provider network (MPN)
- The doctor chosen by your employer during the first 30 days of injury if your employer does not have an MPN or
- The doctor you chose after the first 30 days if your employer does not have a MPN.

What is a Medical Provider Network (MPN)?

A MPN is a select group of health care providers who treat injured workers. Check with your employer to see if they are using a MPN. If you have not named a doctor before you get hurt and your employer is using a MPN, you will see a MPN doctor. After your first visit, you are free to choose another doctor from the MPN list.

What is Predesignation?

Predesignation is when you name your regular doctor to treat you if you get hurt on the job. The doctor must be a medical doctor (M.D.), doctor of osteopathic medicine (D.O.) or a medical group with an M.D. or D.O. You must name your doctor in writing *before* you get hurt or become ill.

You may predesignate a doctor if you have health care coverage for non-work injuries and illnesses. The doctor must have:

- Treated you
- Maintained your medical history and records before your injury and
- Agreed to treat you for a work-related injury or illness before you get hurt or become ill.

You may use the “predesignation of personal physician” form included with this pamphlet. After you fill in the form, be sure to give it to your employer. If your employer does not have an approved MPN, you may name your chiropractor or acupuncturist to treat you for work related injuries. The notice of personal chiropractor or acupuncturist must be in writing *before* you get hurt. You may use the form included in this pamphlet. After you fill in the form, be sure to give it to your employer.

With some exceptions, state law does not allow a chiropractor to continue as your treating physician after **24 visits**. Once you have received 24 chiropractic visits, if you still require medical treatment, you will have to select a new physician who is not a chiropractor. The term “chiropractic visit” means any chiropractic office visit, regardless of whether the services performed involve chiropractic manipulation or are limited to evaluation and management.

Exceptions to 24 visits include postsurgical physical medicine visits prescribed by the surgeon, or physician designated by the surgeon, under the postsurgical component of the Division of Workers’ Compensation’s Medical Treatment Utilization Schedule, or if your employer has authorized additional visits in writing.

WHAT IF THERE IS A PROBLEM?

If you have a concern, speak up. Talk to your employer or the claims administrator handling your claim and try to solve the problem. If this doesn’t work, get help by trying the following:

Contact the Division of Workers’ Compensation (DWC) Information and Assistance (I&A) Unit. All 24 DWC offices throughout the state provide information and assistance on rights, benefits and obligations under California's workers' compensation laws. I&A officers help resolve disputes without formal proceedings. Their goal is to get you full and timely benefits. Their services are free. To contact the nearest I&A Unit, go to <https://www.dir.ca.gov/dwc/ianda.html> or call **1-800-736-7401**.

The nearest I&A Unit is located at:

Address: _____

Phone number: _____.

Consult with an attorney

Most attorneys offer one free consultation. If you decide to hire an attorney, his or her fees may be taken out of some of your benefits. For names of workers' compensation attorneys, call the State Bar of California at **1-415-538-2120** or go visit their website at www.californiaspecialist.org. You may also get a list of attorneys from your local I&A Unit by calling **1-800-736-7401**.

Warning

Your employer may not pay workers' compensation benefits if you get hurt in a voluntary off-duty recreational, social or athletic activity that is not part of your work-related duties.

You may also have other rights under the Americans with Disabilities Act (ADA) or the California Fair Employment and Housing Act (FEHA). For additional information, contact California Civil Rights Department (CRD) at 1-800-884-1684 or the Equal Employment Opportunity Commission (EEOC) at 1-800-669-4000.

The information contained in this pamphlet conforms to the informational requirements found in Labor Code sections 3551 and 3553 and California Code of Regulation, Title 8, sections 9880 and 9883. This document is approved by the Division of Workers' Compensation administrative director.

Please visit the
Division of Workers' Compensation
Web site at: www.dwc.ca.gov or call
1-800-736-7401
Department of Industrial Relations 1515 Clay
Street, 17th Floor Oakland, CA 94612

Revised 2/01/2024 and effective for dates of injuries on or after 1/1/13.

PREDESIGNATION OF PERSONAL PHYSICIAN

In the event you sustain an injury or illness related to your employment, you may be treated for such injury or illness by your personal medical doctor (M.D.), doctor of osteopathic medicine (D.O.) or medical group if:

- on the date of your work injury you have health care coverage for injuries or illnesses that are not work related;
- the doctor is your regular physician, who shall be either a physician who has limited his or her practice of medicine to general practice or who is a board-certified or board-eligible internist, pediatrician, obstetrician-gynecologist, or family practitioner, and has previously directed your medical treatment, and retains your medical records;
- your "personal physician" may be a medical group if it is a single corporation or partnership composed of licensed doctors of medicine or osteopathy, which operates an integrated multispecialty medical group providing comprehensive medical services predominantly for nonoccupational illnesses and injuries;
- prior to the injury your doctor agrees to treat you for work injuries or illnesses;
- prior to the injury you provided your employer the following in writing: (1) notice that you want your personal doctor to treat you for a work-related injury or illness, and (2) your personal doctor's name and business address.

You may use this form to notify your employer if you wish to have your personal medical doctor or a doctor of osteopathic medicine treat you for a work-related injury or illness and the above requirements are met.

NOTICE OF PREDESIGNATION OF PERSONAL PHYSICIAN

Employee: Complete this section.

To: _____ (name of employer) If I have a work-related injury or illness, I
choose to be treated by: _____
(name of doctor)(M.D., D.O., or medical group)
_____ (street address, city, state, ZIP)
_____ (telephone number)

Employee Name (please print): _____

Employee's Address: _____

Name of Insurance Company, Plan, or Fund providing health coverage for nonoccupational injuries or illnesses: _____

Employee's Signature _____ Date: _____

Physician: I agree to this Predesignation:

Signature: _____ Date: _____
(Physician or Designated Employee of the Physician or Medical Group)

The physician is not required to sign this form, however, if the physician or designated employee of the physician or medical group does not sign, other documentation of the physician's agreement to be predesignated will be required pursuant to Title 8, California Code of Regulations, section 9780.1(a)(3).

Title 8, California Code of Regulations, section 9783.

NOTICE OF PERSONAL CHIROPRACTOR OR PERSONAL ACUPUNCTURIST

If your employer or your employer's insurer does not have a Medical Provider Network, you may be able to change your treating physician to your personal chiropractor or acupuncturist following a work-related injury or illness. In order to be eligible to make this change, you must give your employer the name and business address of a personal chiropractor or acupuncturist in writing prior to the injury or illness. Your claims administrator generally has the right to select your treating physician within the first 30 days after your employer knows of your injury or illness. After your claims administrator has initiated your treatment with another doctor during this period, you may then, upon request, have your treatment transferred to your personal chiropractor or acupuncturist.

NOTE: If your date of injury is January 1, 2004 or later, a chiropractor cannot be your treating physician after you have received 24 chiropractic visits unless your employer has authorized additional visits in writing. The term "chiropractic visit" means any chiropractic office visit, regardless of whether the services performed involve chiropractic manipulation or are limited to evaluation and management. Once you have received 24 chiropractic visits, if you still require medical treatment, you will have to select a new physician who is not a chiropractor. This prohibition shall not apply to visits for postsurgical physical medicine visits prescribed by the surgeon, or physician designated by the surgeon, under the postsurgical component of the Division of Workers' Compensation's Medical Treatment Utilization Schedule.

You may use this form to notify your employer of your personal chiropractor or acupuncturist.

Your Chiropractor or Acupuncturist's Information:

(name of chiropractor or acupuncturist)

(street address, city, state, zip code)

(Telephone number)

Employee Name (please print): _____

Employee's Address:

Employee's Signature _____ Date: _____

Title 8, California Code of Regulations, section 9783.1.
(Optional DWC Form 9783.1 Effective date July 1, 2014)

Aviso para el nuevo empleado

Este aviso, o uno similar que haya sido aprobado por el Director Administrativo, deben entregarse a todos los empleados recién contratados en el estado de California. Los empleadores y administradores de reclamos pueden utilizar el contenido de este documento y colocar en él sus logotipos e información adicional. El contenido de este folleto se aplica a todos los accidentes de trabajo ocurridos a partir del 1 de enero de 2013.

¿QUÉ ES LA COMPENSACIÓN DE TRABAJADORES?

Si se lesiona en el trabajo, su empleador está obligado por ley a pagarle beneficios de compensación de trabajadores. Podría resultar herido por:

Un suceso en el trabajo. Ejemplos: hacerse daño en la espalda en una caída, quemarse con un producto químico que le salpique la piel o lesionarse en un accidente de automóvil mientras hace repartos.

—o—

Exposiciones repetidas en el trabajo. Ejemplos: lastimarse la mano, la espalda u otra parte del cuerpo por hacer el mismo movimiento repetido o perder la audición por ruidos fuertes y constantes.

—o—

Delitos en el lugar de trabajo. Ejemplos: resulta herido en un atraco a una tienda, es agredido físicamente por un cliente descontento.

La discriminación es ilegal

Según la sección 132a del Código Laboral, es ilegal que su empleador lo castigue o despidan porque usted:

- Presenta un reclamo de compensación de trabajadores
- Tiene intención de presentar un reclamo de compensación de trabajadores
- Concilia un reclamo de compensación de trabajadores
- Testifica o tiene intención de testificar por otro trabajador lesionado

Si se determina que su empleador lo ha discriminado, puede ordenársele que lo reincorpore a su puesto de trabajo; su empleador también puede verse obligado a pagar los salarios perdidos, el aumento de los beneficios de compensación por accidentes laborales y los costos y gastos establecidos por la legislación estatal.



¿CUÁLES SON LOS BENEFICIOS?

- **Atención médica:** pagada por su empleador para ayudarlo a recuperarse de una lesión o enfermedad causada por el trabajo. Las visitas al médico, los servicios hospitalarios, la fisioterapia, las pruebas de laboratorio y las radiografías son algunos de los servicios médicos que pueden prestarse; estos servicios deben ser necesarios para tratar su lesión. Existen límites para algunos servicios, como la fisioterapia, la terapia ocupacional y la quiropráctica.
- **Beneficios por discapacidad temporal (Temporary Disability, TD):** pagos si pierde salario porque su lesión le impide realizar su trabajo habitual mientras se recupera. El monto que puede recibir es de hasta dos tercios de su salario. Existen límites mínimos y máximos de pago establecidos por la legislación estatal; se le pagará cada dos semanas si es elegible. Para la mayoría de las lesiones, los pagos no pueden superar las 104 semanas en un plazo de cinco años a partir de la fecha de la lesión. La discapacidad temporal (TD) finaliza cuando vuelve al trabajo, o cuando el médico le da el alta para trabajar o dice que su lesión ha mejorado todo lo que va a mejorar.
- **Beneficios por discapacidad permanente (Permanent Disability, PD):** pagos si no se recupera del todo. se le pagará cada dos semanas si es elegible. Existen tasas de pago semanales mínimos y máximos establecidos por la legislación estatal; el monto del pago se basa en:
 - Los informes médicos de su doctor.
 - Su edad.
 - Su profesión.
- **Beneficio suplementario por el desplazamiento de trabajo (Supplemental Job Displacement Benefits, SJDB):** se trata de un vale de hasta \$6,000 que puede utilizar para volver a capacitarse o mejorar sus conocimientos en una escuela aprobada, para libros, herramientas, licencias o tarifas de certificación, u otros recursos que lo ayuden a encontrar un nuevo empleo; Es elegible a este vale si:
 - Tiene una discapacidad permanente.
 - Su empleador no le ofrece un trabajo regular, modificado o alternativo, **dentro de los 60 días** posteriores a que el administrador de reclamos reciba un informe médico que indique que usted ha logrado una recuperación médica máxima.
- **Programa Suplementario de Regreso al Trabajo (Return-to-Work Supplemental Program, RTWSP):** para las fechas de lesión después del 1 de enero de 2013, usted puede calificar para dinero adicional del programa de la División de Compensación de Trabajadores conocido como el Programa Suplementario de Regreso al Trabajo (RTWSP) si usted recibió el vale de los Beneficios Suplementarios por el Desplazamiento de Trabajo (SJDB). Si tiene alguna pregunta o cree que reúne los requisitos, póngase en contacto con la Unidad de Información y Asistencia llamando al 1-800-736-7401 o visite el sitio web: <https://www.dir.ca.gov/RTWSP/RTWSP.html>



- **Beneficios por muerte:** pagos a su cónyuge, hijos u otras personas a su cargo si fallece a causa de una lesión o enfermedad laboral. El monto del pago depende del número de personas a cargo. El beneficio se paga cada dos semanas a una tasa de, como mínimo, **\$224 semanales**; además, la compensación de trabajadores prevé un subsidio de sepelio.

OTROS BENEFICIOS

Puede presentar un reclamo ante el Departamento de Desarrollo del Empleo (Employment Development Department, EDD) para obtener beneficios estatales por discapacidad cuando los beneficios de compensación de trabajadores se retrasen, denieguen o hayan finalizado. Hay restricciones de tiempo, así que para más información póngase en contacto con la oficina local del EDD o visite su sitio web: www.edd.ca.gov.

El fraude en la compensación de trabajadores es delito

Toda persona que realice o haga realizar cualquier declaración deliberadamente falsa con el fin de obtener o denegar beneficios o pagos de compensación de trabajadores es culpable de un delito grave; si es declarada culpable, la persona tendrá que pagar multas de hasta \$150,000 o cumplir hasta cinco años de cárcel.

¿QUÉ DEBO HACER SI TENGO UNA LESIÓN?

Informe la lesión a su empleador

Informe inmediatamente a su supervisor, por leve que sea la lesión; no se demore, hay plazos. Puede perder el derecho a los beneficios si su empleador no se entera de su lesión en un plazo de 30 días. Si su lesión o enfermedad se desarrolla con el tiempo, notifíquelo en cuanto sepa que ha sido causada por su trabajo. Si no puede informar al empleador o no tiene noticias del administrador de reclamos después de haber informado sobre su lesión, comuníquese usted mismo con el administrador de reclamos.

La persona responsable de tramitar la reclamos de la compañía de seguros de compensación por accidentes laborales, o si el empleador está autoasegurado, es:

Dirección:

Teléfono:



Puede encontrar el nombre de la compañía de seguros de compensación de trabajadores de su empleador en www.caworkcompcoverage.com. Si no existe cobertura o ésta ha expirado, póngase en contacto con la División de Cumplimiento de las Normas Laborales en www.dir.ca.gov/DLSE ya que todos los empleados deben tener cobertura por ley.

Reciba tratamiento de urgencia si es necesario

Si se trata de una urgencia médica, acuda de inmediato a urgencias. Informe al proveedor médico que lo atiende de que su lesión está relacionada con el trabajo. Su empleador puede indicarle dónde acudir para recibir tratamiento

Número de teléfono de urgencias: llame al 911 para pedir una ambulancia, a los bomberos o a la policía. Para recibir atención médica no urgente, póngase en contacto con su empleador, con el administrador de reclamos de compensación por accidentes laborales o acuda a este centro: _____

Rellene el formulario de reclamos DWC 1 y entrégueselo a su empleador

Su empleador debe entregarle un [Formulario de reclamos DWC 1](#) en el plazo de un día hábil tras conocer su lesión o enfermedad. Rellene la parte correspondiente al empleado, fírmela y devuélvala a su empleador. A continuación, su empleador presentará el reclamo al administrador de reclamos. Su empleador debe autorizar el tratamiento en el plazo de un día hábil a partir de la recepción del **formulario de reclamos DWC 1**. Si la lesión se debe a exposiciones repetidas, dispone **de un año** desde el momento en que se dio cuenta de que su lesión estaba relacionada con el trabajo para presentar un reclamo.

En ambos casos, puede recibir hasta \$10,000 en concepto de atención médica pagada por el empleador hasta que se acepte o deniegue su reclamo. El administrador de reclamos tiene hasta 90 días para decidir si acepta o rechaza su reclamo; de lo contrario, su caso se presume pagadero. Su empleador o el administrador de reclamos le enviarán "avisos de beneficios" que le informarán de la situación de su reclamo.

MÁS SOBRE LA ATENCIÓN MÉDICA

¿Qué es un médico tratante principal (Primary Treating Physician, PTP)?

Es el médico responsable del tratamiento de su lesión o enfermedad. Él o ella pueden ser:

- El médico que nombra por escrito antes de lesionarse en el trabajo.
- Un médico de la red de proveedores médicos (Medical Provider Network, MPN).
- El médico elegido por su empleador durante los 30 primeros días de la lesión si su empleador no dispone de una MPN.
- El médico que haya elegido después de los primeros 30 días si su empleador no dispone de una MPN.



¿Qué es una red de proveedores médicos (MPN)?

Una MPN es un grupo selecto de proveedores de atención médica que tratan a trabajadores lesionados. Consulte a su empresa si utiliza una MPN. Si no ha nombrado a un médico antes de lesionarse y su empleador utiliza una MPN, acudirá a un médico de la MPN; después de su primera visita, es libre de elegir otro médico de la lista de la MPN.

¿Qué es la designación previa?

La designación previa es cuando nombra a su médico habitual para que lo trate si se lesiona en el trabajo. El médico debe ser doctor en medicina (Medical Doctor, MD), doctor en medicina osteopática (Doctor of Osteopathic Medicine, DO) o un grupo médico con un MD o DO. Debe nombrar a su médico por escrito antes de lesionarse o enfermarse; puede designar previamente a un médico si tiene cobertura de atención médica para lesiones y enfermedades no laborales. El médico debe:

- Haberlo tratado.
- Haber mantenido su historial y expedientes médicos antes de la lesión.
- Haber acordado tratarlo por una lesión o enfermedad relacionada con el trabajo antes de que se lesionara o enfermara.

Puede utilizar el formulario de "designación previa de médico personal" incluido en este folleto. Después de rellenar el formulario, no olvide entregárselo a su empleador; si su empleador no tiene una MPN aprobada, puede nombrar a su quiropráctico o acupunturista para que le trate las lesiones relacionadas con el trabajo. El aviso del quiropráctico o acupunturista personal debe hacerse por escrito antes de que se lesione. Puede utilizar el formulario incluido en este folleto; Después de rellenar el formulario, no olvide entregárselo a su empleador;

Con algunas excepciones, la ley estatal no permite que un quiropráctico siga siendo su médico tratante después de **24 consultas**. Una vez que haya recibido 24 consultas quiroprácticas, si sigue necesitando tratamiento médico, tendrá que elegir un nuevo médico que no sea quiropráctico. Por "consulta quiropráctica" se entiende cualquier visita a un consultorio quiropráctico, independientemente de que los servicios prestados impliquen manipulación quiropráctica o se limiten a evaluación y gestión.

Las excepciones a las 24 consultas incluyen las consultas de medicina física posquirúrgicas prescritas por el cirujano, o el médico designado por el cirujano, en virtud del componente posquirúrgico del Programa de Utilización de Tratamientos Médicos de la División de Compensación por Accidentes Laborales, o si su empleador ha autorizado consultas adicionales por escrito.

¿Y SI HAY ALGÚN PROBLEMA?

Si tiene alguna preocupación, dígalo. Hable con su empleador o con el administrador de reclamos que tramita su reclamo e intente resolver el problema; si esto no funciona, pida ayuda probando lo siguiente:



Póngase en contacto con la Unidad de Información y Asistencia (Information and Assistance, I&A) de la División de Compensación de Trabajadores: Division of Workers' Compensation, DWC). Las 24 oficinas de la DWC repartidas por todo el estado ofrecen información y asistencia sobre derechos, beneficios y obligaciones en virtud de las leyes de compensación por accidentes laborales de California. Los funcionarios de la I&A ayudan a resolver conflictos sin procedimientos formales. Su meta es conseguirle beneficios completos y a tiempo; sus servicios son gratuitos. Para ponerse en contacto con la Unidad de I&A más cercana, visite www.dir.ca.gov/dwc/ianda.html o llame al 1-800-736-7401.

La Unidad de I&A más cercana se encuentra en:

Dirección: _____

Número de teléfono: _____

Consulte con un abogado

La mayoría de los abogados ofrecen una consulta gratuita. Si decide contratar a un abogado, sus honorarios pueden deducirse de algunos de sus beneficios. Para obtener los nombres de los abogados de compensación por accidentes laborales, llame al Colegio de Abogados del Estado de California al 1-415-538-2120 o visite su sitio web en www.californiaspecialist.org. También puede obtener una lista de abogados en la Unidad de I&A local llamando al 1-800-736-7401.

Advertencia

Es posible que su empleador no le pague la compensación de trabajadores si se lesiona en una actividad recreativa, social o deportiva voluntaria fuera del trabajo que no forme parte de sus obligaciones laborales.

Derechos adicionales

También puede tener otros derechos en virtud de la Ley federal de Americanos con Discapacidades (Americans with Disabilities Act, ADA) o la Ley de Justicia en el Empleo y la Vivienda (Fair Employment and Housing Act, FEHA) de California. Para obtener más información, póngase en contacto con el Departamento de Derechos Civiles (Civil Rights Department, CRD) de California, llamando al 1-800-884-1684, o con la Comisión para la Igualdad de Oportunidades en el Empleo (Equal Employment Opportunity Commission, EEOC), llamando al 1-800-669-4000.

La información contenida en este folleto se ajusta a los requisitos informativos que figuran en las secciones 3551 y 3553 del Código Laboral y en las secciones 9880 y 9883 del título 8 del Código de Reglamentos de California. Este documento ha sido aprobado por el director administrativo de la División de Compensación de Trabajadores.

Visite el sitio web de la División de Compensación de Trabajadores

www.dwc.ca.gov o llame al 1-800-736-7401

Departamento de Relaciones Industriales

1515 Clay Street, 17th Floor

Oakland, CA 94612



DESIGNACIÓN PREVIA DE MÉDICO PERSONAL

En caso de que usted sufra una lesión o enfermedad relacionada a su empleo, usted puede recibir tratamiento médico por esa lesión o enfermedad de su médico personal (M.D.), médico osteópata (D.O.) o grupo médico si:

- En la fecha de su lesión laboral usted tiene cobertura de atención médica para lesiones o enfermedades no laborales;
- el médico es su médico regular, que será o un médico que ha limitado su práctica médica a medicina general o un internista certificado o elegible para serlo, pediatra, gineco-obstetra, o médico de medicina familiar y que previamente ha estado a cargo de su tratamiento médico y tiene su expediente médico;
- su "médico personal" puede ser un grupo médico si es una corporación o sociedad o asociación compuesta de doctores certificados en medicina u osteopatía, que opera un grupo médico multidisciplinario integrado que predominantemente proporciona amplios servicios médicos para lesiones y enfermedades no laborales;
- antes de la lesión su médico está de acuerdo a proporcionarle tratamiento médico para su lesión o enfermedad de trabajo;
- antes de la lesión usted le proporcionó a su empleador por escrito lo siguiente:
(1) notificación de que quiere que su médico personal lo trate para una lesión o enfermedad laboral y (2) el nombre y dirección comercial de su médico personal.

Puede usar este formulario para notificarle a su empleador si usted desea que su médico personal o médico osteópata lo trate para una lesión o enfermedad de trabajo y que los requisitos mencionados arriba se cumplan.

AVISO DE DESIGNACIÓN PREVIA DE MÉDICOPERSONAL

Empleado: Rellene esta sección.

A: _____ (nombre del empleador) Si sufro una lesión o enfermedad laboral, yo elijo recibir tratamiento médico de:

(nombre del médico)(M.D., D.O., o grupo médico)

(dirección, ciudad, estado, código postal)

(número de teléfono)

Nombre del Empleado (en letras de molde, por favor):

Dirección del Empleado:

Nombre de Compañía de Seguros, Plan o Fondo proporcionando cobertura médica para lesiones o enfermedades no laborales:

Firma del
Empleado

Fecha:

Médico: Estoy de acuerdo con esta Designación Previa:

Firma: _____ Fecha: _____

(Médico o Empleado designado por el Médico o Grupo Médico)

El médico no está obligado a firmar este formulario, sin embargo, si el médico o empleado designado por el médico o grupo médico no firma, será necesario presentar documentación sobre el consentimiento del médico a ser designado previamente de acuerdo al Código de Reglamentos de California, Título 8, sección 9780.1(a) (3).

Título 8, Código de Reglamentos de California, sección 9783.

NOTICIA DE QUIROPRÁCTICO PERSONAL O ACUPUNTOR PERSONAL

Si su empleador o la compañía de seguros de su empleador no tiene una Red de Proveedores Médicos establecida, es posible que pueda cambiar su médico que lo atiende a su quiropráctico o acupuntor personal después de una lesión o enfermedad laboral. Para tener derecho a hacer este cambio, usted debe antes de la lesión o enfermedad darle por escrito a su empleador el nombre y la dirección comercial de un quiropráctico o acupuntor personal. Generalmente, su administrador de reclamos tiene el derecho de elegir al médico que le proporcionará el tratamiento dentro de los primeros 30 días después de que su empleador sabe de su lesión o enfermedad. Después de que su administrador de reclamos haya iniciado su tratamiento con otro médico durante este tiempo, usted puede, bajo petición, transferir su tratamiento a su quiropráctico o acupuntor personal.

AVISO: Si la fecha de su lesión es durante o después del 1 de enero, 2004, un quiropráctico no puede ser su médico que lo atiende después de que haya recibido 24 consultas quiroprácticas a no ser que su empleador ha autorizado consultas adicionales por escrito. El término “consulta quiropráctica” significa cualquier consulta en un consultorio quiropráctica, sin importar si los servicios cumplidos conllevan manipulación quiropráctica o se limitan a evaluación y manejo. Una vez que haya recibido 24 consultas quiroprácticas, si aún necesita tratamiento médico, usted tendrá que escoger un nuevo médico que no sea quiropráctico. Esta prohibición no se aplicará a consultas por medicina física pos-quirúrgica prescrita por el cirujano o médico designado por el cirujano, bajo el componente pos-quirúrgico del Catálogo de Utilización de Tratamientos Médicos o MTUS de la División de Compensación de Trabajadores.

Puede usar este formulario para notificarle a su empleador sobre su quiropráctico o acupuntor personal.

Información sobre su Quiropráctico o Acupuntor:

(Nombre del quiropráctico o acupuntor)

(Dirección, ciudad, estado, código postal)

(Número de teléfono)

| _____
Nombre del Empleado (en letras de molde, por favor):

Dirección del Empleado:

Firma del
Empleado _____

Fecha: _____

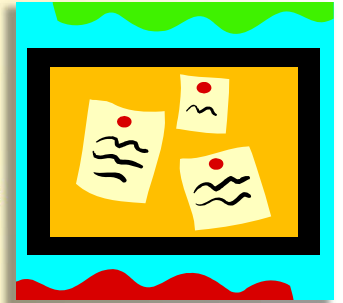
Título 8, Código de Reglamentos de California, sección 9783.1. (Formulario 9783.1 Opcional de la DWC Vigente a partir del 1 de julio, 2014)

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Both English and Spanish versions of the following state-mandated notices *must be posted in a conspicuous location frequented by employees during the workday.*

- For the **DWC-7 Posting Notice** in English and Spanish, please input your Policy Effective Date, select the local Information and Assistance Office closest to your business, and *display in a conspicuous location frequented by employees during the workday.*
- For the **SB559 When Medical Care is Needed Posting Notice**, if you have not designated a doctor/clinic closest to your business, visit the MPN website at www.republicmpn.com or call 888.545.3795.
- Should you wish to order additional posters or other workers' compensation supplies, please submit your completed supply request form or contact our Mail/Supply Department via eMail (riclaims@ri-net.com) or fax (818.382.1133).
- You also may download posting notices on-line at our website (www.republicindemnity.com).

As a reminder, you may report new claims on-line at our website (www.republicindemnity.com); Also via eMail (riclaims@ri-net.com); Phone (888.336.7569 — 24-hours a day); Fax (818.789.7286); or U.S. Mail (P.O. Box 4275, Woodland Hills, CA 91365-4275).



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We've enclosed the following workers' compensation posting notices.

- For your convenience, we've highlighted California state-mandated forms:



Claim forms are also available on-line at our website at RepublicIndemnity.com or via eMail at riclaims@ri-net.com.

3-A	DWC-7 "Injuries Caused By Work" Posting Notice (English & Spanish) (DWC-7; Rev. 10/2024)		Please input your Policy Effective Date, select the local I & A Office closest to your business, and <i>display in a conspicuous location.</i>
3-B	SB559 When Medical Care is Needed (English & Spanish) (170-102E/S; Rev. 4/2022)		If you have not designated a Doctor/Clinic closest to your business, visit the MPN website at www.republicmpn.com or call 888.545.3795.
3-C	Form 1002 Fraud Penalties Posting Notice (English & Spanish) (Form #1002; Rev. 3/2020)		State-Mandated Fraud Penalties Posting Notice in English and Spanish.

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The following workers' compensation reference materials are attached for your review.

3-1	Posting Notice Instructions (170-095; Rev. 12/2024)	The purpose of this letter is to provide you with additional information to assist you in the completion of the DWC-7 Posting Notice.
3-2	Information and Assistance Office Locations (Rev. 8/2024)	You also may call 800.736.7401 or visit the DWC website at www.dwc.ca.gov to learn more.
3-3	To All California Policyholders (170-098; Rev. 12/2024)	Please carefully read this notice in order to take full advantage of the services available to you as a Republic Indemnity Policyholder.

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Thank you for selecting Republic Indemnity Company as your workers' compensation insurance carrier.

Should you wish to submit a completed claim form, medical report, or other information, our claims fax number is 818.789.7286 or eMail us at riclaims@ri-net.com.

Our Claims Mailing Address: P.O. Box 4275, Woodland Hills, CA 91365-4275. Toll Free Phone: 800.821.4520, option 1.

For a Doctor/Clinic closest to your business, visit the MPN website at republicmpn.com or call 888.545.3795.

INSTRUCTIONS FOR COMPLETION OF**"INJURIES CAUSED BY WORK" POSTING NOTICE**

Dear Policyholder:

The purpose of this letter is to provide you with additional information to assist you in the completion of the Injuries Caused By Work Posting Notice included in this claims kit.

If you have not yet designated a Doctor/Clinic, you can choose one from the MPN website www.republicmpn.com or by calling the toll free number (888) 545-3795. Once you have selected a Doctor/Clinic, please include that information on the Posting Notice.

The following information should also be included on the Posting Notice:

MPN Website:	www.republicmpn.com
MPN Effective Date:	Use your current Republic Indemnity Policy Effective Date
MPN Identification Number:	2005 / 2006
Current MPN Access Assistant:	(888) 545-3795
Current MPN Contact Person:	(877) 854-3353
Claims Administrator Name:	Republic Indemnity Company
Claims Administrator Telephone:	(800) 821-4520
Workers' Compensation Insurer:	Republic Indemnity Company
Information & Assistance Unit:	Attached is a list of local offices from the DWC website. Please pick the location closest to your business. You may also call (800) 736-7401 or go to www.dwc.ca.gov to learn more.

Should you require additional assistance, please feel free to contact the following:

San Francisco Office:
Matthew Sheldon (415) 954-1006

Calabasas Office:
Mara Broderick (818) 382-1171

San Diego Office:
Richard Thompson (858) 467-7869

If you have multiple locations and need additional copies of the any of the above, you can order them online at www.republicindemnity.com, or you can fax your request to our Mail/Supply Department at (818) 382-1133.

DIVISION OF WORKERS' COMPENSATION
INFORMATION AND ASSISTANCE OFFICE LOCATIONS

Anaheim

1065 North Link
Suite 170
Anaheim, CA 92806-2131
(714) 414-1801

Bakersfield

1800 30th Street,
Suite 100
Bakersfield, CA 93301-1929
(661) 395-2514

Fresno

2550 Mariposa Mall,
Room 5005
Fresno, CA 93721-2219
(559) 445-5355

Lodi

3021 Reynolds Ranch Pkwy,
Suite 130
Lodi, CA 95240-6936
(209) 948-7759

Long Beach

1500 Hughes Way,
Suite C203
Long Beach, CA 90810
(424) 450-2565

Los Angeles

320 West 4th Street,
9th Floor
Los Angeles, CA 90013-1954
(213) 576-7389

Marina del Rey

4720 Lincoln Boulevard,
2nd Floor
Marina del Rey, CA 90292-6902
(310) 482-3820

Oakland

1515 Clay Street,
6th Floor
Oakland, CA 94612-1519
(510) 622-2861

Oxnard

1901 North Rice Avenue,
Suite 200
Oxnard, CA 93030-7912
(805) 485-3528

Pomona

732 Corporate Center Drive
Pomona, CA 91768-2653
(909) 623-8568

Redding

250 Hemsted Drive,
Suite B
Redding, CA 96002-9040
(530) 225-2047

Riverside

3737 Main Street,
Room 300
Riverside, CA 92501-3337
(951) 782-4347

Sacramento

160 Promenade Circle,
Suite 300
Sacramento, CA 95834-2962
(916) 928-3158

Salinas

1880 North Main Street,
Suite 100
Salinas, CA 93906-2037
(831) 443-3058

San Bernardino

464 West Fourth Street,
Suite 239
San Bernardino, CA 92401-1411
(909) 383-4522

San Diego

7575 Metropolitan Drive,
Suite 202
San Diego, CA 92108-4424
(619) 767-2082

San Francisco

455 Golden Gate Avenue,
2nd Floor
San Francisco, CA 94102-7014
(415) 703-5020

San Jose

224 Airport Parkway,
Suite 600
San Jose, CA 95110-3718
(408) 277-1292

San Luis Obispo

4740 Allene Way,
Suite 100
San Luis Obispo, CA 93401
(805) 596-4159

Santa Ana

2 MacArthur Place,
Suite 600
Santa Ana, CA 92707
(714) 942-7576

Santa Barbara

130 E. Ortega Street
Santa Barbara, CA 93101
(805) 568-1295

Santa Rosa

50 "D" Street,
Room 420
Santa Rosa, CA 95404-4771
(707) 576-2452

Van Nuys

6150 Van Nuys Boulevard,
Room 105
Van Nuys, CA 91401-3370
(818) 901-5367

(Rev. 8/2024)

TO ALL CALIFORNIA POLICYHOLDERS

Please carefully read this notice in order to take full advantage of the services available to you as a Republic Indemnity Policyholder:

- **Medical Provider Network (MPN):** You have the ability to access the Republic Indemnity Company Medical Provider Network, developed in association with Networks by Design and Kaiser On-the-Job. This Network allows for 100% employer control, but only if specific requirements are met. Failure to comply with all requirements will allow an employee to seek medical treatment outside the network. In order to maximize the benefits of the MPN you must do the following:
 - **Immediately:** Complete and post the [Injuries Caused By Work Posting Notice](#) (see instructions below);
 - **At the time of hire:** all new employees must be given the required pamphlet [Facts about Workers' Compensation](#);
 - **At time of injury:** Provide the [Medical Provider Network Notification of Rights](#) to your injured employee at the time of referral for initial medical care, which is included in our ["Information Packet for Injured Worker."](#)

All of the above forms are included in your claims kit. Additional copies may be ordered from Republic by faxing your request to our Mail/Supply Department at 818-382-1133 or by ordering online at www.republicindemnity.com. *

- **Posting Notice:** Complete the [Injuries Caused By Work Posting Notice](#) by filling in the name of the provider you select from the Republic Indemnity Company Medical Provider Network list of contracted providers, which can be obtained online at www.republicmpn.com or by calling 888-545-3795. The Network provides industrial medical clinics that understand Workers' Compensation regulations and the importance of early return to work.

If you are already using a local industrial medical clinic or medical provider, please verify that your provider is part of the Republic Indemnity Company MPN. If not, instruct your provider to contact Networks by Design at 877-854-3353 and request that they be added to the Network. Contracting issues rest solely between the medical provider and Networks by Design. **If they are not added, you are required to update your Posting Notice to reflect a current contracted clinic or provider where your injured workers are to be referred.**

Please refer to the instruction sheet for assistance in completing the remainder of the [Injuries Caused By Work Posting Notice](#).

- **Injury Reporting/E-Claim:** At the time of a work injury, you must refer your covered employee to a Republic Indemnity Company MPN Workers' Compensation Medical Provider and immediately report the claim to us. We have developed an easy-to-use input screen for you to electronically transmit your [Employer's Report of Occupational Injury or Illness](#) via the Internet at www.republicindemnity.com. *

You may also contact our Claims Department at 818-990-9860 (between the hours of 7:00 a.m. and 4:30 p.m., Monday through Friday) or our after hours/weekend call center at 888-336-7569. **At the time of your knowledge of an alleged injury, you are required to provide your covered employee an [Employee's Claim For Workers' Compensation Benefits Form](#) (DWC-1 Notice) within 24 hours.**

- **Return to Work Program:** By implementing an effective Return to Work Program, you can significantly reduce lost time benefits and supplemental job displacement benefits, which can cost up to \$6,000 for dates of injury on/after 1/1/2013.

***We encourage you to register on our Policyholder Website (www.republicindemnity.com) to access the latest claims/loss control information, a link to the Republic Indemnity Company Workers' Compensation Medical Network, and a convenient way to report claims or order additional supplies (refer to your Policy Claims Kit for registration instructions).**

Questions: Call or e-mail one of our Client Service Representatives:

Northern California:
Matthew Sheldon
Phone: 415-954-1006
Fax: 415-954-1177
matthews@ri-net.com

Southern California:
Mara Broderick
Phone: 818-382-1171
Fax: 818-382-1200
marap@ri-net.com



Notice to Employees--Injuries Caused By Work

You may be entitled to workers' compensation benefits if you are injured or become ill because of your job. Workers' compensation covers most work-related physical or mental injuries and illnesses. An injury or illness can be caused by one event (such as hurting your back in a fall) or by repeated exposures (such as hurting your wrist from doing the same motion over and over).

Benefits. Workers' compensation benefits include:

- **Medical Care:** Doctor visits, hospital services, physical therapy, lab tests, x-rays, medicines, medical equipment and travel costs that are reasonably necessary to treat your injury. You should never see a bill. There are limits on chiropractic, physical therapy and occupational therapy visits.
- **Temporary Disability (TD) Benefits:** Payments if you lose wages while recovering. For most injuries, TD benefits may not be paid for more than 104 weeks within five years from the date of injury.
- **Permanent Disability (PD) Benefits:** Payments if you do not recover completely and your injury causes a permanent loss of physical or mental function that a doctor can measure.
- **Supplemental Job Displacement Benefit:** A nontransferable voucher, if you are injured on or after 1/1/2004, your injury causes permanent disability, and your employer does not offer you regular, modified, or alternative work.
- **Death Benefits:** Paid to your dependents if you die from a work-related injury or illness.

Naming Your Own Physician Before Injury or Illness (Predesignation). You may be able to choose the doctor who will treat you for a job injury or illness. If eligible, you must tell your employer, in writing, the name and address of your personal physician or medical group *before* you are injured. You must obtain their agreement to treat you for your work injury. For instructions, see the written information about workers' compensation that your employer is required to give to new employees.

If You Get Hurt:

1. **Get Medical Care.** If you need emergency care, call 911 for help immediately from the hospital, ambulance, fire department or police department. If you need first aid, contact your employer.
2. **Report Your Injury.** Report the injury immediately to your supervisor or to an employer representative. Don't delay. There are time limits. If you wait too long, you may lose your right to benefits. Your employer is required to provide you with a claim form within one working day after learning about your injury. Within one working day after you file a claim form, your employer or claims administrator must authorize the provision of all treatment, up to ten thousand dollars, consistent with the applicable treatment guidelines, for your alleged injury until the claim is accepted or rejected.
3. **See Your Primary Treating Physician (PTP).** This is the doctor with overall responsibility for treating your injury or illness.
 - If you predesignated your personal physician or a medical group, you may see your personal physician or the medical group after you are injured.
 - If your employer is using a medical provider network (MPN) or a health care organization (HCO), in most cases you will be treated within the MPN or HCO unless you predesignated a personal physician or medical group. An MPN is a group of physicians and health care providers who provide treatment to workers injured on the job. You should receive information from your employer if you are covered by an HCO or a MPN. Contact your employer for more information.
 - If your employer is not using an MPN or HCO, in most cases the claims administrator can choose the doctor who first treats you when you are injured, unless you predesignated a personal physician or medical group.
4. You may consult a licensed attorney to advise you of your rights under workers' compensation laws. In most instances, attorney's fees will be paid from your recovery.
5. **Medical Provider Networks.** Your employer may be using an MPN, which is a group of health care providers designated to provide treatment to workers injured on the job. If you have predesignated a personal physician or medical group prior to your work injury, then you may go there to receive treatment from your predesignated doctor. If you are treating with a non-MPN doctor for an existing injury, you may be required to change to a doctor within the MPN. For more information, see the MPN contact information below:

MPN website: _____

MPN Effective Date: _____ MPN Identification number: _____

If you need help locating an MPN physician, call your MPN access assistant at: _____

If you have questions about the MPN or want to file a complaint against the MPN, call the MPN Contact Person at: _____

Discrimination. It is illegal for your employer to punish or fire you for having a work injury or illness, for filing a claim, or testifying in another person's workers' compensation case. If proven, you may receive lost wages, job reinstatement, increased benefits, and costs and expenses up to limits set by the state.

Questions? Learn more about workers' compensation by reading the information that your employer is required to give you at time of hire. If you have questions, see your employer or the claims administrator (who handles workers' compensation claims for your employer):

Claims Administrator _____ Phone _____

Workers' compensation insurer _____ (Enter "self-insured" if appropriate)

You can also get free information from a State Division of Workers' Compensation Information (DWC) & Assistance Officer. The nearest Information & Assistance Officer can be found at location: _____ or by calling toll-free **(800) 736-7401**. Learn more information about workers' compensation online: www.dwc.ca.gov and access a useful booklet "Workers' Compensation in California: A Guidebook for Injured Workers."

False claims and false denials. Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony and may be fined and imprisoned.

Your employer may not be liable for the payment of workers' compensation benefits for any injury that arises from your voluntary participation in any **off-duty, recreational, social, or athletic activity** that is not part of your work-related duties.

Aviso a los Empleados—Lesiones Causadas por el Trabajo

Es posible que usted tenga derecho a beneficios de compensación de trabajadores si usted se lesiona o se enferma a causa de su trabajo. La compensación de trabajadores cubre la mayoría de las lesiones y enfermedades físicas o mentales relacionadas con el trabajo. Una lesión o enfermedad puede ser causada por un evento (como por ejemplo lastimarse la espalda en una caída) o por acciones repetidas (como por ejemplo lastimarse la muñeca por hacer el mismo movimiento una y otra vez).

Beneficios. Los beneficios de compensación de trabajadores incluyen:

- **Atención Médica:** Consultas médicas, servicios de hospital, terapia física, análisis de laboratorio, radiografías, medicinas, equipo médico y costos de viajar que son razonablemente necesarias para tratar su lesión. Usted nunca deberá ver un cobro. Hay límites para visitas quiroprácticas, de terapia física y de terapia ocupacional.
- **Beneficios por Incapacidad Temporal (TD):** Pagos si usted pierde sueldo mientras se recupera. Para la mayoría de las lesiones, beneficios de TD no se pagarán por más de 104 semanas dentro de cinco años después de la fecha de la lesión.
- **Beneficios por Incapacidad Permanente (PD):** Pagos si usted no se recupera completamente y si su lesión le causa una pérdida permanente de su función física o mental que un médico puede medir.
- **Beneficio Suplementario por Desplazamiento de Trabajo:** Un vale no-transferible si su lesión surge en o después del 1/1/04, y su lesión le ocasiona una incapacidad permanente, y su empleador no le ofrece a usted un trabajo regular, modificado, o alternativo.
- **Beneficios por Muerte:** Pagados a sus dependientes si usted muere a causa de una lesión o enfermedad relacionada con el trabajo.

Designación de su Propio Médico Antes de una Lesión o Enfermedad (Designación previa). Es posible que usted pueda elegir al médico que le atenderá en una lesión o enfermedad relacionada con el trabajo. Si elegible, usted debe informarle al empleador, por escrito, el nombre y la dirección de su médico personal o grupo médico, *antes* de que usted se lesione. Usted debe de ponerse de acuerdo con su médico para que atienda la lesión causada por el trabajo. Para instrucciones, vea la información escrita sobre la compensación de trabajadores que se le exige a su empleador darle a los empleados nuevos.

Si Usted se Lastima:

1. **Obtenga Atención Médica.** Si usted necesita atención de emergencia, llame al 911 para ayuda inmediata de un hospital, una ambulancia, el departamento de bomberos o departamento de policía. Si usted necesita primeros auxilios, comuníquese con su empleador.
2. **Reporte su Lesión.** Reporte la lesión inmediatamente a su supervisor(a) o a un representante del empleador. No se demore. Hay límites de tiempo. Si usted espera demasiado, es posible que usted pierda su derecho a beneficios. Su empleador está obligado a proporcionarle un formulario de reclamo dentro de un día laboral después de saber de su lesión. Dentro de un día después de que usted presente un formulario de reclamo, el empleador o administrador de reclamos debe autorizar todo tratamiento médico, hasta diez mil dólares, de acuerdo con las pautas de tratamiento aplicables a su presunta lesión, hasta que el reclamo sea aceptado o rechazado.
3. **Consulte al Médico que le está Atendiendo (PTP).** Este es el médico con la responsabilidad total de tratar su lesión o enfermedad.
 - Si usted designó previamente a su médico personal o grupo médico, usted puede consultar a su médico personal o grupo médico después de lesionarse.
 - Si su empleador está utilizando una Red de Proveedores Médicos (MPN) o una Organización de Cuidado Médico (HCO), en la mayoría de los casos usted será tratado dentro de la MPN o la HCO a menos que usted designó previamente un médico personal o grupo médico. Una MPN es un grupo de médicos y proveedores de atención médica que proporcionan tratamiento a trabajadores lesionados en el trabajo. Usted debe recibir información de su empleador si está cubierto por una HCO o una MPN. Hable con su empleador para más información.
 - Si su empleador no está utilizando una MPN o HCO, en la mayoría de los casos el administrador de reclamos puede escoger el médico que lo atiende primero, cuando usted se lesiona, a menos que usted designó previamente a un médico personal o grupo médico.
4. Puede consultar a un abogado con licencia para que le asesore sobre sus derechos bajo las leyes de compensación para trabajadores. En la mayoría de los casos, los honorarios del abogado se pagarán a partir de su recuperación.
5. Red de Proveedores Médicos (MPN): Es posible que su empleador use una MPN, lo cual es un grupo de proveedores de asistencia médica designados para dar tratamiento a los trabajadores lesionados en el trabajo. **Si usted ha hecho una designación previa de un médico personal antes de lesionarse en el trabajo, entonces usted puede recibir tratamiento de su médico previamente designado.** Si usted está recibiendo tratamiento de parte de un médico que no pertenece a la MPN para una lesión existente, puede requerirse que usted se cambie a un médico dentro de la MPN. Para más información, vea la siguiente información de contacto de la MPN :

Página web de la MPN: _____

Fecha de vigencia de la MPN: _____ Número de identificación de la MPN: _____

Si usted necesita ayuda en localizar un médico de una MPN, llame a su asistente de acceso de la MPN al: _____

Si usted tiene preguntas sobre la MPN o quiere presentar una queja en contra de la MPN, llame a la Persona de Contacto de la MPN al: _____

Discriminación. Es ilegal que su empleador le castigue o despidan por sufrir una lesión o enfermedad en el trabajo, por presentar un reclamo o por testificar en el caso de compensación de trabajadores de otra persona. De ser probado, usted puede recibir pagos por pérdida de sueldos, reposición del trabajo, aumento de beneficios y gastos hasta los límites establecidos por el estado.

¿Preguntas? Aprenda más sobre la compensación de trabajadores leyendo la información que se requiere que su empleador le dé cuando es contratado. Si usted tiene preguntas, vea a su empleador o al administrador de reclamos (que se encarga de los reclamos de compensación de trabajadores de su empleador):

Administrador de Reclamos _____ Teléfono _____

Asegurador del Seguro de Compensación de trabajador _____ (Anote “autoasegurado” si es apropiado)

Usted también puede obtener información gratuita de un Oficial de Información y Asistencia de la División Estatal de Compensación de Trabajadores. El Oficial de Información y Asistencia más cercano se localiza en: _____ o llamando al número gratuito **(800) 736-7401**. Usted puede obtener más información sobre la compensación del trabajador en el Internet en: **www.dwc.ca.gov** y acceder a una guía útil “Compensación del Trabajador de California Una Guía para Trabajadores Lesionados.”

Los reclamos falsos y rechazos falsos del reclamo. Cualquier persona que haga o que ocasione que se haga una declaración o una representación material intencionalmente falsa o fraudulenta, con el fin de obtener o negar beneficios o pagos de compensación de trabajadores, es culpable de un delito grave y puede ser multado y encarcelado.

Es posible que su empleador no sea responsable por el pago de beneficios de compensación de trabajadores para ninguna lesión que proviene de su participación voluntaria en cualquier **actividad fuera del trabajo, recreativa, social, o atlética** que no sea parte de sus deberes laborales.

TO ALL EMPLOYEES:

IF YOU ARE INJURED ON THE JOB, YOU MUST IMMEDIATELY REPORT YOUR INJURY TO YOUR EMPLOYER.

WHEN MEDICAL CARE IS NEEDED

Republic Indemnity, in association with Kaiser On-the-Job (KOJ) and Networks by Design (NBD), has obtained approval from the State of California's Department of Industrial Relations, Division of Workers' Compensation, to provide our policyholders with access to the Republic Indemnity Company Medical Provider Network. To obtain the name of a provider, we encourage you to access the website at:

www.republicmpn.com

or call 888-545-3795

As an alternative, you may also contact the following Republic personnel for a provider referral:

Northern California	-	Fely Ramiro	415-954-1097
Los Angeles	-	Mara Broderick	818-382-1171
San Diego	-	Delinda Ceccotti	858-467-7839

Emergency telephone number: Call 911 for an ambulance, fire department or police.
For non-emergency medical care, contact your employer, the workers' compensation claims administrator or go to this facility:

It is unlawful under California Insurance Code Section 1871.4 for a person to knowingly make a false statement in support of a workers' compensation claim. Conviction is punishable by one year in county jail or from two to five years in state prison and/or a fine not exceeding \$150,000 or double the value of the fraud, whichever amount is greater.

A TODOS LOS EMPLEADOS:

SI SE LASTIMA EN EL TRABAJO, USTED TIENE QUE NOTIFICARLE LA LASTIMADURA A SU EMPLEADOR INMEDIATAMENTE.

CUANDO HAY NECESIDAD DE TRATAMIENTO MEDICO

Republic Indemnity, en asociación con Kaiser On-the-Job (KOJ) y Networks by Design (NBD), ha obtenido aprobación de la Sección de Indemnización al Trabajador, Departamento de Relaciones Industriales del Estado de California para ofrecerles a nuestros asegurados acceso a la Red Médica de Republic Indemnity Company. Para obtener el nombre de un proveedor le sugerimos que entre al siguiente sitio web:

www.republicmpn.com

o llame 888-545-3795

Como alternativa, puede también contactar al siguiente personal de Republic para ser referido a un proveedor:

Norte de California	-	Fely Ramiro	415-954-1097
Los Angeles	-	Mara Broderick	818-382-1171
San Diego	-	Delinda Ceccotti	858-467-7839

Número de teléfono de emergencia: Llame al 911 para una ambulancia, el departamento de bomberos o la policía. Para cuidado médico que no es urgente, contacte a su empleador, administrador de reclamos de compensación de trabajadores o vaya a esta instalación:

Conforme al Código de Aseguradoras de California, Sección 1871.4 es ilegal que una persona haga, a sabiendas, declaraciones falsas para apoyar un reclamo de Indemnización al Trabajador. El ser condenado es castigable con un año en una cárcel del condado o de dos a cinco años en una prisión estatal y/o una multa que no exceda \$150,000 o el doble del valor del fraude, cualquiera que fuere la cantidad mayor.

ATTENTION!

IT IS A FELONY, UNDER INSURANCE CODE 1871.4, FOR A PERSON TO KNOWINGLY MAKE A FALSE STATEMENT IN SUPPORT OF A WORKERS' COMPENSATION CLAIM. CONVICTION SHALL BE PUNISHABLE BY IMPRISONMENT IN THE COUNTY JAIL FOR ONE YEAR, OR IN THE STATE PRISON FOR UP TO FIVE YEARS, OR BY A FINE NOT EXCEEDING \$150,000 OR DOUBLE THE VALUE OF THE FRAUD, WHICHEVER IS GREATER, OR BY BOTH THAT IMPRISONMENT AND FINE. PERSON CONVICTED SHALL BE ORDERED TO PAY RESTITUTION OF BENEFITS AND MAY BE CHARGED THE COSTS OF INVESTIGATION.

(Amended Insurance Code 1871.4, effective 1/1/05)

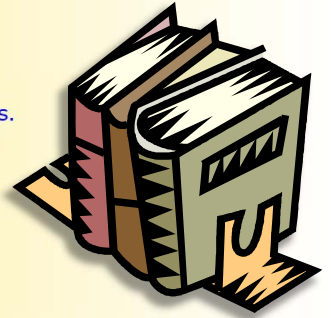
¡ATENCIÓN!

CONFORME AL CÓDIGO 1871.4 DE ASEGURADORAS, ES UN DELITO MAYOR EL QUE UNA PERSONA DE, A SABIENDAS, DECLARACIONES FALSAS EN DEFENSA DE UN RECLAMO DE INDEMNIZACION LABORAL. LA CONDENA SERA PENABLE CON ENCARCELAMIENTO EN UNA CARCEL PUBLICA MUNICIPAL POR UN AÑO, EN UNA PRISIÓN ESTATAL POR HASTA CINCO AÑOS, O CON UNA MULTA QUE NO EXCEDERA \$150,000 Ó EL DOBLE DEL VALOR DEL FRAUDE, CUALQUIERA QUE FUERE MAYOR O CON AMBAS, TANTO DICHO ENCARCELAMIENTO COMO LA MULTA. A LA PERSONA CONDENADA SE LE ORDENARA RESTITUIR LOS BENEFICIOS Y SE LE PODRAN COBRAN LOS COSTOS DE LA INVESTIGACION.

(Enmienda al Código 1871.4 de Aseguradoras, vigente desde el 1/1/05)

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We encourage you to familiarize yourself with the contents of this claims kit and your state-mandated workers' compensation posting and reporting requirements.



- *Getting back to work is a priority for everyone.* An effective **Employee Return to Work Program** will reduce the time an injured employee is away from the job and mitigate potential increased claims costs. Our 10-Step program is designed to start *before an injury occurs* to help your entire team understand the impact — financial and emotional — of workplace injury.
- With **Kaiser On-the-Job**, you get a proven, comprehensive approach to occupational health that helps you keep your employees healthy, productive, and ready to work.
With our Republic Indemnity Company Medical Provider Network, your employees don't need to be enrolled in a Kaiser Permanente health plan to use their occupational health services.

As a reminder, you may report new claims on-line at our website (www.republicindemnity.com); Also via eMail (riclaims@ri-net.com); Phone (888.336.7569 — 24-hours a day); Fax (818.789.7286); or U.S. Mail (P.O. Box 4275, Woodland Hills, CA 91365-4275).

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We've enclosed the following workers' compensation materials.

- For your convenience, we've highlighted California state-mandated forms:



Claim forms are also available on-line at our website at RepublicIndemnity.com or via eMail at riclaims@ri-net.com.

4-A	How to Create a Return to Work Program in 10 Easy Steps (2213-RI; Rev. 4/2022)	Here's a program that can help your injured workers return to their jobs quickly and safely, and reduce your workers' comp claims costs.
The following workers' compensation reference materials are attached for your review.		
4-1	Introduction to Republic Indemnity's Claims Department (170-268; Rev. 7/2024)	To assist you in obtaining information timely, the following is a list of the phone numbers, fax numbers, and addresses of our California offices.
4-2	Reporting of Small Medical Only or First Aid Claims (WCIRB Bulletin No. 2016-25; 11/2016)	All first aid claims, regardless of whether payment is made by you or us, need to be reported to the WCIRB.
4-3	Labor Code §139.32 Disclosure Notice (170-368; Rev. 3/2020)	Labor Code 139.32 requires "interested parties" disclose "financial interests" in other entities providing services in connection with workers'
4-4	Compliance with U.S. Economic Sanctions Laws (170-700; Rev. 3/2020)	Insurance companies are prohibited from paying claims to anyone on the SDN list or to those otherwise subject to U.S. Economic Sanctions Laws.
4-5	Privacy Notice and Notice of Information Practices (170-045; Rev. 3/2020)	We want you to know about our procedures for protecting your privacy, and your rights and responsibilities regarding information we receive about you.
4-6	Medical Provider Directory and On-Line Claim Reporting (170-088; Rev. 3/2020)	We encourage you to register on our Policyholder Website (www.republicindemnity.com) for access to the latest on-line information.

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Thank you for selecting Republic Indemnity Company as your workers' compensation insurance carrier.

Should you wish to submit a completed claim form, medical report, or other information, our claims fax number is 818.789.7286 or eMail us at riclaims@ri-net.com.

Our Claims Mailing Address: P.O. Box 4275, Woodland Hills, CA 91365-4275. Toll Free Phone: 800.821.4520, option 1.

For a Doctor/Clinic closest to your business, visit the MPN website at republicmpn.com or call 888.545.3795.

INTRODUCTION TO REPUBLIC INDEMNITY'S CLAIMS DEPARTMENT

Thank you for selecting Republic Indemnity Company as your workers' compensation insurance carrier. Please familiarize yourself with the contents of this claims kit and your mandatory posting and reporting requirements.

To assist you in obtaining information timely, the following is a list of the phone numbers, fax numbers, and addresses of our California offices. Should you be located in a state administered by a Third Party Administrator, we have also included their phone numbers, fax numbers, and addresses.

California:

Claims Mailing Address: Republic Indemnity, P.O. Box 4275, Woodland Hills, California 91365-4275
 Phone (800) 821-4520, option 1 • Fax (818) 789-7286 • eMail riclaims@ri-net.com

Greater Bay Area:

Phone (415) 981-3200 • Fax (415) 954-1177

Los Angeles / Tri-County / Orange County / San Joaquin Valley:

Phone (818) 990-9860 • Fax (818) 789-7286

San Diego / San Bernardino / Riverside / Imperial County:

Phone (858) 292-7002 • Fax (858) 467-7815

Third Party Administrators:

Northern Adjusters, Inc. 1401 Rudakof Circle Anchorage, Alaska 99508 Phone (907) 868-3999 • Fax (907) 868-3866	Nevada Alternative Solutions, Inc. 9506 W. Flamingo Road, Suite 102 Las Vegas, Nevada 89147 Phone (702) 796-1333 • Fax (702) 796-1330
For Arizona Claims: The Integriion Group P.O. Box 27815 Albuquerque, New Mexico 87125 Phone (480) 653-9130 • Fax (505) 293-6400	The Integriion Group P.O. Box 27815 Albuquerque, New Mexico 87125 Phone (505) 293-6600 • Fax (505) 293-6400
For Colorado Claims: The Integriion Group P.O. Box 27815 Albuquerque, New Mexico 87125 Phone (480) 653-9130 • Fax (505) 293-6400	Intermountain Claims, Inc. P.O. Box 23547 Portland, Oregon 97281-3547 Phone (503) 626-6966 • Fax (503) 626-7105
Intermountain Claims, Inc. P.O. Box 4367 Boise, Idaho 83711 Phone (208) 323-7571 • Fax (208) 375-8905	Anchor Claims Management P.O. Box 819045 Dallas, Texas 75381-9045 Phone (800) 275-3193 • Fax (800) 275-3194
Intermountain Claims, Inc. P.O. Box 4546 Missoula, Montana 59806-4546 Phone (406) 656-3951 • Fax (406) 651-0975	Intermountain Claims, Inc. 1543 East 3300 South Salt Lake City, Utah 84106 Phone (801) 466-7993 • Fax (801) 466-1749

WCIRB Bulletin

Bulletin No. 2016-25

November 10, 2016

1221 Broadway, Suite 900 • Oakland, CA 94612 • 415.777.0777 • Fax 415.778.7007 • www.wcirb.com • wcirb@wcirb.com

Reporting of Small Medical Only or First Aid Claims

The Insurance Commissioner recently approved amendments to the *California Workers' Compensation Uniform Statistical Reporting Plan—1995* (USRP) effective January 1, 2017, to clarify the reporting requirements for small medical only or “first aid” claims. The Insurance Commissioner’s Decision (CDI File No. REG-2016-00018), dated October 14, 2016, approved amendments that specifically reference first aid as defined in California Labor Code Section 5401(a), to clarify that insurers must report the cost of all claims for which any medical care is provided and medical costs are incurred, including those involving first aid treatment, even if the insurer did not make the payment. These changes can be found at Section II, *Definitions*, Rule 24, *Medical Only or Medical Claims Only*, and Section V, *Loss Information*, Subsection A, *General Loss Reporting Instructions*, Rule 1, *Reporting Losses*, of the USRP and are provided below for your reference.

As indicated in the Insurance Commissioner’s Decision, the reporting of first aid claims has been an enduring concern. It has been the long-standing position of the CDI and the WCIRB, as communicated in several prior WCIRB Bulletins, that insurers are required to report the medical costs incurred on first aid claims, even if paid by the employer, as any other medical loss. By explicitly citing first aid in the definition of medical claims and the reporting of losses, the amendments clarify the intent of the regulations and what has been communicated in prior WCIRB Bulletins.

There are no special or unique coding requirements related to the reporting of claims meeting the Labor Code Section 5401(a) definition of first aid. The reporting requirements in Part 4 of the USRP applicable to the reporting of medical costs incurred on any other medical only claim also apply to the medical costs incurred on claims meeting the first aid definition.

Part 4, Unit Statistical Report Filing Requirements, Section II, Definitions:

24. Medical Only or Medical Claims Only

A claim or injury for which no indemnity is incurred, but for which medical treatment costs are incurred is a “medical only” claim or injury, regardless of whether the cost of medical treatment, including first aid, is paid by an employer or insurer, or regardless of whether a Workers’ Compensation Claim Form (DWC 1) is filed. “Medical Only” claims or injuries include but are not limited to all compensable injuries in which the disability does not extend beyond the waiting period specified in the workers’ compensation laws of California, or injuries for which immediate medical treatment has been provided prior to a determination of compensability pursuant to Labor Code Section 5402(c).

Part 4, Unit Statistical Report Filing Requirements, Section V, Loss Information, Subsection A, General Loss Reporting Instructions:

1. Reporting Losses

Any and all claims, including those involving first aid as defined in California Labor Code Section 5401(a), in which Indemnity Losses or Medical Losses are incurred or Allocated Loss Adjustment Expenses are paid must be reported individually.

All loss amounts are on a direct basis (excluding reinsurance assumed and adjustment for reinsurance ceded) and must be reported on a gross basis prior to the application of any deductibles.



LABOR CODE §139.32 DISCLOSURE NOTICE

California Senate Bill 863 establishes California Labor Code §139.32, effective January 1, 2013, requiring "interested parties" disclose "financial interests" in other entities providing services in connection with workers' compensation claims.

Republic Indemnity Company of America and its wholly owned subsidiary Republic Indemnity Company of California (collectively, Republic), is an indirect subsidiary of American Financial Group, Incorporated, which also owns Great American Insurance Group (Great American).

Republic utilizes legal bill review (cost containment) and other services provided by Great American. Republic may, at its discretion, use independent outside vendors or internal resources, including but not limited to attorneys, hearing representatives, and investigative personnel in administration of workers' compensation claims.

170-368 (3/2020)

TO OUR POLICYHOLDERS

Compliance With U.S. Economic Sanctions Laws

Under various federal laws, the Office of Foreign Assets Control (OFAC), a division of the U.S. Department of Treasury, administers and enforces economic sanctions against certain countries and groups of individuals, such as terrorists and narcotics traffickers. These laws prohibit United States citizens, corporations, and others from engaging in virtually all business transactions with countries, individuals and entities designated on the list of Specially Designated Nationals and Blocked Persons (the SDN list).

Insurance companies are prohibited from paying claims to anyone on the SDN list or to those otherwise subject to U.S. Economic Sanctions Laws. Therefore, Republic Indemnity will screen all workers' compensation claimants against the SDN list before making payments.

If an injured employee's name matches a name on the SDN list, we may need to contact you as the employer to obtain additional information. We will want to verify that the injured employee is not the same person identified on the SDN list and that Republic Indemnity is not otherwise prohibited under U.S. Economic Sanctions Laws from paying the claim.

Republic Indemnity is committed to delivering quality claim service to our policyholders. Prompt payment of claims is dependent on accurate information and legal compliance in obtaining claimant information.

You can access the United States Department of the Treasury website at www.ustreas.gov/offices/enforcement/ofac/ for additional information, or contact your Human Resources Department or legal counsel if you have any questions.

This communication is for informational purposes only. It is not intended to be an exhaustive treatment of the legal issues discussed, nor is it intended to furnish legal advice appropriate to any particular circumstances. This information is not intended to create and does not create an attorney-client relationship, and this information does not constitute an attorney-client communication.



Workers' Compensation Insurance

Privacy Notice and Notice of Information Practices

Republic Indemnity Company of America and Republic Indemnity Company of California ("Republic Indemnity") respect your right to privacy.

We want you to know about our procedures for protecting your privacy and your rights and responsibilities regarding information we receive about you. We want you to understand how we gather information about you, how we protect it, and how you can help ensure its accuracy. Although we may provide this Notice as information to additional persons, the terms of this Notice apply to those individuals who inquire about or obtain insurance from Republic Indemnity primarily for personal, family or household purposes, and certain group insurance plans. We will provide our customers with a copy of the most recent notice of our privacy policy at least annually and more often if we make any changes affecting their rights under our privacy policy. This Notice applies to current and former customers of Republic Indemnity, but does not in any way imply or affect insurance coverage. You can find the online version of this Notice on our web site at www.republicindemnity.com.

Because Republic Indemnity does not share your information outside of permitted exceptions, there is no need for you to take any action under this Notice. If we change our practices in the future, we will advise you and, if applicable, enable you to "opt-out" of certain sharing.

1. What kind of information is collected about you?

We get most of our information about you directly from you, such as your name, address, social security number, income level and certain other financial information, on insurance applications and other forms that you provide to us. While in some cases the information you provide to your insurance representative during the insurance application process gives us all the information we need to evaluate you or your property for insurance, there are instances when we may need additional information or may need to verify information you have given us. In those cases, we may obtain information from outside sources at our own expense.

It is common for an insurance company to ask an independent source to verify and supplement information given on an insurance application. There are many such independent companies, commonly called "consumer reporting agencies, which are in the business of providing independent information to insurance and other financial services companies. We will treat the information we

receive about you from an independent reporting agency in accordance with the terms of this Notice. Upon our receipt of your written request sent to the address set forth in Section 5, we will inform you of the name and address of any agency we have used to prepare a report on you so that you can contact the agency.

Once you have been an insured customer of ours for a period of time, your record may contain information related to our experiences and transactions with you, such as insurance policy coverage, premiums and payment history, and any claims you make under your insurance policy. For example, information collected by a claims representative and any police or fire report will be retained by us. Any information that we collect in connection with an insurance claim will be kept in accordance with this Notice.

Each company within Republic Indemnity may disclose information about you to an affiliate regarding its transactions and experiences with you (such as your payment or claims history). We do not currently share other credit-related information, except as permitted or required by law.

Finally, we do use "cookies" when you interact with our web sites to make that experience easy and meaningful for you. When you visit our web site, our web server sends a cookie to your computer. A cookie is an electronically transmitted file that holds small pieces of information. When you navigate through our web site, your browser "requests" pages for you to view, and that request will include the information stored in the cookie we previously sent to your computer. This process is like an electronic "handshake" between our system and your computer; the information exchanged allows us to recognize your browser.

Cookies are used to collect and store only the following information: the visitor's domain name, the Internet address of the web site from which the visitor linked directly to our web site, the pages of our site that the visitor views and the length of time spent on each page, browser and operating system platform type, and the date and time the visitor access our site.

Cookies, as well as data taken from them, do not identify you personally. They merely recognize your browser. Unless you choose to identify yourself to us, either by responding to a promotional offer, buying a policy, or registering for an online service, you remain anonymous.

Session cookies exist only during an online session with Republic Indemnity. Session cookies allow you to conduct transactions or requests on our web site. Without the session cookie information, we would not be able to complete your web transactions securely. Session cookies help us make sure you are who you say you are after you have logged in. We do not sell this or any other information about you to other web sites, merchants or financial institutions.

2. What do we do with the information about you?

Information about you will be kept in our insurance policy records. We will refer to and use that information for purposes related to issuing and servicing insurance policies and settling claims. Generally, personal information about you in our records will not be disclosed by us to any external organization without your prior authorization. However, we may, as permitted by law, share information about you contained in our files with certain persons or organizations such as:

- your insurance representative,
- persons who represent you in a fiduciary capacity, including your attorney or trustee, or who have a legal interest in your insurance policy,
- adjusters, appraisers, auditors, investigators and attorneys,
- persons or organizations who need the information to perform a business, professional or insurance function for us,
- other insurance companies, agents or consumer reporting agencies as information is needed in connection with any insurance application, policy or claim involving you,
- medical professionals to inform you of a medical condition of which you may not be aware,
- persons or organizations that conduct research, including actuarial or underwriting studies, provided that no individual information may be identified in any research study report,
- persons or organizations that perform marketing services on our behalf or to other financial institutions with whom we have joint marketing agreements,
- our affiliated companies, or
- to a court, state insurance department or other government agency pursuant to a summons, court order, search warrant, subpoena, or as otherwise required by law or regulation.

Except as permitted or required by law, unless we obtain your written consent, we will not use or share any personally identifiable health information about you for any purpose other than underwriting or administration of your insurance policy, claim or account, or in a manner as previously disclosed to you by us when we collected such information.

When your nonpublic personal financial or health information is disclosed by us to third parties for certain purposes described above, we will require them to use your information only for its intended purpose.

3. Who has access to your information?

Republic Indemnity currently incorporates a system of passwords and other appropriate physical, electronic and procedural safeguards to protect against unauthorized access to potentially private information. We will educate our employees about the terms of this Notice and the importance of confidentiality and customer privacy. Employees who gain unauthorized access or who otherwise violate our privacy policy are subject to disciplinary action up to and including termination of employment. We plan to monitor and evaluate our information security program and available security software in light of relevant changes in technology to determine ways to increase protections to the security or integrity of our records and information.

4. How can you review recorded information about you?

Generally, you have the right to review and receive a copy of the recorded personal information about you contained in our files with respect to a particular policy number, except for certain legal and medical documents. You have the further right to request that we correct any of this information. To exercise these rights, you must send to us a notarized request at the address set forth below stating your complete name, address, insurance policy number, daytime phone number, and a copy of your driver's license or other personal identification. If you believe any information is incorrect, we will investigate and correct it if we can substantiate the error. Even if we do not correct the information, you have the right to file with us a written statement of dispute which we will include in any future disclosure for information.



Workers' Compensation Insurance

5. How can you contact us?

If, after reading this, you have any questions about our privacy policy, please write to us at the following address:

REPUBLIC INDEMNITY COMPANY OF AMERICA
REPUBLIC INDEMNITY COMPANY OF CALIFORNIA
P.O. Box 4275
Woodland Hills, CA 91365-4275
Attn: Compliance Office – Privacy

170-045 (3/2020)

REPUBLIC INDEMNITY POLICYHOLDER WEBSITE AND ON-LINE CLAIM REPORTING

As a Republic Indemnity Policyholder, we encourage you to register on our Policyholder Website (www.republicindemnity.com) for access to the latest on-line information regarding claims, loss control, and other services. In addition, you can contact the Claims Department directly by e-mailing us at riclaims@ri-net.com.

☑ On-Line Claim Reporting ("e-Claim"):

We have developed an easy-to-use input screen for California Policyholders to complete and electronically transmit, via the internet, your Employer's First Report of Work Injury. Hundreds of our California Policyholders now use "eClaim" to expedite the initial claim reporting process and eliminate mailing delays.

Once received via our website, the Employer's First Report of Work Injury is validated by our claim staff, who will direct your report to the appropriate claims servicing office. In addition, your completed Employer's Report is displayed in Adobe Acrobat .pdf format on our website, and may be viewed on-line (for up to 90-days), printed, and/or saved to your PC for your review and to satisfy OSHA hard-copy record retention requirements.

☑ Policy, Claims, & Billing Information:

We provide on-line access to policy, claims, and billing (direct bill only) information. A summary of all current Open and Closed Claims Activity is available for your review, as well as detailed Claim Status Reports for individual claims. Injury Analysis Reports and Graphs are also available on-line, and you may download detailed policy and claims information directly to your PC.

☑ Republic Indemnity Company Medical Provider Network:

From our website, our California Policyholders may access a link to the Republic Indemnity Company Medical Provider Network to locate Industrial Medical Clinics, Hospitals, and other Medical Providers.

☑ Loss Control Services:

We offer on-line access to Loss Control Bulletins and Posters with safety hints and tips to create a safer, more loss-free work environment. Also Regulatory Updates involving workplace safety and links to Safety-Related Websites. You can also access over 500 streaming video courses (includes OSHA compliance, industrial and office safety, office ergonomics, and more).

- ☑ If you have any questions and/or need assistance to register on our Republic Indemnity Policyholder Website, please contact the following or e-mail us at marketing@ri-net.com:

Northern California	-	(818) 382-1007
Los Angeles	-	(818) 382-1007
San Diego	-	(818) 382-1007



Republic Indemnity®

Workers' Compensation Insurance Specialists

Return to Work Program





Getting back to work is a priority for everyone.

Follow the 10 easy steps below to create a Return to Work Program for you and your injured worker. This program can help injured workers return to their jobs quickly and safely and can help reduce your workers' comp claims costs.

STEP 1 Get Started

Assign a Return to Work Coordinator or a Team with representatives from all departments. The team will:

- Develop written policies and procedures for the program. A sample program is available at <http://www.republicindemnity.com/employers/loss-control/loss-control-resources>.
- Identify and list all of the departments that may accommodate modified work. Analyze prior injury statistics to determine problem areas.
- Develop job descriptions and light duty tasks that can be used to make modified duty positions.

STEP 2 Select a Medical Provider

Select an approved industrial medical clinic or provider who will work closely with you in returning injured employees to modified duty positions by either accessing <http://www.republicmpn.com> or by calling 888-545-3795.

STEP 3 Establish a Job Salary Schedule

Your employee's financial security is important. The financial incentives must be great enough to encourage the employee to return to work. As you evaluate the financial impact of workers' compensation lost time injuries on your insurance costs, you may find it in your best interest to pay employees their full salary.

STEP 4 Union Negotiations

If yours is a union environment, negotiate a Return to Work Agreement with the union during your next contract negotiations. Look for provisions in the union contract to support the Return to Work Program. Also, illustrate the positive impact on the employees in your proposal.

STEP 5 Promote the Program

Advertise the goals and rationale of the program to all supervisors and employees so that everyone knows how it works and how they fit into the plan. Encourage the Return to Work Program as you would other employee benefit plans to promote goodwill between you and your employees. Contact the Loss Control Department for assistance with supervisory training at RICALC@ri-net.com.

STEP 6 Report Injuries

Report all injuries promptly to Republic Indemnity at www.republicindemnity.com/employers/report-an-injury. This allows our Claims personnel to immediately begin our medical management process and assess early return to work opportunities. You should begin to evaluate potential modified or alternate work positions for your employees, if they are unable to return to full duties immediately.

STEP 7 Manage Medical and Disability

Our staff will contact the treating physician to establish the extent of the injury. They will continue to monitor the employee's treatment and progress by assisting with:

- Developing an appropriate medical treatment plan through continuous communication with the treating physician.
- Coordination and facilitation of the injured employee's early return to work in either a full or modified work capacity.
- The selection of an approved industrial medical clinic or provider.
- Work with the employer to set up a profile with the dedicated medical clinic and update the availability of modified duties.
- Immediate Crisis Intervention, in-person hospital visits when a serious injury occurs, attendance of physician/patient conferences, and Home Employee Visits. We may utilize outside Medical Case Managers to assist in this process.

STEP 8 Initial Employee Contact

In the event of a serious injury your injured employee will be contacted by one of our claims professionals, who will advise the employee about workers' compensation benefits. Follow-up contact will be made to assist in coordination of medical care and prompt early return to work opportunities.

STEP 9 Return to Work Assistance

Our claims personnel will work closely with the employer and physician to develop modified or alternate work for the injured employee during the medical recovery process.

STEP 10 Commitment and Communication

Evaluate your Return to Work Program and make adjustments at least yearly. You will want to review the modified job positions, as well as any perceptions or ideas that employees or supervisors have developed about the program.

You can assess the effectiveness of the program by comparing prior lost time/days and direct/indirect costs of accidents to those after implementation of the program. Cost data is available on the policyholder website. If you need access, call 818-382-1007.

Employee absence is costing you and your employee money.

Each work day your injured employees are off the job, Temporary Disability dollars are being spent. Additionally, for California claims where the injury ultimately results in a Permanent Impairment, they may be eligible for a Supplemental Job Benefit Displacement voucher costing up to \$6,000. As an employer, you can help reduce or eliminate these costs by providing temporary modified/alternate positions that will allow your employees to return to work as soon as possible.

An effective Employee Return to Work Program will reduce the time an injured employee is away from the job and mitigate potential increased claims costs. Republic Indemnity's strategic plan for returning your injured employees to work can make a dramatic improvement to your bottom line! Our 10-Step program is designed to start before an injury occurs to help your entire team understand the impact — financial and emotional — of workplace injury.

Perhaps more importantly, our Return To Work Program provides very real benefits to the workers themselves:

- It reinforces your commitment to employees' welfare by providing a sense of security and stability, while also providing a positive self-image to injured workers.
- It promotes positive reinforcement for injured workers to recover quickly by discouraging the "Disability Syndrome" thought process.
- It supports the "Going To Work Daily" habit.
- It allows injured workers to continue to directly contribute to the profitability of the company they work for.

Best of all, Republic's Return to Work Program is administered by our own staff of Loss Control/Claims Representatives, Nurses and Medical Benefit Coordinators.





P.O. Box 4275, Woodland Hills, CA 91365-4275
800-821-4520 option 1
republicIndemnity.com

The information presented in this publication is intended to provide guidance and is not intended as a legal interpretation of any federal, state or local laws, rules or regulations applicable to your business. The loss prevention information is provided is intended only to assist policyholders in the management of potential loss producing situations involving their premises and/or operations based on generally accepted safe practices. In providing such information Republic Indemnity does not warrant that all potential hazards or conditions have been evaluated or can be controlled. It is not intended as an offer to write insurance for such conditions or exposures. The liability of Republic Indemnity is limited to the terms, limits and conditions of the insurance policies underwritten by it. The Great American Insurance Group eagle logo and the word marks Great American® and Great American Insurance Group® are registered service marks of Great American Insurance Company. The wordmark Republic Indemnity® is a registered service mark of Republic Indemnity Company of America. © 2013-2022 Republic Indemnity Company of America. All rights reserved. 2213-RI (04/22)