

Workers' Compensation Presentation

- 1. Authorization**
- 2. History**
- 3. Supervisor/Manager Responsibilities**
- 4. Benefits**
- 5. LS-1 (Medical Authorization)**
- 6. LS-202 (Employer's First Report of Injury)**
- 7. LS-210 (Loss Time Report)**
- 8. Benefits Option Form**
- 9. Return to Work/Modified Duty**
- 10. Safety Program**
- 11. Claims Service Contractor**
- 12. Army Central Insurance Fund**
- 13. Stats and Rates**

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WORKERS' COMPENSATION



- **AUTHORIZATION**
 - **AR 215-1, Chapter 14, Section XV**
- **Use**
 - **Compensates employees injured on the job when in course and scope of employment**
- **Responsibility**
 - **Supervisor / Manager**
 - **CPO**



NAF OVERSIGHT



- **ARMY CENTRAL INSURANCE FUND**
 - **Established 1975**
 - **NAFI's had own coverage**
- **TRAVELERS INSURANCE COMPANY**
 - **1976 - 1979**
- **SELF-INSURED (August 1979)**
 - **Claims Service Contractor, RSKCo**



SUPERVISOR / MANAGER RESPONSIBILITIES

- **Promptly issue LS-1 (Medical Treatment)**
- **Complete LS-202 (Report of Injury)**
- **Notify CPO**
- **Prepare LS-210 when lost time occurs**
- **Benefit Options Form**



BENEFITS



- **Medical**
 - 100% of allowable medical expenses
 - Medical supplies
- **Compensation**
 - 66 2/3 Average Weekly Wage
 - Three day waiting period
- **Death**
 - Spouse and Dependents
 - Funeral expenses up to \$3,000
- **Personal Property**
 - Not covered



LS-1 MEDICAL AUTHORIZATION



- **Employer will authorize medical treatment**
- **#2 Physician**
 - **Employee Chooses physician**
 - **Name and address of service provider**
- **#7 Authorization to provide services**
 - **Does not authorize payment**
- **#8 Signature of Authorizing Official**
 - **Manager or Supervisor**
- **#13 Claims Service Contractor**
 - **RSKCo**



LS-202 EMPLOYER'S REPORT

- **Fully Completed by Supervisor**
- **#2 Standard NAF Number**
- **#3 Date of Injury**
- **#10 Social Security Number**
- **Required By Law**
- **#13 First Day of Lost Time**
- **#15 Return to Work Date**



LS-202 EMPLOYER'S REPORT

- **Completed by Supervisor**
- **#22 Date Employer First Knew**
 - **LS-202 filed within 10 days of this date**
- **#26 Describe how accident occurred**
 - **“Employee states”**
- **#27 Nature of Injury**
 - **Identify body part affected**
 - **Do not attempt a diagnosis**



LS-210 LOSS TIME REPORT

- **Complete every pay period**
 - **When employee loses time due to injury**
- **Signed by the Supervisor**
- **“All” time off is LWOP unless employee signs benefit option form**



BENEFIT OPTION FORM



- **Option I**
 - **Use of Accrued Sick Leave**
 - **Lost Time Checks Mailed to CPO**
 - **Sick Leave Re-Credited**

- **Option II**
 - **Leave Without Pay**



RETURN TO WORK/MODIFIED DUTY



- **Guidance in AR 215-1**
- **Claims service contractor will notify CPO when employee is released to modified or full duty**
 - **CPO to review all openings at the installation**
 - **Identified position must be actual work**
 - **Job description must be approved by physician**
 - **After approval, job offer sent to employee by certified mail/return receipt requested**
 - **When employee returns, supervisor to explain duties**
 - **Notify claims service contractor in writing if modified duty unavailable**
- **Allows employee to make smooth transition back to work**



COMPONENTS OF AN EFFECTIVE SAFETY PROGRAM



- **Managers and Supervisors**
 - **Make safety a top priority**
 - **Identify potential hazards**
 - **Take corrective actions**

 - **Accidents**
 - **Near Misses**
 - **Unsafe Acts**



CLAIMS SERVICE CONTRACTOR

- **Address**
 - RSKCo
 - P.O. BOX 163986
 - Austin, TX 78716
- **Telephone**
 - Commercial (512) 340-7950
 - FAX (512) 340-7995
- **Supervisor**
 - Susan Dukes



NAF WORKERS' COMPENSATION PROGRAM

- **Address**
 - **Army Central Insurance Fund**
 - **The Summit Centre**
 - **4700 King Street - 3rd Floor**
 - **Attn: CFSC-FM-I**
 - **Alexandria, VA 22302-4406**
- **Telephone**
 - **DSN 761-7314**
 - **Commercial (703) 681-7314**
 - **FAX (703) 681-7348**