

Claims Kit

Your Guide to Reporting an Injury



Ouch! The clock is ticking. From the moment one of your employees suffers an injury or illness due to work, an invisible meter of claims starts ticking. As the amount of lapsed time increases, the payment required for settlement climbs as well. Medical expenses, lost productivity, and potential litigation can take a tremendous toll if claims costs are not managed as soon as possible.

As a State Fund policyholder you can help stop the meter early on and bring costs under control. This Claims Kit is designed to be your central reference source on how, when, and where to report a claim as quickly as possible.

Your kit contains a handy Quick Reference Guide, the claims forms you need to file a claim, and the required brochure you need to provide to your employees when an injury occurs. We encourage you to fill out the Quick Reference Guide on page 4 of this kit right now even before an injury occurs and distribute it to your supervisors. The information could be crucial if an injury occurs at a jobsite.

Should you need immediate assistance in filing a claim, call the State Fund Customer Service Center at 1-888-STATEFUND (1-888-782-8338). Our experienced claims staff is ready to assist you.

Remember, filing the Employer's Report form does NOT constitute an admission of liability.

Table of Contents

Reporting an Injury

What to Do When an Occupational Injury or Illness Occurs
Reporting an Injury—Quick Reference Guide

Claim Forms

Claim Forms Instructions
Employer's Report of Occupational Injury or Illness (form 3067)
Workers' Compensation Claim Form (form 3301/DWC 1)

Required Brochure

Employee's Guide to the State Fund Medical Provider Network (form 13176)

What to Do When an Occupational Injury or Illness Occurs...

Taking the few steps below can safeguard your employee and your business! Proceed promptly, keeping in mind that reporting does NOT constitute an admission of liability:

1. Take or send the injured employee who has not predesignated a physician to the appropriate State Fund Medical Provider Network (MPN) facility. Referral to a predesignated physician must meet the current legal requirements. See ***New Employee's Guide to Workers' Compensation*** brochure (form 13286) and ***Employee's Guide to the State Fund Medical Provider Network*** brochure (form 13176), or contact the State Fund Customer Service Center or your claims representative for details. But remember, the first concern is prompt medical care.
2. Provide your injured employee with a copy of the MPN brochure at the time of injury. [Note: Regulations (CCR Title 8, Section 9767.12) require you to provide this brochure at the time of hire and again at the time of injury.]
3. Provide the injured employee with a ***Workers' Compensation Claim Form*** (form 3301/DWC 1) within one working day of the injury, as the law requires. (To receive form 3301/DWC 1, read the "Getting the forms you need" section on page 4 of this Claims Kit.) If possible, have the injured employee complete and return the form to you immediately. Send the original copy of the Claim Form to the nearest State Fund location, give a copy to the injured employee, and keep a copy for your records.
4. Report the claim to State Fund's Claims Reporting Center within 5 days of your knowledge of an injury or illness [LC 6409.1(a)].
 - Be prepared to provide the following information about the injury: employee's first and last name, Social Security Number, date of hire, date of injury, employer's date of knowledge of the injury, and county where the injury/accident occurred.
 - Call State Fund's Customer Service Center at 1-888-STATEFUND (1-888-782-8338) to file your report. A State Fund representative will complete the ***Employer's Report of Occupational Injury or Illness*** (form 3067) with you over the phone and mail you a copy.
 - Alternatively, you may fax your claims report to our fax line at 1-800-371-5905. A State Fund representative will contact you for additional information.
 - State Fund recommends filing the claims report within 24 hours so that we can provide benefits to the injured worker without needless delay.
 - If equipment breakdown contributed to the injury, stop further use until full repairs and a safety check have been completed. You can contact your State Fund Loss Control Representative if you need assistance.
5. Contact the Division of Occupational Safety and Health's Cal/OSHA Enforcement Unit immediately if your employee's injury was serious or resulted in death [LC 6409.1(b)].

Reporting an Injury—Quick Reference



You should fill out the contact information and distribute this form to your jobsite supervisors. The information could be crucial when an injury occurs.

1. Take or send the injured employee to a State Fund Medical Provider Network (MPN) facility if he or she has not predesignated a physician. (Employees who have predesignated can be sent to their personal physician.)
2. Provide the injured employee with a **Workers' Compensation Claim Form** (form 3301/DWC 1) within one working day of the injury. Provide a copy of the **Employee's Guide to the State Fund Medical Provider Network** brochure (form 13176) at the time of injury.
3. Report the claim to State Fund's Claims Reporting Center within 5 days of your knowledge of the injury.
4. Contact the Division of Occupational Safety & Health's Cal/OSHA Enforcement Unit immediately if your employee's injury was serious or resulted in death. A serious injury is defined as any injury or illness which requires inpatient hospitalization for more than 24 hours for other than medical observation, or in which an employee suffers dismemberment or serious permanent disfigurement. It does not include any injury, illness, or death that is the result of a Penal Code violation or an accident on a public street or highway. State Fund's Customer Service Center 1-888-STATEFUND (1-888-782-8338) can provide you with current Cal/OSHA Enforcement Unit District Office contact numbers. Or if you prefer, you may obtain Cal/OSHA Enforcement Unit District Office information online at www.dir.ca.gov.

State Fund's Customer Service Center: 1-888-STATEFUND (1-888-782-8338)

State Fund's MPN: A group of physicians and other medical service providers who will provide medical treatment to injured employees. For a list of medical providers in your area, go to www.statefundca.com and use our MEDfinder MPN online reference tool.

Doctor (name, address, telephone)

Notes:

Hospital (name, address, telephone)

Notes:

Ambulance (name, address, telephone)

Notes:

Claim Forms Instructions

The following forms are contained in this Claims Kit. We include specific instructions for each form below. Instructions also appear on the actual forms.

Employer's Report: Form 3067—Employer's Report of Occupational Injury or Illness

Call State Fund's Customer Service Center at 1-888-STATEFUND (1-888-782-8338) to file your report. A State Fund representative will complete the report with you over the phone and mail you a copy.

You may also fax your injury report to our toll-free fax line at 1-800-371-5905. If you choose this method, retain a copy of the report for your records. A State Fund representative will contact you for additional information.

Employee's Claim Form: Form 3301—Workers' Compensation Claim Form

Employers must provide the Claim Form to their employees within one working day of when the employer has knowledge of an industrial injury or an employee requests a claim form. Employers must keep a record of when the injury occurred (for Line 12 of the claim form), and when they provided the claim form to their employee (for Line 13). The employee "files the claim" by completing and signing the employee section, the employer then completes and signs the bottom employer section.

The employer must then send State Fund the original Claim Form (form 3301/DWC1) and provide one copy to the injured employee, dependent, or representative that filed the claim within one working day of receipt of the form from the employee (for Line 14). Retain a copy of your employee's **Workers' Compensation Claim Form** for your records.

Employee's Guide Brochure: Form 13176—Employee's Guide to the State Fund Medical Provider Network

The *Employee's Guide to the State Fund Medical Provider Network* (13176) must be posted at every worksite within close proximity to your mandatory *Employee Posting Notice* (13708) and in a location that is easily visible to your employee.

The *Employee's Guide* (13176) must also be provided at time of injury or where there are existing injuries and when transferring care into the MPN. You can download and/or print a copy of the *Employee Posting Notice* (13708) under the "Forms" section on www.statefundca.com, or you can request a printed copy from us at 1-888-STATEFUND (1-888-782-8338).

Getting the forms you need – To receive any or all of the forms and the brochure mentioned above:

1. Go to the Table of Contents on page 1 to access electronic copies of the forms and brochures.
–OR–
2. Download what you need from the "Forms" section of our Web Site: www.statefundca.com
–OR–
3. Call our Customer Service Center at 1-888-STATEFUND (1-888-782-8338) to request a printed copy.