

Thank you for choosing PMA Insurance Group for your Workers' Compensation coverage. We are pleased to provide you with some information regarding future filing of claims, and other state specific information that will assist you with claims reporting.

We have several ways for reporting Workers' Compensation losses:

1. Phone in – Call 1-888-833-4158 and ask for the Workers' Compensation claims department.
2. Fax in – Fax the completed First Report of Injury (form 5020) to 1-916-939-9961, attention: Claims Department.
3. Email – visit [www.mgalive.com](http://www.mgalive.com), login to the agent portal and click on Contact us. Complete the fillable First Report of Injury form and email to [claims@mgalive.com](mailto:claims@mgalive.com).

The most essential part of a Workers' Compensation injury is prompt notification in order to allow the claims adjuster time to investigate the claim. This helps with prompt payments to the injured worker if appropriate and it helps the carrier avoid the potential for late filing penalties that may be assessed by your specific state if the claim is reported late.

State of California <b>EMPLOYER'S REPORT OF OCCUPATIONAL INJURY OR ILLNESS</b>		Please complete in triplicate (type if possible) Mail two copies to:		OSHA CASE NO.	
				FATALITY <input type="checkbox"/>	
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 <b>five days</b> of knowledge every occupational injury or illness which results in lost time beyond the date of the incident <b>OR</b> 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 <b>five days</b> of knowledge an amended report indicating death. In addition, every serious injury, illness, or death must be <b>reported immediately</b> by telephone or telegraph to the nearest office of the California Division of Occupational Safety and Health.			
EMPLOYER	1. FIRM NAME		1a. Policy Number		Please do not use this column CASE NUMBER OWNERSHIP
	2. MAILING ADDRESS: (Number, Street, City, Zip)		2a. Phone Number		
	3. LOCATION if different from Mailing Address (Number, Street, City and Zip)		3a. Location Code		
	4. NATURE OF BUSINESS; e.g.. Painting contractor, wholesale grocer, sawmill, hotel, etc.		5. State unemployment insurance acct.no		
INJURY OR ILLNESS	6. TYPE OF EMPLOYER: <input type="checkbox"/> Private <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> City <input type="checkbox"/> School District <input type="checkbox"/> Other Gov't, Specify: _____		INDUSTRY		OCCUPATION
	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? <input type="checkbox"/> Yes <input type="checkbox"/> No		12. DATE LAST WORKED (mm/dd/yy)		
SOURCE	13. DATE RETURNED TO WORK (mm/dd/yy)		14. IF STILL OFF WORK, CHECK THIS BOX: <input type="checkbox"/>		SEX
	15. PAID FULL DAYS WAGES FOR DATE OF INJURY OR LAST DAY WORKED? <input type="checkbox"/> Yes <input type="checkbox"/> No		16. SALARY BEING CONTINUED? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	17. DATE OF EMPLOYER'S KNOWLEDGE /NOTICE OF INJURY/ILLNESS (mm/dd/yy)		18. DATE EMPLOYEE WAS PROVIDED CLAIM 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				
EVENT	20. LOCATION WHERE EVENT OR EXPOSURE OCCURRED (Number, Street, City, Zip)		20a. COUNTY		DAILY HOURS
	21. ON EMPLOYER'S PREMISES? <input type="checkbox"/> Yes <input type="checkbox"/> No		22. DEPARTMENT WHERE EVENT OR EXPOSURE OCCURRED, e.g.. Shipping department, machine shop.		
	23. Other Workers injured or ill in this event? <input type="checkbox"/> Yes <input type="checkbox"/> 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.				
EXTENT OF INJURY	26. HOW INJURY/ILLNESS OCCURRED. DESCRIBE SEQUENCE OF EVENTS. SPECIFY OBJECT OR EXPOSURE WHICH DIRECTLY PRODUCED THE INJURY/ILLNESS, e.g.. Worker stepped back to inspect work and slipped on scrap material. As he fell, he brushed against fresh weld, and burned right hand. USE SEPARATE SHEET IF NECESSARY				WEEKLY WAGE
	27. Name and address of physician (number, street, city, zip)				
	27a. Phone Number				
	28. Hospitalized as an inpatient overnight? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes then, name and address of hospital (number, street, city, zip)				
SECONDARY SOURCE	28a. Phone Number				
	29. Employee treated in emergency room? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	27b. UNDER WHAT CLASS CODE OF YOUR POLICY WHERE WAGES ASSIGNED				
	29. OTHER PAYMENTS NOT REPORTED AS WAGES/SALARY (e.g. tips, meals, overtime, bonuses, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No				
30. EMPLOYEE NAME		31. SOCIAL SECURITY NUMBER		32. DATE OF BIRTH (mm/dd/yy)	
33. HOME ADDRESS (Number, Street, City, Zip)		33a. PHONE NUMBER		36. DATE OF HIRE (mm/dd/yy)	
34. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female		35. OCCUPATION (Regular job title, NO initials, abbreviations or numbers)		37a. EMPLOYMENT STATUS <input type="checkbox"/> regular, full-time <input type="checkbox"/> part-time <input type="checkbox"/> temporary <input type="checkbox"/> seasonal	
37. EMPLOYEE USUALLY WORKS _____ hours per day, _____ days per week, _____ total weekly hours		38. GROSS WAGES/SALARY \$ _____ per _____		37b. UNDER WHAT CLASS CODE OF YOUR POLICY WHERE WAGES ASSIGNED	
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.



**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 as the cover sheet of this form.

You should also have received a pamphlet from your employer describing workers' compensation benefits and the procedures to obtain them.

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

**Empleado:** Complete la sección "Empleado" y entregue la forma a su empleador. Quédese con la copia designada "Recibo Temporal del Empleado" hasta que Ud. reciba la copia firmada y fechada de su empleador. Ud. puede llamar a la Division de Compensación al Trabajador al (800) 736-7401 para oír información gravada. En la hoja cubierta de esta forma esta la explicación de los beneficios de compensación al trabajador.

Ud. también debería haber recibido de su empleador un folleto describiendo los beneficios de compensación al trabajador lesionado y los procedimientos para obtenerlos.

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

**Employee—complete this section and see note above      Empleado—complete esta sección y note la notación arriba.**

1. Name. *Nombre.* \_\_\_\_\_ Today's Date. *Fecha de Hoy.* \_\_\_\_\_
2. Home Address. *Dirección Residencial.* \_\_\_\_\_
3. City. *Ciudad.* \_\_\_\_\_ State. *Estado.* \_\_\_\_\_ Zip. *Código Postal.* \_\_\_\_\_
4. Date of Injury. *Fecha de la lesión (accidente).* \_\_\_\_\_ Time of Injury. *Hora en que ocurrió.* \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.
5. Address and description of where injury happened. *Dirección/lugar dónde ocurrió el accidente.* \_\_\_\_\_  
\_\_\_\_\_
6. Describe injury and part of body affected. *Describe la lesión y parte del cuerpo afectada.* \_\_\_\_\_  
\_\_\_\_\_
7. Social Security Number. *Número de Seguro Social del Empleado.* \_\_\_\_\_
8. Signature of employee. *Firma del empleado.* \_\_\_\_\_

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

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

Employer copy/Copia del Empleador       Employee copy/ Copia del Empleado

**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

Claims Administrator/Administrador de Reclamos       Temporary Receipt/Recibo del Empleado

# 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. Attached is the form for filing 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 required you will be notified by the claims administrator, who is responsible for handling your claim, about your eligibility for benefits.

To file a claim, complete the "Employee" section of the form, keep one copy and give the rest to your employer. Your employer will then complete the "Employer" section, give you a dated copy, keep one copy and send one to the claims administrator. Benefits can't start until the claims administrator knows of the injury, so complete the form as soon as possible.

**Medical Care:** Your claims administrator will pay all reasonable and necessary medical care for your work injury or illness. Medical benefits may include treatment by a doctor, hospital services, physical therapy, lab tests, x-rays, and medicines. Your claims administrator will pay the costs directly so you should never see a bill. There is a limit on some medical services.

**The Primary Treating Physician (PTP)** is the doctor with the overall responsibility for treatment of your injury or illness. Generally your employer selects the PTP you will see for the first 30 days, however, in specified conditions, you may be treated by your predesignated doctor or medical group. If a doctor says you still need treatment after 30 days, you may be able to switch to the doctor of your choice. Different rules apply if your employer is using a Health Care Organization (HCO) or a Medical Provider Network (MPN). A MPN is a selected network of health care providers to 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 has not put up a poster describing your rights to workers' compensation, you may choose your own doctor immediately.

Within one working day after you file a claim form, your employer shall authorize the provision of all treatment, consistent with the applicable treating guidelines, for the alleged injury and shall continue to be liable for up to \$10,000 in treatment until the claim is accepted or rejected.

**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.

**Payment for Temporary Disability (Lost Wages):** If you can't work while you are recovering from a job injury or illness, for most injuries you will receive temporary disability payments for a limited period of time. 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.

**Return to Work:** To help you to return to work as soon as possible, you should actively communicate with your treating doctor, claims administrator, and employer about the kinds of work you can do while recovering. They may coordinate efforts to return you to modified duty or other work that is medically appropriate. This modified or other duty may

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. Se adjunta el formulario 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 se requiere, el administrador de reclamos, quien es responsable por el manejo de su reclamo, le notificará sobre su elegibilidad para beneficios.

Para presentar un reclamo, llene la sección del formulario designada para el "Empleado," guarde una copia, y déle el resto a su empleador. Entonces, su empleador completará la sección designada para el "Empleador," le dará a Ud. una copia fechada, guardará una copia, y enviará una al administrador de reclamos. Los beneficios no pueden comenzar hasta, que el administrador de reclamos se entere de la lesión, así que complete el formulario lo antes posible.

**Atención Médica:** Su administrador de reclamos pagará toda la atención médica razonable y necesaria, para su lesión o enfermedad relacionada con el trabajo. Es posible que los beneficios médicos incluyan el tratamiento por parte de un médico, los servicios de hospital, la terapia física, los análisis de laboratorio y las medicinas. Su administrador de reclamos pagará directamente los costos, de manera que usted nunca verá un cobro. Hay un límite para ciertos servicios médicos.

**El Médico Primario que le Atiende-Primary Treating Physician PTP** es el médico con la responsabilidad total para tratar su lesión o enfermedad. Generalmente, su empleador selecciona al PTP que Ud. verá durante los primeros 30 días. Sin embargo, en condiciones específicas, es posible que usted pueda ser tratado por su médico o grupo médico previamente designado. Si el doctor dice que usted aún necesita tratamiento después de 30 días, es posible que Ud. pueda cambiar al médico de su preferencia. Hay reglas diferentes que se aplican cuando su empleador usa una Organización de Cuidado Médico (HCO) o una Red de Proveedores Médicos (MPN). Una MPN es una red de proveedores de asistencia médica seleccionados para dar 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 ha colocado un cartel describiendo sus derechos para la compensación de trabajadores, Ud. puede seleccionar a su propio médico inmediatamente.

Dentro de un día después de que Ud. presente un formulario de reclamo, su empleador autorizará todo tratamiento médico de acuerdo con las pautas de tratamiento aplicables a la presunta lesión y será responsable por \$10,000 en tratamiento hasta que el reclamo sea aceptado o rechazado.

**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 se revelarán. Si Ud. solicita privacidad, es posible que el juez "selle" (mantenga privados) ciertos expedientes médicos.

**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. recibirá pagos por incapacidad temporal para la mayoría de las lesiones por un periodo limitado. Es posible que estos pagos cambien o paren, cuando su médico diga que Ud. está en condiciones de regresar a trabajar. Estos beneficios son libres de impuestos. Los pagos

# Workers' Compensation Claim Form (DWC 1) & Notice of Potential Eligibility

## Formulario de Reclamo de Compensación de Trabajadores (DWC 1) y Notificación de Posible Elegibilidad



be temporary or may be extended depending on the nature of your injury or illness.

**Payment for Permanent Disability:** If a doctor says your injury or illness results in a permanent disability, you may receive additional payments. The amount will depend on the type of injury, your age, occupation, and date of injury.

**Supplemental Job Displacement Benefit (SJDB):** If you were injured after 1/1/04 and you have a permanent disability that prevents you from returning to work within 60 days after your temporary disability ends, and your employer does not offer modified or alternative work, you may qualify for a nontransferable voucher payable to a school for retraining and/or skill enhancement. If you qualify, the claims administrator will pay the costs up to the maximum set by state law based on your percentage of permanent disability.

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

You have the right to disagree with decisions affecting your claim. If you have a disagreement, contact your 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) benefits. Call State Employment Development Department at (800) 480-3287.

You can obtain free information from an information and assistance officer of the State Division of Workers' Compensation (DWC), or you can hear recorded information and a list of local offices by calling **(800) 736-7401**. You may also go to the DWC website at [www.dwc.ca.gov](http://www.dwc.ca.gov).

**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 web site at [www.californiaspecialist.org](http://www.californiaspecialist.org).

por incapacidad temporal son dos tercios de su pago semanal promedio, con cantidades mínimas y máximas establecidas por las leyes estatales. Los pagos no se hacen durante los primeros tres días en que Ud. no trabaje, a menos que Ud. sea hospitalizado una noche o no pueda trabajar durante más de 14 días.

**Regreso al Trabajo:** Para ayudarle a regresar a trabajar lo antes posible, Ud. debe comunicarse de manera activa con el médico que le atiende, el administrador de reclamos y el empleador, con respecto a las clases de trabajo que Ud. puede hacer mientras se recupera. Es posible que ellos coordinen esfuerzos para regresarle a un trabajo modificado, o a otro trabajo, que sea apropiado desde el punto de vista médico. Este trabajo modificado u otro trabajo podría ser temporal o podría extenderse dependiendo de la índole de su lesión o enfermedad.

**Pago por Incapacidad Permanente:** Si el doctor dice que su lesión o enfermedad resulta en una incapacidad permanente, es posible que Ud. reciba pagos adicionales. La cantidad dependerá de la clase de lesión, su edad, su ocupación y la fecha de la lesión.

**Beneficio Suplementario por Desplazamiento de Trabajo:** Si Ud. Se lesionó después del 1/1/04 y tiene una incapacidad permanente que le impide regresar al trabajo dentro de 60 días después de que los pagos por incapacidad temporal terminen, y su empleador no ofrece un trabajo modificado o alternativo, es posible que usted reúna los requisitos para recibir un vale no-transferible pagadero a una escuela para recibir un nuevo entrenamiento y/o mejorar su habilidad. Si Ud. reúne los requisitos, el administrador de reclamos pagará los gastos hasta un máximo establecido por las leyes estatales basado en su porcentaje de incapacidad permanente.

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

**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. (El 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.

Ud. tiene derecho a no estar de acuerdo con las decisiones que afecten su reclamo. Si Ud. tiene un desacuerdo, primero comuníquese con su administrador de reclamos para ver si usted puede resolverlo. Si usted no está recibiendo beneficios, es posible que Ud. pueda obtener beneficios del Seguro Estatal de Incapacidad (SDI). Llame al Departamento Estatal del Desarrollo del Empleo (EDD) al (800) 480-3287.

Ud. puede obtener información gratis, de un oficial de información y asistencia, de la División Estatal de Compensación de Trabajadores (*Division of Workers' Compensation - DWC*) o puede escuchar información grabada, así como una lista de oficinas locales llamando al **(800) 736-7401**. Ud. también puede consultar con la página Web de la DWC en [www.dwc.ca.gov](http://www.dwc.ca.gov).

**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, ó consulte con la página Web en [www.californiaspecialist.org](http://www.californiaspecialist.org).

PMA Companies  
**Welcome Kit**

[www.pmacompanies.com](http://www.pmacompanies.com)

Member of Old Republic Companies



Welcome to PMA Companies:

We want to thank you for the opportunity to be one of your business partners. We look forward to servicing your organization's insurance and risk management needs and delivering tangible results to you. Our goal is to help you manage your costs through the execution of our best-in-class solutions and service delivery.

This Welcome Kit is designed to provide you with information to make it easy for you to interact with PMA and to help you maximize the resources available to you.

Inside, you'll find information about how we can help address your risk management needs, including the following:

- How to quickly and easily report a claim to PMA via the internet, fax or phone.
- Instructions on accessing PMA's Preferred Provider Network Website Tool, which is designed to help you quickly search for network medical providers and hospitals.
- Details on PMA's pharmacy benefit management program—and how to use it to lower your company's costs.
- What to do if you have an emergency—PMA is available to help you 24/7.
- Instructions on accessing PMA Websource<sup>®</sup>, our on-line portal of safety and risk management resources, exclusively for PMA Companies' clients. PMA Websource<sup>®</sup> contains practical loss prevention and safety information and solutions.
- How to register for PMA Risk Control educational webinars, one-hour web-based distance learning programs on timely risk management topics.
- Details on PMA Insights, our risk management educational series of white papers that provides practical information on risk management.

The Welcome Kit is also available on-line at [www.pmacompanies.com](http://www.pmacompanies.com), Resource Center, Insurance Welcome Kit. If you do not have internet access or encounter any problems, simply call our Customer Service Center at 1-888-4PMANOW (1-888-476-2669) for assistance.

We are focused on delivering tangible value to your organization. You can trust us to be as committed to your business as you are and to deliver solutions, services, and support that meet your needs.

Sincerely,

Vincent T. Donnelly  
President & Chief Executive Officer

# PMA Companies Claims Information

Electronic claims reporting is best.

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## Claim Reporting Important Reminders

- **Report all claims as soon as possible.** Workers' compensation claims reported after 10 days have been found to cost more. Optimize control of your claims costs by reporting within three days.
- **Accurately report claim information and particularly, claimant's name, gender, social security number and date of birth.** Carefully verify this information when reporting a loss. Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007 heightens the need for these four data elements to be complete and accurate.

## How to Report a Claim to PMA Companies Electronically

To file a first report of injury or loss:

1. Go to the PMA website, [www.pmacompanies.com](http://www.pmacompanies.com).
2. Under "Client Services" on the upper left corner of PMA's home page, click on "**Report a Claim**".
3. Click on "Report a Claim" in the box on the center of the page, which takes you to the log-in box.
4. Your user name is the last 7 digits of your policy number and your password is "newclaim" (all lower case and one word).
5. Complete all screens. Mandatory fields are highlighted in blue.
6. If you want to receive an email copy of the information you have provided (along with your claim number), on the last screen check "**Send email copy to originator**" and enter your email address in the space provided. Multiple email addresses must be separated by a comma.
7. Click on the "**Submit Claim**" button and your claim will be transmitted to our Customer Service Center for intake. You will receive immediate confirmation of receipt along with the claim number that has been assigned to your claim.
8. Attaching documents to your loss report:
  - After clicking the "**Submit Claim**" button on the new loss reporting screen, you'll receive a claim number and see an "**Attach File(s)**" button.
  - Select "**Attach File(s)**", and search your local computer system files\* to find the needed attachments.
  - Highlight the document you want to attach, and click "**Open**". To attach additional documents, search again, and click on "**Open**" after each addition.
  - Once you've attached all your documents, click on "**Upload**". That's all you need to do.

\*Most common formats are accepted in files up to 50 megabytes.

## Claim Emergencies (PMA is available to help you 24/7)

For claim emergencies any time, call the PMA Customer Service Center: 1-888-476-2669.

**If you have any questions, or need to phone in a First Report of Claim, call:  
CAIS, LLC 1-888-833-4158, or Fax: 1-888-833-4159**





## **PMA Companies Claims Information**

**Weather or other claim emergencies (PMA is available to help you 24/7)**

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Any time that your company's operations could be impacted by weather or other claim emergencies, PMA stands ready to help.

To receive assistance with claims, or to call in a first report of a claim, please:

- Contact the CAIS, LLC Customer Service Center, 1-888-833-4158
- As always, PMA [on-line claims reporting](#) is available at [www.pmacompanies.com](http://www.pmacompanies.com).
- For further information, check our website, [www.pmacompanies.com](http://www.pmacompanies.com).

### **Protect Your Employees and Assets**

PMA urges you to ensure that the appropriate and necessary precautions are taken to protect your employees and assets.

Check our website at [www.pmacompanies.com](http://www.pmacompanies.com) for weather preparedness and response information.



## **PMA Companies Claims Information**

**Where to send claims correspondence (includes medical bills, medical records, and pharmacy bills).**

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PMA clients and their injured workers, brokers, and agents can mail all of their claim-related correspondence to one address for all lines of business (this also includes medical bills, medical records, and pharmacy bills).

The address also applies to any PMA claims currently administered by Gallagher Bassett.

**Send all PMA Companies claims correspondence to:**

PMA Customer Service Center  
P.O. Box 5231  
Janesville, WI 53547-5231

Fax: 1-800-432-9762

**For Claims Customer Service, please contact:  
CAIS, LLC Customer Service Center: 1-888-833-4158**

## **PMA Companies Preferred Provider Networks**

**Increased cost savings. Employee satisfaction. Quality medical care.**

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PMA partners with Preferred Provider Networks of carefully credentialed medical providers who offer your injured workers optimal access to quality, cost-effective medical care. PMA Preferred Provider Networks offer the following benefits:

- A commitment to quality medical care for your injured workers
- Convenient access to cost-effective medical care
- Savings that are in addition to fee schedule or reasonable and customary reductions
- Broad network of hospitals and medical providers, so injured workers have many providers from which to choose

### **Finding a Network Provider**

The PPN website tool, an on-line directory of network providers, can help you quickly and easily locate providers in PMA's networks, in order to refer an injured worker to the closest and most appropriate network providers.

- Go to the homepage of the PMA website, [www.pmacompanies.com](http://www.pmacompanies.com)
- Under Client Services, in the upper left corner, Click on "Find a Network Provider"
- Click on "Search for Network Medical Provider" in the center of the page
- The "Workers' Comp Services Preferred Provider Network" page contains the search tool.
- Click on the:
  - "Address Search" tab to search for provider specialties within a certain radius from a location address
  - "Name Search" tab to search for a specific provider by name or phone number
  - "Region Search" tab to search for providers' specialties in a specific state, by county, city, or zip code
- Search results are returned listed in the order that you specify: mileage, alphabetical, or specialty type

### **Provider Panels**

For jurisdictions where applicable, Provider Panels are enclosed. (In some instances, Provider Panels will be forwarded to you separately.) With the PPN website tool, you can create your own Provider Panels where jurisdictionally allowed. Provider Panels can be created manually from either the "Address Search" tab, "Region Search" tab, or automatically from the "Provider Panel" tab. If creating them from the "Provider Panel" tab, any jurisdictional rules regarding the creation of Provider Panels are automatically applied.

### **Any Questions?**

If you need assistance in locating a network provider or creating a worksite poster, call your Claims Service Manager, PMA Representative, or the PMA Customer Service Center: **1-888-476-2669**.



## **PMA Companies Pharmacy Benefit Management Program**

**Increased cost savings. Employee satisfaction. Nationwide network of pharmacies.**

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To help control workers' compensation costs and improve outcomes for injured workers, PMA is partnering with Express Scripts, a nationwide leader in workers' compensation pharmacy benefit management. Advantages of the Pharmacy Program include:

- Vast network of over 60,000 retail pharmacies, including national and regional chains, and independent pharmacies (To find a pharmacy, go to [www.pmacompanies.com](http://www.pmacompanies.com). Under "Client Services" on the upper left corner of PMA's home page, click on "**Find a Network Provider**".)
- Home delivery pharmacy with a 99.9% accuracy rate
- 24/7 contact center for injured workers' pharmacy questions and concerns
- Clinical programs help ensure safety
- Comprehensive narcotics solution
- Cost savings through the "**First Fill**" program, offering the following benefits:
  - Provides the injured worker with an initial supply of medication within 30 days of an occupational injury (even if PMA has not yet received a first notice of loss)
  - Eliminates out-of-pocket expenses for your injured worker
  - Increases savings for you

### **How to Get Started with the First Fill Program**

As a PMA workers' compensation client, you are automatically enrolled in the program. When a worker is injured, please note the following:

- Copy/print the letter on the following page to give to your injured workers and instruct them to bring the **First Fill Card/Letter** to the pharmacy
- The **First Fill Card/Letter** provides a card that injured workers can give to their pharmacists along with their prescriptions, to help to increase program use and obtain prescriptions through the Express Scripts program after their first treatment
- The sheet contains other resources for injured workers, including instructions for locating Express Scripts pharmacies.

An injured worker can have a prescription filled without the **First Fill Card**; however, it is helpful to the pharmacy if the injured worker presents it.

### **Questions or Concerns? Please contact:**

- Express Scripts Customer Service Center at 1-800-897-9470
- Your PMA representative
- Leslie Keim, PMA Managed Care Services, at 484-530-4937, or by email at [Leslie\\_Keim@pmagroup.com](mailto:Leslie_Keim@pmagroup.com)



# First Fill Pharmacy Card

PMA's Workers' Compensation temporary prescription ID card is also available at [www.pmacompanies.com](http://www.pmacompanies.com), Resource Center

## Workers' Compensation Temporary Prescription ID Card

### »» To the Injured Worker:

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

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

### Atencion Trabajador Lesionado:

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

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

### »» To the Pharmacist:

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

### Pharmacy Processing Steps

- Step 1: Enter bin number 003858
- Step 2: Enter processor control A4
- Step 3: Enter the group number as it appears above
- Step 4: Enter the injured worker's nine-digit ID number
- Step 5: Enter the injured worker's first and last name
- Step 6: Enter the injured worker's date of injury (enter in DOI field in the format YYYYMMDD)

*For the following states please utilize the below group number: AL, CT, DE, DC, FL, GA, IL, IN, IA, KY, MD, MA, MI, MN, MO, NJ, NY, NC, PA, RI, SC, TN, VT, VA, WI*

**Express Scripts**

ID #: Insert ID number

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

Date of Injury: <DOI MM/DD/YYYY>  
MM/DD/YYYY

Group #: KVNA

Employee Date of Birth: <DOB MM/DD/YYYY>

*For all other States, please utilize the below Group number:*

**Express Scripts**

ID #: Insert ID number

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

Date of Injury: <DOI MM/DD/YYYY>  
MM/DD/YYYY

Group #: L7EA

Employee Date of Birth: <DOB MM/DD/YYYY>

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

**Employee Information**

First	M	Last
<small>First</small>	<small>M</small>	<small>Last</small>
Street address		
<small>Street Address or PO Box</small>		
City	State	ZIP
<small>City</small>	<small>State</small>	<small>ZIP</small>
<b>Employer Name</b>		
Employer name		



## Participating Retail Network Pharmacies

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

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



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## **PMA Companies Risk Control Services**

**Understand your business. Identify risks. Control them. Protect your workers.  
Reduce costs. Improve your organization. Boost your bottom line.**

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**PMA Risk Control is here to help.** We understand both the financial and operational impact of losses on your business and the need to prevent and manage them. We offer practical risk management solutions and strategies that maximize the effectiveness of your organization's risk management effort and help deliver a more substantial return on your investment.

PMA Risk Control has the tools, expertise, experience and resources to impact your business by reducing the cost of risk. We invite you to read about PMA Risk Control capabilities and explore the services described on the following pages.

These resources are designed to provide you with practical, effective solutions. We invite you to discover the PMA difference.

We are: [heretohelp@pmagroup.com](mailto:heretohelp@pmagroup.com)  
1-800-222-2749 (Ask for Risk Control Services)



# PMA Companies Risk Control Services

## PMA Webservice – Easy access to on-line solutions

<http://webservice.pmagroup.com>

Capitalize on PMA’s risk control resources. Select any or all of these services according to your company’s individual needs and your schedule. Unless otherwise noted below, there is no incremental charge for these services.

PMA Solution	How it Helps	Access It!
<b>Here to Help</b> —Easy, convenient on-line forum to ask our risk control professionals safety, compliance and other risk control questions.	A PMA Risk Control professional will respond to your questions within 24 business hours.	Simply email us at here to: <a href="mailto:help@pmagroup.com">help@pmagroup.com</a> or look for the “?” on the PMA Webservice home page.
<b>PMA Organizational Safety Institute</b> —where you can learn “virtually” about some of the emerging best practices in leading organizational safety efforts	Where you can also take online courses in five distinct learning tracks. Our five professional learning tracks are: 1. Leadership, Safety and Risk Management 2. OSHA Compliance Pathways 3. Emerging Topics and Seasonal Issues 4. Industry Focused Learning 5. Certificate Program in Organizational Safety Management*	Easy access via PMA Webservice or email <a href="mailto:RCWebevents@pmagroup.com">RCWebevents@pmagroup.com</a>
<b>PMA Video/DVD Libraries</b>	Over 300 Safety, Training and Risk Control-Related Videos/DVDs available.	Access PMA Webservice to order a title or obtain an order form by emailing: <a href="mailto:heretohelp@pmagroup.com">heretohelp@pmagroup.com</a> or call 1-800-222-2749 and ask for Risk Control Services.
<b>Comprehensive Loss Management, Inc. (CLMI)</b> —Access to on-line streaming digital videos.	On-line learning from the comfort and convenience of any computer—helps companies meet regulatory requirements.	Easy access via PMA Webservice.
<b>PMA Technical Bulletins</b> —Easy-to-understand, practical guides that address specific loss exposure & control situations; prepared by PMA Risk Control & Safety professionals.	Regularly released—includes state-of-the-art and seasonal topics to supplement your risk control initiatives.	Easy access via PMA Webservice.
<b>Institute for Business &amp; Home Safety</b> —An interactive, in-depth disaster preparedness tool.	Evaluate and mitigate natural disaster exposures and create disaster recovery plans for your operations. Answer questions on-line regarding your operations. Modules will then be recommended to enable you to develop contingency plans for disaster recovery.	Easy access via PMA Webservice.
<b>Engineering &amp; Safety Services (E&amp;S™)</b> —PMA provides clients access to Engineering and Safety Service, a unit of the Insurance Services Office, Inc., a leading provider of insurance loss control reference information.	Timely news reports, technical bulletins and hyperlinks to help evaluate and manage risk. Handouts on various risk control topics. Obtain specialized technical information to identify and evaluate exposures.	Easy access via PMA Webservice.
<b>PMA Insights White Papers</b> —An educational series that provides practical observations on risk management.	Our risk management educational series of whitepapers.	Go to: <a href="http://www.pmacompanies.com">www.pmacompanies.com</a> , Marketing Materials, and see “White Papers.”

\*Fee Service





## PMA Companies Risk Control Services

Practical solutions. Consultative approach. Expertise and experience.

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### Additional PMA Risk Control Services Available to You

Capitalize on PMA's extensive risk control resources. Whether built into your insurance program or purchased separately, PMA's services provide value-based solutions for your risk management needs. Contact your PMA Representative, or call 1-800-222-2749 and ask for Risk Control Services to find out more about these services and associated fees, if applicable.

**Risk Management Consulting Services.** We help companies manage risk associated with property and liability exposures, fleet operations, and workplace safety. Typical steps might include:

- Conducting a Risk Management Assessment
- Conducting a historical analysis of losses and industry benchmarking
- Developing a plan to reduce loss potentials through recommended best practices that control exposures
- Completing stewardship meetings to monitor our shared results

**Organizational Improvement Services.** PMA offers a specialized approach that focuses on integrating safety into all business decisions from the executive office through mid-managers, supervisors, and front-line employees. Our Organizational Improvement Services are designed to move organizations to "the next level" of safety effectiveness. Some of our specific service approaches include:

- Decision-based Safety Management Assessment Services
  - Industry specific assessment of organizational decision drivers
- Management Education Services
  - To help broaden understanding of how day-to-day decisions affect safety outcomes
- Management Training Services, workshops, and curriculums
  - Building skills managers can use to impact safety and move your company forward, quickly
  - Certificate Program in Organizational Safety Management
  - Employee Safety Perception Surveys

**Industrial Hygiene Services from PMA.** Certified Industrial Hygienist consultation and problem solving can include:

- Workplace and work-practice evaluations
- Exposure monitoring
- Indoor air quality evaluations
- Occupational noise surveys
- Ventilation control assessments

We also provide guidance on integrating these and other Industrial Hygiene solutions into your core health and safety programs.

**PMA Safety Management and OSHA Compliance Services.** Some unique services we offer include:

- Part-time Safety Director—As a cost-effective alternative to staffing the role on a full-time basis, PMA can provide a part-time safety professional on your site
- OSHA 10 and 30 hour classes—provides required employee training through on-site and on-line programs



- Industry-specialization services—industry-specific safety management and compliance services for healthcare, manufacturing, and construction organizations

**PMA's Organizational Safety Institute.** The mission of the Organizational Safety Institute is to advance the understanding of safety in the organizational context. This will include providing leaders with insights to help them pursue safety excellence in their organizations and learning content to facilitate sustainable improvements.

PMA's Organizational Safety Institute is a place where you can learn “virtually” about some of the emerging best practices in leading organizational safety efforts AND where you can also take on-line courses in five distinct learning tracks. Our five professional learning tracks are:

1. Leadership, Safety and Risk Management
2. OSHA Compliance Pathways
3. Emerging Topics and Seasonal Issues
4. Industry Focused Learning
5. Certificate Program in Organizational Safety Management