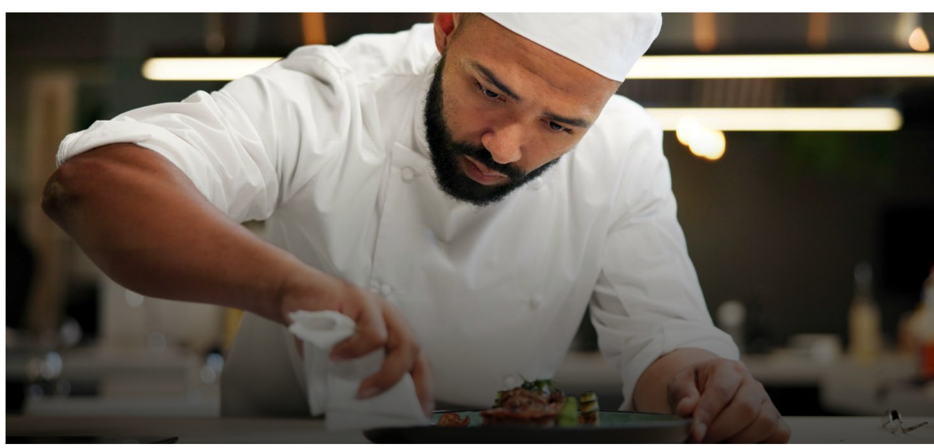
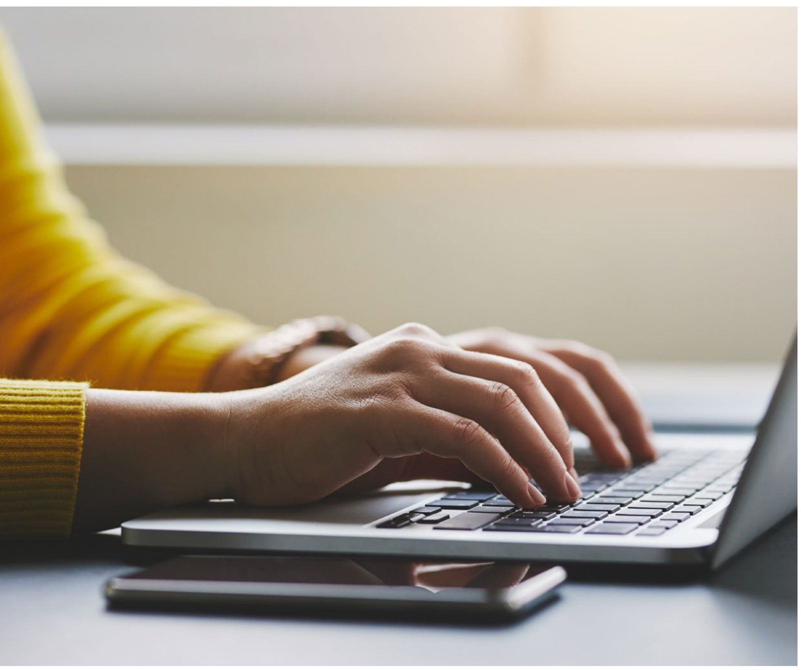
Claims Kit

A Guide to Workers' Compensation Procedures and Resources



Republic Indemnity®

get a clear way forward®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Claims Kit

Introduction

Get a Clear Way Forward Through the Claims Process

Welcome to your Republic Indemnity Claims Kit—your manual for navigating the complexities of the workers' compensation claims process. We understand that workplace injuries can be challenging, but with the right tools and support, you can respond quickly and keep your business operations running smoothly.

This kit is designed to give you a **clear way forward** by equipping you with essential forms, posting notices, resources, and step-by-step guidance to help you manage claims efficiently, avoid delays, and ensure your employees receive the care and benefits they need to recover and return to work.

Your Role in Driving Better Claim Outcomes

Effective claims management starts with timely action and proactive communication. As an employer, your response in the first hours and days after an injury can significantly influence the outcome of a claim. Prompt reporting supports compliance, controls cost, reduces litigation risk, and ensures early care.

According to the WCIRB, claims with delayed medical care may cost **30% more** compared to those with early intervention. Report compensable work-related injuries as soon as possible and stay connected with employees during recovery. Regular check-ins help identify potential issues sooner, leading to better outcomes for your business and your team.

WORKERS' COMPENSATION CLAIM JOURNEY

INJURY OCCURANCE	IMMEDIATE ACTIONS	REPORT A CLAIM	CLAIM HANDLING	MEDICAL TREATMENT	RETURN-TO-WORK

What to Do When an Injury Occurs

A prompt and thoughtful response to a workplace injury can make all the difference—for your employee's recovery and the outcome of the claim. Whether the injury is minor or severe, follow these steps to ensure proper care and timely reporting.

Immediate Actions

- **Provide first aid treatment** when necessary.
- **Assess the injury** to determine if treatment beyond first aid is required.
- **Provide the Employee Information Packet for Injured Workers** and the **Employee DWC-1** claim form immediately after an injury occurs. Both are included within the Claims Kit or can be accessed using the QR codes below.

Employee Information Packet

Employee DWC-1

- **Direct the employee to an approved medical provider** (permitted by law) by visiting **RepublicMPN.com** or calling **888-545-3795**.
- **Document the incident** thoroughly, including witness statements and any contributing factors.
- **Support the employee** with clear communication and reassurance.

When to Report the Injury to Republic Indemnity

Report the claim as soon as possible if:

- **An employee is injured on the job,** regardless of severity or whether treatment is immediately sought.
- **Medical treatment is required** beyond first aid.
- **An employee reports symptoms** of a work-related illness or repetitive stress injury.
- **Lost time from work** is anticipated or has occurred.
- **There is a fatality or serious injury** requiring hospitalization.
- **You are unsure** whether the incident qualifies — when in doubt, report it.

Report Claims Online – Fast, Easy, and Effective

A Clear Way Forward Starts Online

We understand the importance of responding quickly and effectively to workplace injuries. That's why we offer a secure, easy-to-use **online portal**. Our streamlined process supports you, the employer, in managing incidents efficiently, helping ensure injured workers receive timely care while helping maintain continuity in business operations.

BENEFITS OF ONLINE CLAIM REPORTING

Speed and Convenience
Submit claims 24/7 anywhere — no paperwork, no waiting.

Immediate Confirmation
Receive a printable copy of your claim for your records instantly.

Streamlined Communication
Our in-house claims specialists initiate prompt three-point contact with the employer, the injured worker, and the treating physician.

Reduced Downtime
Faster reporting means quicker medical care and return-to-work planning for the injured worker.

How to Get Started

Report a Claim Online

Scan the QR code to report a claim online or visit RepublicIndemnity.com/Employers/Report-an-Injury.

If you have not already registered, have your policy number, effective date, and web access code ready or continue as a guest.

Need help? Please call **(800) 821-4520, option 3** or email us at RICACustomerCare@ri-net.com.

Additional Reporting Options

You can also report new claims by saving or scanning your completed claim form and emailing it to RIClaims@ri-net.com or by calling our 24/7 call center at **888-336-7569**.

All claims will be processed during regular business hours, Monday – Friday.

When Fast Matters Most

Picture this: A bustling lunch hour, a freshly cleaned floor, and an unexpected slip. Jasmine, a waitress, falls hard on her wrist mid-shift. Carlos, the restaurant manager, springs into action. He administers first aid, documents the incident, and gives Jasmine the **Employee Information Packet** as well as the **Employee DWC-1 claim form**.

Next, he logs into Republic Indemnity's 24/7 **online portal** to submit the claim. The process is fast, intuitive, and delivers instant confirmation. That same day, Jasmine sees a provider within the Medical Provider Network. With her care underway and the team adapting quickly, Carlos feels confident that he's protected his employee and his business.

What to Expect After Filing a Claim

Get More Attention From a Responsive Carrier

Once your claim is submitted, we'll take it from there—ensuring that every claim is managed with care, efficiency, and a focus on positive outcomes for both employers and injured workers.

Initiate Three-Point Contact

For all lost-time injuries, Republic Indemnity initiates a **three-point-contact** process to ensure timely communication and coordinated care between the employer, injured employee, and treating physician. A **claims representative** will serve as the central liaison—facilitating communication among all parties, providing guidance throughout the claims process, and supporting a smooth path toward recovery and return to work.

EMPLOYER (YOU)

To verify claim details and discuss next steps

INJURED EMPLOYEE

To explain benefits, answer questions, and offer support

TREATING PHYSICIAN

To coordinate care and discuss a return-to-work plan

Provide Ongoing Support

- **Medical Treatment Guidance:**
  - Access to trusted provider networks like Kaiser On-the-Job and Networks by Design (NBD) through our Medical Provider Network (MPN).
  - Pharmacy Benefit Management program with MyMatrixx.
- **Return-to-Work Planning:**
  - Assistance with modified work options and return-to-work programs.
- **Multilingual Communication:**
  - Real-time updates and support via text messaging in 19 languages.

More Than a Claim
It’s a Connection

Now imagine this: A claim is filed—and instead of silence, support arrives. Monica, an in-house Republic Indemnity claims adjuster, connects with Jasmine to walk her through the claims process and coordinate care. She also engages with Jasmine’s treating physician through the **Medical Provider Network** to ensure continuity of care.

Meanwhile, Carlos, the restaurant manager, stays informed through regular updates. With employer, employee, and the treating physician aligned, the process moves forward smoothly. Add in multilingual support and real-time communication, it becomes clear: this isn’t just claims management—it’s people management done right.

Medical Provider Network (MPN)

Make Life Easier for Injured Workers

Republic Indemnity's Medical Provider Network (MPN) connects injured workers with qualified physicians experienced in treating work-related injuries—ensuring timely, appropriate care and helping employees return to work safely.

How the MPN Works

- After an injury is reported, the employer arranges the first medical visit with an MPN provider which is typically scheduled within 3 business days of injury notification.
- Injured workers may continue with the initial provider or choose another doctor within the MPN at any time. Specialist care is available by referral.

BENEFITS OF THE MEDICAL PROVIDER NETWORK (MPN)

Specialized, Accessible Care: Access to experienced occupational health providers through conveniently located clinics and telemedicine options.

Efficient, Evidence-Based Treatment: Care guided by established clinical practices to reduce standards to reduce recovery time, minimize long-term impairment, and control medical costs.

Employer-Controlled MPN Access

Employers retain full control over medical treatment within the network if all requirements are met. Failure in any area may allow injured employees to seek care outside the MPN. To maintain full control, employers must:

- **Immediately** complete and post the Injuries Caused by Work posting notice.
- **At the time of hire,** provide the Facts About Workers' Compensation pamphlet.
- **At the time of injury,** give the MPN Notification of Rights (included in our Employee Information Packet for Injured Workers) when referring for initial medical care.

Kaiser On-the-Job Occupational Health Centers

We work with **Kaiser On-the-Job** and **Networks by Design (NBD)** to deliver California policyholders a robust, responsive, and compliant network of occupational health providers.

Northern California

Southern California

Need to find a provider?

Phone
888-545-3795

Website
RepublicMPN.com

Prescription Access for Injured Workers

Republic Indemnity offers a Pharmacy Benefit Management program with MyMatrixx to make it easy for injured workers to get the prescriptions they need—in a timely manner and at no cost.

Program Highlights

- Covers prescriptions related to **approved workers' compensation claims**.
- **No cost** to the injured worker for covered prescriptions.
- Access to **over 53,000 participating pharmacies nationwide**.
- **First Fill Capability:** Injured workers can fill prescriptions immediately using a Temporary Prescription Services ID, which is included in the **Employee Information Packet for Injured Workers**. This packet should be provided at the time of injury and is available to view/download by scanning the QR code below.

Employee Information Packet for Injured Workers

Includes the Temporary Prescription Services ID

Employee Information Packet

Important Notes

- The **Temporary ID** is valid for up to **two weeks** after the injury.
- A **permanent prescription card** will be mailed to the injured worker once the claim is approved.
- If the injured worker pays out-of-pocket before receiving the card, they should send receipts and a copy of the prescription to their claims representative.
- Injured workers can use any **MyMatrixx pharmacy** and are not required to stay with the same location.

Supporting Recovery, Reducing Costs

Helping injured employees return to work quickly and safely is one of the most effective ways to reduce claim costs and maintain productivity.

Return-to-Work Program

Republic Indemnity's Return-to-Work Program is designed to support both employers and employees through a structured, compassionate approach. By implementing this program, employers can minimize downtime, maintain team morale, and demonstrate a strong commitment to employee well-being—all while reinforcing a positive workplace image and controlling overall claims expenses.

Why Early Return to Work Matters

- Each day an injured employee is absent adds to the claim costs and negatively impacts operations.
- Early return to work—through modified or alternate duties—helps control expenses and supports recovery.

Program Highlights

- **Pre-Injury Planning:** We help you establish a return-to-work plan before injuries occur.
- **10-Step Return-to-Work Plan:** A structured roadmap to guide recovery and reintegration.
- **High-Quality Medical Care:** Access to our Medical Provider Network (MPN) helps ensure appropriate, cost-effective treatment.
- **Modified Duty Options:** Temporary roles tailored to the employee's capabilities during recovery.

Benefits to Injured Workers

- Encourages faster recovery by avoiding "disability syndrome".
- Maintains routine, purpose, and connection to the workplace.
- Provides reassurance and a sense of stability during recovery.

Back to Work, the Right Way

Fast forward a few weeks: Jasmine is healing well, but she's not quite ready to return to her regular responsibilities at the restaurant. That's where Republic Indemnity's **Return-to-Work Program** comes into play. Guided by her treating physician and supported by Republic Indemnity, Carlos develops a modified work schedule tailored to Jasmine's recovery.

The plan includes lighter tasks and a gradual ramp-up—helping Jasmine avoid re-injury while staying connected with her team. She feels supported, not sidelined—and valued, not forgotten. This thoughtful approach safeguards her health, keeps momentum going at work, and strengthens loyalty on both sides.

Legal Requirements

Employer's Report (Form 5020)

- Employers are required to file an Employer's Report of Occupational Injury or Illness (Form 5020) **within 5 days** of every industrial injury or occupational illness for which medical treatment costs are incurred.
- When reporting a claim online, this form is automatically generated.

DWC-1 Employee Claim Form

- Employers must provide injured workers with this form **within 24 hours** of learning about the alleged injury, regardless of the circumstances.
- **Exception:** "First Aid" claims, which are the one-time treatment and follow-up visit for the purpose of observation of minor injuries such as scratches, cuts, burns, splinters or other minor industrial injury, which do not ordinarily require medical care.

Doctor's First Report

- 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.
- This is required under California Labor Code Sec. 6409(a).

WCIRB Reporting

- Republic Indemnity reports **all claims** to the Workers' Compensation Insurance Rating Bureau (WCIRB) if:
  - Indemnity or medical losses are incurred,
  - or Allocated Loss Adjustment Expenses are paid.
  - This includes first aid claims as defined in California Labor Code Sec. 5401(a).

Mandatory Posting Notices

Employers are required to prominently display workers' compensation posting notices to inform employees of their rights, benefits, and the procedures for reporting work-related injuries, as mandated by California law. English and Spanish language versions are available.

DWC-7 – Injuries Caused by Work

Input your policy effective date, select the local Information & Assistance Office closest to your business, and display it in a conspicuous location frequented by employees during the workday.

SB559 – When Medical Care is Needed

If you have not designated a doctor/clinic closest to your business, visit the MPN website at **RepublicMPN.com** or call 888-545-3795.

Form 1002 – Fraud Penalties

State-mandated fraud penalties posting notice in English and Spanish.

Posting Notices Kit

Required New Hire Documentation

DWC Time of Hire Pamphlet

California employers are required to provide this pamphlet to all new hires at the time of employment. It outlines employee rights and employer responsibilities under California workers' compensation law, including how to report an injury and access medical care.

English Version

Spanish Version

Fighting Fraud Together

Protecting Your Business. Supporting Honest Claims.

At Republic Indemnity, we have a **Zero Tolerance Policy** for fraud. Fraudulent claims hurt everyone—employers, employees, and the integrity of the workers' compensation system. That's why we're committed to helping you recognize red flags and take action.

What Is Workers' Compensation Fraud?

Fraud occurs when someone knowingly makes a **false statement or misrepresentation** to obtain or deny benefits. This includes:

- Submitting false or misleading information about an injury or treatment.
- Assisting or encouraging others to commit fraud.
- Discouraging an injured worker from filing a legitimate claim through false statements.

Red Flags to Watch For

While not proof of fraud, these signs may indicate suspicious activity:

- Injury reported **after termination, layoff, or disciplinary action**.
- **No witnesses** or conflicting accounts of the incident.
- Claimant is **overly familiar** with the claims process or uses the same attorney/clinic repeatedly.
- Medical provider is **far from home or work**.
- First notice of claim comes from an **attorney or clinic**, not the employee.

Fraud vs. Abuse

- **Abuse:** Exaggerating symptoms to extend time off.
- **Fraud:** Intentional misrepresentation with the goal of receiving benefits.

Only fraud is criminal—but both can be costly. If you're unsure, report it.

Take Action

If you suspect fraud, report it confidentially by completing the online form.

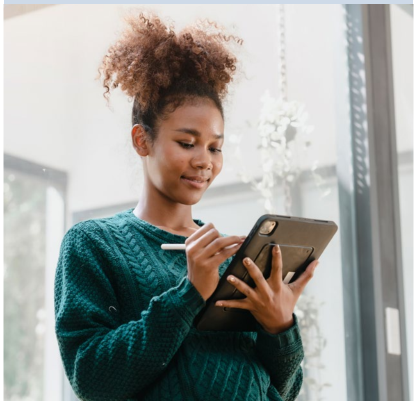
Report Fraud Here

Policyholder Portal

A secure online platform that enables policyholders to manage their workers' compensation policies by reporting injuries, paying premiums, submitting payroll, accessing claims and policy documents, and managing account settings—all in one convenient location.

REPORT AN INJURY

PAY PREMIUM



REPORT PAYROLL

Access Policy Details: Easily understand your current policy's coverage and terms, view and download documents whenever needed, and stay informed by reviewing the policy terms, including final audit statements.

Quickly Pay Premium: Display and download invoices, pay balances using a credit card or ACH, and manage your recurring bill payment preferences for added convenience.

Simplify Payroll Reporting: Use ePayroll to enter payroll and employee counts, saving time and simplifying your reporting process.

View Claims & Loss Run Reports: Access the status and details of your claims, submit first notice of loss quickly, and generate loss runs and other claims analysis reports.

Account Management: Easily manage users, roles, and permissions.

Access The Portal To Get Started!

Secure.RepublicIndemnity.com/account-management/login-page

Need specific claim forms? *You can order and have them mailed directly by logging into the* ***Policyholder Portal*** *and selecting* ***Forms Ordering*** *under* ***My Quick Links*** *on the home page.*

Loss Control Services

Explore the tools, training, and expert support available to help you reduce risk and strengthen your ongoing commitment to safety.

Loss History Review & Trend Analysis

Leverage data-driven insights to identify patterns, uncover root causes, and prioritize areas of concern—so you can take proactive steps before incidents occur.

Onsite Services & Expert Guidance

Get hands-on support from experienced consultants who assist with hazard assessments, accident investigations, safety walkthroughs, and supervisor training.

Ergonomic Solutions

Our consultants help identify and reduce ergonomic risks with AI-powered assessments, workstation evaluations, and tailored recommendations.

Customized Safety Program Development

Get help developing or refining your safety program with expert input and access to sample materials, safety posters, and downloadable resources specific to your industry.

Training & Education Resources

Access 24/7 safety training with streamable videos, LMS modules, quizzes, and downloadable safety and toolbox talks to support meetings and help build a safety culture. Available in both English and Spanish.

RI Loss Control Safety App

Use our mobile app to document safety observations, access safety topics, and log training sessions—right from your phone.

Explore Your Safety Resources Today!

Visit **RepublicIndemnity.com/Employers/Loss-Control** or contact your Republic Indemnity Loss Control Representative to schedule a consultation and access downloadable safety materials.

Phone
800-821-4520, option 8

Email
RICALC@ri-net.com

Additional Resources

Discover essential tools to support your policy, including claims forms, posting notices, safety services, online training, and an app that helps foster a safer workplace.

Claims Forms and Posting Notices

Access all required workers' compensation claims forms and posting notices in one place. Republic Indemnity provides downloadable resources to help employers stay compliant with California regulations and ensure employees are informed of their rights and benefits.

Loss Control Services Brochure

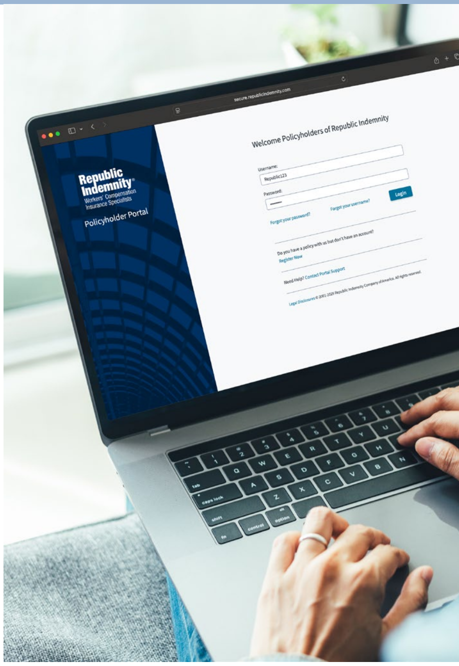
Republic Indemnity takes a comprehensive approach to workplace safety through risk assessments, customized safety programs, employee training, and industry-specific resources to reduce workplace injuries and enhance operational safety.

Online Safety Training

Get free 24/7 access to over 700 online safety videos in English and Spanish—ideal for individual or group training with quizzes and certificates to support compliance. Plus, explore more than 500 structured safety courses through our Learning Management System (LMS), offering deeper learning, tracking, and certification to help prevent workplace injuries.

RI Loss Control Safety App

Equip your team with Republic Indemnity's free mobile safety app. It helps streamline workplace safety by enabling real-time safety observations, access to industry-specific tips, training logs, and incident reporting—all from your phone. Available in English and Spanish for iOS and Android.



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For Claims service, contact:

Phone
800-821-4520, option 1

Email
RIClaims@ri-net.com

Visit Our Website Here

Claims Kit
Document Guide

Claims Reporting and Management Documents

Employee Resources and Guidance

Required Workplace Posting Notices

Legal and Complaince References

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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 • riclaims@ri-net.com
RepublicIndemnity.com

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 reoccurrence.	
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.

MEMBER OF GREAT AMERICAN INSURANCE GROUP

State of California

EMPLOYER'S REPORT OF OCCUPATIONAL INJURY OR ILLNESS

Please complete in triplicate (type if possible) Mail two copies to:

Republic Indemnity Company of America / Republic Indemnity Company of California
P.O. Box 4275, Woodland Hills, CA 91365-4275 / Claims eMail - riclaims@ri-net.com / Fax - (818) 789-7286

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 | Ia. 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

6. TYPE OF EMPLOYER: ☐ Private ☐ State ☐ County ☐ City ☐ School District ☐ Other Gov't, Specify: ________________

INJURY OR ILLNESS

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)

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

20. LOCATION WHERE EVENT OR EXPOSURE OCCURRED (Number, Street, City, Zip)

20a. COUNTY

21. ON EMPLOYER'S PREMISES? ☐ Yes ☐ No

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

25. SPECIFIC ACTIVITY THE EMPLOYEE WAS PERFORMING WHEN EVENT OR EXPOSURE OCCURRED, e.g.. Welding seams of metal forms, loading boxes onto truck.

26. HOW INJURY/ILLNESS OCCURRED. DESCRIBE SEQUENCE OF EVENTS. SPECIFY OBJECT OR EXPOSURE WHICH DIRECTLY PRODUCED THE INJURYIILLNESS, 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

27. Name and address of physician (number, street, city, zip) | 27a. Phone Number

28. Hospitalized as an inpatient overnight? ☐ No ☐ Yes If yes then, name and address of hospital (number, street, city, zip) | 28a. Phone Number

29. Employee treated in emergency room? ☐ Yes ☐ No

Please do not use this column: CASE NUMBER | OWNERSHIP | INDUSTRY | OCCUPATION | SEX | AGE | DAILY HOURS | DAYS PER WEEK | WEEKLY HOURS | WEEKLY WAGE | COUNTY | NATURE OF INJURY | PART OF BODY | SOURCE | EVENT | SECONDARY SOURCE | EXTENT OF INJURY

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*.

EMPLOYEE

30. EMPLOYEE NAME | 31. SOCIAL SECURITY NUMBER | 32. DATE OF BIRTH (mm/dd/yy)

33. HOME ADDRESS (Number, Street, City,Zip) | 33a. PHONE NUMBER

34. SEX ☐ Male ☐ Female

35. OCCUPATION (Regular job title, NO initials, abbreviations or numbers)

36. DATE OF HIRE (mm/dd/yy)

37. EMPLOYEE USUALLY WORKS ______ hours per day, ______ days per week, ______ total weekly hours

37a. EMPLOYMENT STATUS ☐ regular, full-time ☐ part-time ☐ temporary ☐ seasonal

37b. UNDER WHAT CLASS CODE OF YOUR POLICY WHERE WAGES ASSIGNED

38. GROSS WAGES/SALARY $ __________ per __________

39. OTHER PAYMENTS NOT REPORTED AS WAGESISALARY (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.

Republic Indemnity®

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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 • riclaims@ri-net.com
RepublicIndemnity.com

SUPPLEMENTAL INFORMATION FOR NEW CALIFORNIA CLAIMS

Policy No.:	Employee:
Employer:	Date of Injury:

Questions

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

	Yes	No
1. Was the DWC-1 claim form given to the employee? a. Date employee was provided DWC-1 claim form: ____________ b. Date employee returned completed claim form: ____________	☐	☐
2. Was the Medical Provider Network "Notification of Rights" given to the employee? a. Date employee was provided MPN information: ____________	☐	☐
3. Does the employee speak English? a. If no, please specify other primary language: ____________	☐	☐

Comments

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 was 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.

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Republic Indemnity Company of California
P. O. Box 4275 Woodland Hills, California 91365-4275
Phone 800-821-4520, option 1 • riclaims@ri-net.com
RepublicIndemnity.com

Contact

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

1. Preparer Name and Title: ____________________

2. Please complete and indicate your preferred method of communication:

☐ Phone ____________________ ☐ Email ____________________

3. Today's Date: ____________________

Summary

Thank you for your prompt reporting.

To ensure timely and efficient handling of workplace injuries, please report claims online.

You may also email a completed claim form, medical report, or other information to RIClaims@ri-net.com.

Call 800-821-4520, option 1 to speak with a claims representative.

For a Doctor/Clinic closest to your business, visit 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, l 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 arriesg 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 estales. 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 un curso de reentrenamiento y/o mejorar su habilidad. Si Ud. cumple los requisios, 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 despida 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 Estatalde 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.

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State of California
Department of Industrial Relations
DIVISION OF WORKERS' COMPENSATION

Estado de California
Departamento de Relaciones Industriales
DIVISION DE COMPENSACIÓN AL TRABAJADOR

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 oir 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 benficios 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 occurió el accidente.* ______
6. Describe injury and part of body affected. *Describa 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 adminstradora de seguros.* ______
Republic Indemnity Company, P.O. Box 4275, Woodland Hills, CA 91365-4275
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*

Rev. 1/1/2016

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.

Minimizing the impact of work-related injuries and illnesses

Helping resolve disputes over workers' compensation benefits

Monitoring the administration of claims

Republic Indemnity®

get a clear way forward®

Continued

Continued

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.

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.

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.

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

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.

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

Continúa

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 lesion 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. Explíquele 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 despida 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

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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.

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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

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(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 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/IandA.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

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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 ayudarle 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.

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¿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 diagnostico 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 dígale 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 élla 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 sobe como solicitar una Revisión Médica Independiente de MPN (MPN IMR) y completara 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.

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¿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?

- **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

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FIRST FILL PRESCRIPTION PROGRAM WITH MYMATRIXX

Republic Indemnity has teamed up with **MyMatrixx by Evernorth**, a leading pharmacy benefit manager (PBM), to provide prescription drug services for work-related injuries.

What This Means for You

When an employee is injured on the job and files a compensable workers' compensation claim, they can access prescription medications quickly and easily through MyMatrixx's nationwide pharmacy network.

Key Features of the Program

- **Immediate Access to Medications**
  Injured workers can fill their first prescription using the **Temporary Prescription Services ID form**.
- **No Out-of-Pocket Costs**
  Covered prescriptions are paid directly through the workers' compensation claim.
- **Nationwide Pharmacy Network**
  Access to thousands of participating retail pharmacies across the U.S.
- **24/7 Pharmacist Support**
  Clinical support is available around the clock to ensure safe and effective medication use.
- **Permanent Pharmacy Card**
  Once the claim is approved, a permanent MyMatrixx prescription card and benefit packet will be mailed to the injured worker.

What Employers Should Do

1. **Provide the Temporary Prescription Services ID form** to the injured worker at the same time as:
   - The DWC-1 Workers' Compensation Claim Form
   - The Medical Provider Network (MPN) Notification of Rights
2. **Do Not Issue** the Temporary Prescription Services ID form to employees in Ohio, due to state-specific regulations.
3. **Distribute Materials**
   If your company has multiple locations, ensure each site has copies of the Temporary Prescription Services ID form and the Prescription Benefits FAQ.

Need Help?

For questions about the pharmacy program, contact your Republic Indemnity claim representative or visit Injured Worker Resources at MyMatrixx.com or by calling 888-786-9640.

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PRESCRIPTION BENEFITS – QUESTIONS & ANSWERS

How much does the MyMatrixx prescription card cost?

The card is **free** and covers all prescriptions related to your approved work-related injury.

Can I use the Temporary Prescription Services ID right away?

Yes. Present the **Temporary Prescription Services ID form** and your prescription at any participating pharmacy in the MyMatrixx network.

How do I find a participating pharmacy?

Visit MyMatrixx.com to search for a pharmacy within network.

What if I already paid for a prescription?

Submit your **receipt** and a **copy of the prescription** to your Republic Indemnity claim representative for reimbursement consideration.

How long is the Temporary Prescription Services ID valid?

The Temporary ID is valid for **two weeks** from the date of issue. Once your claim is approved, you'll receive a **permanent MyMatrixx prescription card** and benefit packet.

Can I get more prescriptions after the card expires?

Yes. If your treating physician prescribes additional medication, contact your claim representative to **reactivate your card**, or have your physician send the prescription directly to a participating pharmacy.

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

Contact your **treating physician** for guidance.

Do I have to use the same pharmacy?

No. You may use **any pharmacy** within the MyMatrixx network.

Will this program limit which pharmacies I can use?

You must use a **participating MyMatrixx pharmacy** to receive benefits under this program.

What if I lose my Temporary Prescription Services ID?

If you've already filled a prescription at a participating pharmacy, you may not need a new ID. A **permanent card** will be sent once your claim is approved.

To the Injured Worker:

On your first visit, please give this form to any pharmacy listed on the back side to speed processing of your approved work-related injury prescriptions (based on the guidelines established by your employer).

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

Atencion Trabajador Lesionado:

En su primera visita, entregue este formulario a cualquier farmacia que se encuentre en el reverso del boleto para acelerar el procesamiento de sus recetas aprobadas para lesiones relacionadas con el trabajo (según las reglas establecidas por su empleador).

¿Tiene preguntas o necesita ayuda para localizar una farmacia participante? Llame al centro de contacto para pacientes de MyMatrixx al 800.945.5951.

Temporary Prescription Card

ID#: ______________________________

Your SSN is your temporary ID.

RxBIN#: 003858

PCN: WC

RxGroup #: ESR3050

Date of Injury: ____________________

MM/DD/YYYY

For Workers' Compensation Only

Employee Information

____
Full Name

____
Street Address or PO Box

____
City State ZIP

____
Date of Birth

____
Employer Name

To the Pharmacist:

MyMatrixx administers this Workers' Compensation prescription program. Please follow the steps below to submit a claim. Standard first fill shall not exceed a 14-day supply or a cost of $150. This form is valid for up to 14 days from date of injury (DOI). Limitations may vary.

For assistance, please call MyMatrixx at 888.786.9640.

Processing Steps:

1. Enter RxBin 003858
2. Enter PCN WC
3. Enter Rx Group Number ESR3050
4. Enter 9-digit member ID (Patient SSN)
5. Enter Date of Injury

Visit www.MyMatrixx.com to locate a participating pharmacy near you!

MyMatrixx
By EVERNORTH

Participating Pharmacy List

AHF PHARMACY
AHOLD CORPORATION
ALBERTSONS
ALIGNRX LLC
AMERITA INC
AURORA PHARMACY INC
BIG Y FOODS INC
BI-LO HOLDINGS LLC
BROOKS/MAXI DRUG
BROOKSHIRE BROTHERS LTD
BROOKSHIRE GROCERY CO
CARDINAL HEALTH
CHEN NEIGHBORHOOD MEDI-
CAL CENT
COBORN'S INC.
COSTCO WHOLESALE, INC
CVS CORP
DEDICATED US HOLDINGS LLC
DISCOUNT DRUG MART
ECKERD
EPIC PHARMACY NETWORK
ESSENTIA HEALTH
EXPRESS RX
FAIRVIEW PHARMACY SVCS
FAMILY FARE, LLC
FOOD LION PHARMACY
FRUTH PHARMACY
GENOA HEALTHCARE LLC
GIANT EAGLE PHARMACY
GUARDIAN PHARMACY LLC
HAC INC
HANNAFORD BROS. CO.
HARPS FOOD STORES INC
HARTIG DRUG
HEALTH MART ATLAS LLC
H-E-B LP
HENRY FORD HEALTH SYSTEM
HOMETOWN PHARMCY INC
HY-VEE FOOD STORES INC
INGLES MARKETS
INSTYMEDS CORP
KPH HEALTHCARE SERVICES
KROGER
KS PHARM LLC
K-VA-T FOOD STORES INC
LEWIS DRUGS INC
LONGS DRUG STORE
MARC GLASSMAN INC
MEDICAP PHARMACY, INC.
MEDICINE SHOPPE
MEIJER PHARMACY
MERCY PHARMACY SERVICES
NCS HEALTHCARE
NEIGHBORCARE PHARMACY
OSBORN DRUGS INC
PATIENT FIRST
PHARMEDQUEST PHARMACY
PHARMERICA, INC
PMR US HOLDINGS
PRESBYTERIAN MEDICAL
PRESCRIBEIT RX
PRICE CHOPPER PHARMACY
PUBLIX SUPER MARKETS, INC
RALEY'S
RECEPT PHARMACY LP
RITE AID CORPORATION
SAFEWAY, INC.
SAM'S CLUB
SUPERVALU PHARMACIES, INC.
TARGET
THRIFTY WHITE STORES
TOPS MARKETS LLC
UNITED SUPERMARKETS INC
WALGREENS
WAL-MART
WEGMANS FOOD MARKETS,
WEIS MARKETS INC

Visit www.MyMatrixx.com to locate a participating pharmacy near you!

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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.	

For Claims service, contact:

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

Third Party Administrators:

Alaska – Northern Adjusters, Inc.
1401 Rudakof Circle
Anchorage, Alaska 99508
Phone (907) 868-3999 · Fax (907) 868-3866

Arizona and Colorado – The Integration Group
P.O. Box 27815
Albuquerque, New Mexico 87125
Phone (480) 653-9130 · Fax (505) 293-6400

Idaho – Intermountain Claims, Inc.
P.O. Box 4367
Boise, Idaho 83711
Phone (208) 323-7571 · Fax (208) 375-8905

Montana – Intermountain Claims, Inc.
P.O. Box 4546
Missoula, Montana 59806-4546
Phone 406-542-8869 – Fax 406-542-8870

Nevada - Alternative Solutions, Inc.
9506 W. Flamingo Road
Suite 102 Las Vegas, Nevada 89147
Phone (702) 796-1333 · Fax (702) 796-1330

New Mexico - The Integrion Group
5201 Balloon Fiesta Pkwy
Albuquerque, New Mexico 87113
Phone (505) 293-6600 · Fax (505) 293-6400

Oregon – Intermountain Claims, Inc.
P.O. Box 23547
Portland, Oregon 97281-3547
Phone (503) 626-6966 · Fax (503) 626-7105

Texas – Anchor Claims Management
P.O. Box 819045
Dallas, Texas 75381-9045
Phone (800) 275-3193 · Fax (800) 275-3194

Utah – Intermountain Claims, Inc.
1543 East 3300 South
Salt Lake City, Utah 84106
Phone (801) 466-7993 · Fax (801) 466-1749

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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.

WCIRB Bulletin

Bulletin No. 2016-25 **November 10, 2016**

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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.

WCIRB California®
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REPORTING REQUIREMENTS FOR SERIOUS INJURIES, ILLNESS OR DEATH (FOR CALIFORNIA EMPLOYERS)

Reporting Timeline

Employers must report any serious injury, illness, or death to Cal/OSHA:

- **Within 8 hours** of the incident, or
- **Within 24 hours** if exigent circumstances can be demonstrated

Failure to report within the required timeframe may result in a minimum $5,000 civil penalty.

Definition of Serious Injury or Illness

A serious injury or illness includes:

- Hospitalization (excluding medical observation only)
- Amputation
- Loss of an eye
- Any serious degree of permanent disfigurement

Injuries occurring on public streets or highways do not need to be reported unless they occur in a construction zone.

How to Report

Reports may be submitted to the **Division of Occupational Safety and Health (DOSH), also known as Cal/OSHA, by telephone or through the Cal/OSHA** online portal (when available).

More information is available at: www.dir.ca.gov/dosh/report-accident-or-injury.html

Additional Requirement: Reporting Deaths with No Dependents

Under California Labor Code §4706.5, employers or their insurance carriers must notify the State Division of Industrial Accidents of the death of any employee who leaves no surviving spouse or dependent child. This must be done within **60 days** of learning of the death, regardless of the cause.

Republic Indemnity will assist in submitting the required form upon notification.

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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.

Phone
800-821-4520, option 1

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.

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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.

DWC FORM 9783 (7/2014)

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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 despida 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

PRINT CLEAR

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.

FORMULARIO 9783 DE LA DWC (7/2014)

PRINT CLEAR

§9783.1 Formulario 9783.1 de la DWC: Aviso de Quiropráctico Personal o Acupuntor Personal

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)

FORMULARIO 9783.1 DE LA DWC (7/2014)

Return to Work Program

Republic Indemnity®

get a clear way forward®

Republic Indemnity®

get a clear way forward®

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' compensation 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 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 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 Claims personnel 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***

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.

Republic Indemnity®

get a clear way forward®

P.O. Box 4275, Woodland Hills, CA
91365-4275
800-821-4520 option 1
RepublicIndemnity.com

MEMBER OF GREAT AMERICAN INSURANCE GROUP

DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF WORKERS' COMPENSATION
P. O. Box 70823
Oakland, CA 94612

INFORMATION ABOUT WORKERS' COMPENSATION FRAUD

Workers' compensation fraud costs the citizens of California billions of dollars each year. It is more than an employee exaggerating a medical condition. Workers' compensation fraud also occurs when health care providers bill for services never performed, when employers under-report payroll, and when attorneys or claims adjusters facilitate claimant fraud. While not targeted to any specific entities or individuals, this notice reminds everyone of the serious consequences of fraud.

MEDICAL PROVIDER FRAUD

- Billing fraud
- Employing individuals to solicit new patients
- Unnecessary treatment or self-interested referrals
- Failing to report a work injury

CLAIMS ADJUSTER FRAUD

- Causing payments to be made to non-existent claimants or medical providers
- Referring patients or clients to medical providers or attorneys for compensation
- Issuing excessive payments to an attorney or medical provider in return for a kick-back
- Backdating documents in an attempt to avoid penalties for delays in benefit payments or altering documents to support an unjustified denial of a claim

EMPLOYER FRAUD

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

ATTORNEY FRAUD

- Facilitating claimant, employer, or insurer fraud
- Engaging in client solicitation
- Receiving a fee for referring clients to a medical provider

WORKERS' COMPENSATION FRAUD IS A CRIME

It is a felony to make a false or fraudulent material statement to obtain or deny any compensation. It is a crime to knowingly assist, 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 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, including restitution for any medical evaluation or treatment services obtained or provided. A person convicted of workers' compensation fraud may be charged the costs of the investigation and is ineligible to receive or retain any compensation, where that compensation was owed or received as a result of workers' compensation fraud.

REPORTING WORKERS' COMPENSATION FRAUD

For more information about workers' compensation fraud, or to report workers' compensation fraud, please call the Department of Insurance's fraud hotline number: (800) 927-4357. You can also access the Fraud Division's website at: http://www.insurance.ca.gov/0300-fraud/0100-fraud-division-overview/ to obtain more information and locate the telephone number for the Fraud Division office nearest to you.

WORKERS' COMPENSATION FRAUD WARNING STATEMENT

This statement is provided to you with the insurance application or claim form that you are filing or benefit check that you are receiving. READ the applicable Fraud Warning Statement for the state in which your claim is being made before executing and submitting either attached document to the Insurer or your agent.

ARKANSAS

§ 11-9-106 **All forms prescribed by the Workers' Compensation Commission for the use of injured employees claiming benefits and for the use of employers in responding to such employees' claims:**

(A) Any person or entity who willfully and knowingly makes any material false statement or representation, who willfully and knowingly omits or conceals any material information, or who willfully and knowingly employs any device, scheme, or artifice for the purpose of:
(i) Obtaining any benefit or payment;
(ii) Defeating or wrongfully increasing or wrongfully decreasing any claim for benefit or payment; or
(iii) Obtaining or avoiding workers' compensation coverage or avoiding payment of the proper insurance premium, or who aids and abets for any of said purposes, under this chapter shall be guilty of a Class D felony.
(B) Fifty percent (50%) of any criminal fine imposed and collected under this subdivision or subdivision (a)(2) of this section shall be paid and allocated in accordance with applicable law to the Death and Permanent Total Disability Trust Fund administered by the Workers' Compensation Commission.

CALIFORNIA

§ 1871.4(a) **Workers' compensation forms:**

It is unlawful to do any of the following:

(1) 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 Section 3207 of the Labor Code.
(2) Present or cause to be presented a knowingly false or fraudulent written or oral material statement in support of, or in opposition to, a claim for compensation for the purpose of obtaining or denying any compensation, as defined in Section 3207 of the Labor Code.
(3) Knowingly assist, abet, conspire with, or solicit a person in an unlawful act under this section.
(4) 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. For the purposes of this subdivision, "statement" includes, but is not limited to, a notice, proof of injury, bill for services, payment for services, hospital or doctor records, X-ray, test results, medical-legal expense as defined in Section 4620 of the Labor Code, other evidence of loss, injury, or expense, or payment.
(5) Make or cause to be made a knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying any of the benefits or reimbursement provided in the Return-to-Work Program established under Section 139.48 of the Labor Code.
(6) Make or cause to be made a knowingly false or fraudulent material statement or material representation for the purpose of discouraging an employer from claiming any of the benefits or reimbursement provided in the Return-to-Work Program established under Section 139.48 of the Labor Code.

§ 1871.8 **To an injured worker on or with a check for temporary disability benefits:**

WARNING: You are required to report to your employer or the insurance company any money that you earned for work during the time covered by this check, and before cashing this check. If you do not follow these rules, you may be in violation of the law and the penalty may be jail or prison, a fine, and loss of benefits.

ADVERTENCIA: Es necesario que usted le avise a su patrón o a su compañía de seguro todo dinero que usted ha ganado por trabajar, durante el tiempo cubierto por éste cheque, y antes de cambiar éste cheque. Si usted no sigue estos reglamentos, Usted puede estar en violación de la ley y el castigo podría ser cárcel o prisión, una multa, y pérdida de beneficios.

§ 5401.7 **All workers' compensation claim forms:**

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.

DELAWARE

Del. Code tit. 19 § 2344

On the reverse side of a check, above the endorsement, for a total or partial disability payment to a claimant:
Your acceptance of this check for total or partial disability is a representation by you that you are legally entitled to such payment and a false representation is punishable under federal and state laws.

FLORIDA

§ 440.105

All workers' compensation claim forms:
Any person who, knowingly and with intent to injure, defraud, or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information commits insurance fraud, punishable as provided in
§817.234.

§ 440.185

All workers' compensation informational brochures:
Any person who, knowingly and with intent to injure, defraud, or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information commits a felony of the third degree.

KANSAS

§ 44-5101

On or with the first check for temporary disability benefits:
Warning: Acceptance of employment with a different employer that requires the performance of activities you have stated you cannot perform because of the injury for which you are receiving temporary disability benefits could constitute fraud and could result in loss of future benefits and restitution of prior workers compensation awards and benefits paid.

LOUISIANA

§ 40:1424

All written forms on which inquiries about previous medical conditions are made:
Failure to answer questions truthfully on this form may result in a forfeiture of your benefits.

MINNESOTA

§ 176.178

All workers' compensation claim forms or responses to claims:
Any person who, with intent to defraud, receives workers' compensation benefits to which the person is not entitled by knowingly misrepresenting, misstating, or failing to disclose any material fact is guilty of theft and shall be sentenced pursuant to section 609.52, subdivision 3.

NEW YORK

N.Y. Work Comp. § 132

Every check or draft issued directly to a benefit recipient or provider of health services for a WC claim

The reverse side of every check or draft issued directly to a benefit recipient or provider of health services for a WC claim shall contain a printed statement immediately above the signature line indicating that in endorsing the check or draft for payment, the benefit recipient or provider is certifying that such person is entitled to such payment and that circumstances which would affect entitlement to receive the payment have not changes.

OKLAHOMA

85A § 6

All forms prescribed by the Commission for the use of injured employees claiming benefits and for the use of employers in responding to employees claims under the Administrative Workers' Comp Act:
a. Any person or entity who makes any material false statement or representation, who willfully and knowingly omits or conceals any material information, or who employs any device, scheme, or artifice, or who aids and abets any person for the purpose of:
(1) obtaining any benefit or payment,
(2) increasing any claim for benefit or payment, or
(3) obtaining workers" compensation coverage under this act,
shall be guilty of a felony punishable pursuant to Section 1663 of Title 21 of the Oklahoma Statutes.
b. A material false statement or representation includes, but is not limited to, attempting to obtain treatment or compensation for body parts that were not injured in the course and scope of employment.

RHODE ISLAND

R.I. Gen. Laws § 28-35-39

All workers' compensation checks:

I understand that endorsement hereon or deposit to my accounts constitutes my affirmation that I am receiving these workers' compensation benefits pursuant to law, that I have made no false claims or statements or concealed any material fact, in order to receive these benefits and that doing so would make me liable for civil and criminal penalties, including jail.

TENNESSEE

§ 56-47-112

All workers' compensation applications and claim forms:
It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers' compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.

TEXAS

Tex. Ins. Code
§ 704.002(a)

Heath insurer, non profit health corporations, and WC insurer must place the following on all insurance claim forms:
Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

UTAH

§ 34A-2-110

All workers' compensation applications and claim forms:
Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

In comparative prominence above the area for endorsement on all checks, warrants, or other financial instruments in payment of WC compensation:
Workers' compensation insurance fraud is a crime punishable by Utah law.

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 • riclaims@ri-net.com
RepublicIndemnity.com

Republic Indemnity® get a clear way forward®

INSTRUCTIONS FOR COMPLETING THE "INJURIES CAUSED BY WORK" POSTING NOTICE

Use this guide to accurately complete and display the Injuries Caused by Work Posting Notice included in your Claims Kit. This mandatory notice informs employees of their rights to workers' compensation benefits if they are injured or become ill due to their job. It ensures employees understand how to report a work-related injury, access medical care, and navigate their legal protections under California law.

Designating a Medical Provider

If you have not yet selected a doctor or clinic, you may:

- Visit the MPN website: RepublicMPN.com
- Call the MPN Access Assistant: 888-545-3795

Once selected, include the provider's information on the Posting Notice.

Required Information for the Posting Notice

- **MPN Website:** RepublicMPN.com
- **MPN Effective Date:** Use your current Republic Indemnity policy effective date
- **MPN Identification Number:** 2005 / 2006
- **MPN Access Assistant:** 888-545-3795
- **MPN Contact Person:** 877-854-3353
- **Claims Administrator Name:** Republic Indemnity Company
- **Claims Administrator Telephone:** 800-821-4520
- **Workers' Compensation Insurer:** Republic Indemnity Company

Need Help?

For additional assistance, please contact:

Matt Sheldon
Phone: 415-954-1006

To request additional copies of this notice or other materials, you can order online and have them mailed directly to you by logging into the **Policyholder Portal** and selecting **Forms Ordering** under **My Quick Links** on the home page.

MEMBER OF GREAT AMERICAN INSURANCE GROUP

STATE OF CALIFORNIA - DEPARTMENT OF INDUSTRIAL RELATIONS
Division of Workers' Compensation

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: www.republicmpn.com

MPN Effective Date: ______ MPN Identification number: 2005 / 2006

If you need help locating an MPN physician, call your MPN access assistant at: (888) 545-3795

If you have questions about the MPN or want to file a complaint against the MPN, call the MPN Contact Person at: (877) 854-3353

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 Republic Indemnity Company Phone (800) 821-4520

Workers' compensation insurer Republic Indemnity Company (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.

ESTADO DE CALIFORNIA - DEPARTAMENTO DE RELACIONES INDUSTRIALES
División de Compensación de Trabajadores

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: www.republicmpn.com

Fecha de vigencia de la MPN: ____________ Número de identificación de la MPN: 2005 / 2006

Si usted necesita ayuda en localizar un médico de una MPN, llame a su asistente de acceso de la MPN al: (888) 545-3795

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: (877) 854-3353

Discriminación. Es ilegal que su empleador le castigue o despida 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 Republic Indemnity Company Teléfono (800) 821-4520

Asegurador del Seguro de Compensación de trabajador Republic Indemnity Company (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.

DWC 7 (10/2024)

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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 RepublicMPN.com, or call 888-545-3795.

Need help? You may also contact 800-821-4520, option 1, RICACustomerCare@ri-net.com.

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.

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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 en RepublicMPN.com, o llamar al 888-545-3795.

¿Necesita ayuda? También puede comunicarse al (800) 821-4520, opción 1, o RICACustomer@ri-net.com.

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.

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ATTENTION!

IT IS A FELONY, UNDER INSURANCE CODE 1871.A, 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)

¡ATENCION!

CONFORME AL CODIGO 1871.A 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 ANO, EN UNA PRISION ESTATAL POR HASTA CINCO ANOS, O CON UNA MULTA QUE NO EXCEDERA $150,000 O 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 C6digo 1871. 4 de Aseguradoras, vigente desde el 1/1/05)

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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.

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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 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.

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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.

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
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Attn: Compliance Office – Privacy