



**NEW JERSEY SCHOOLS INSURANCE GROUP
2023 WORKERS' COMPENSATION BEST PRACTICES MANUAL**

3rd Edition – August 2023

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INTRODUCTION

NEW JERSEY'S WORKERS' COMPENSATION PROGRAM

In New Jersey, Workers' Compensation is a no-fault program that provides medical treatment, wage replacement and permanent disability remuneration to employees with job-related injuries or illnesses. Death benefits are available to the dependents of an employee who dies due to a work-related injury.

New Jersey has had a Workers' Compensation law since 1911. Prior to this, employees injured on the job would sue their employers for negligence under common law.

There were few changes to the system until the reforms of 1979 when the program began to provide enhanced benefits to the more seriously disabled. Provisions were also made for cost-of-living increases for totally and permanently disabled workers, dependents of deceased workers and Second Injury Fund beneficiaries.

New Jersey's Workers' Compensation program seeks to establish a balance between injured workers and the employers. Employers must provide necessary medical care, temporary disability benefits and, when documented, an award for resulting permanent disability. In return, they are protected from tort litigation and unlimited civil verdicts for non-economic losses. The only remedy available to the injured employee is through Workers' Compensation.

Specific to school districts is Title 18A:30-2.1, which requires school districts to pay injured workers full salary for up to one calendar year without having the absence charged to the annual or the accumulate sick leave. Full wages are payable from the first day of absence. The Division of Workers' Compensation (DWC) is responsible for the administration of the NJ Workers' Compensation Law, N.J.S.A. 34:15-1 et seq., and the disposition of disputes raised under it.

References:

- NJ LWD Website: <http://lwd.state.nj.us/labor/wc/content/intro.html>
- An Employer's Guide to Workers' Compensation in New Jersey published by the NJ LWD
- NJ Statute Title 18A
- CAPEHART || SCATCHARD
John H. Geaney
 - Geaney's New Jersey Workers' Compensation Manual 2022 Edition
 - Supervisor's Incident Report Form
 - Employee Accident Report Form

THE LAW

TITLE 18A - EDUCATION

Section 18A:30

18A:30-2.1 - Sick leave payment for service connected disability; satisfactory service

18A:30-2.1. a. Whenever any employee, entitled to sick leave under this chapter, is absent from his post of duty as a result of a personal injury caused by an accident arising out of and in the course of his employment, his employer shall pay to such employee the full salary or wages for the period of such absence for up to one calendar year without having such absence charged to the annual sick leave or the accumulated sick leave provided in N.J.S.18A:30-2 and 18A:30-3. Salary or wage payments provided in this section shall be made for absence during the waiting period and during the period the employee received or was eligible to receive a temporary disability benefit under Chapter 15 of Title 34, Labor and Workmen's Compensation, of the Revised Statutes. Any amount of salary or wages paid or payable to the employee pursuant to this section shall be reduced by the amount of any workmen's compensation award made for temporary disability.

A Temporary Total Disability reimbursement check will be issued to the District every 14 days until the expiration of the one year 18A Salary Continuation period. Just prior to the expiration date, a letter will be mailed / emailed to the WC contact and the Payroll department advising them of the date they are to stop the Salary Continuation.

SUPPLEMENTAL INDEMNITY

If your school district carries Workers' Compensation Supplemental Indemnity Insurance through NJSIG, the following information is provided to assist you in processing your claims. Supplemental coverage provides the district with partial reimbursement of the injured employee's salary that is not paid under the primary Workers' Compensation policy.

The policy is triggered by an employee's lost time of **(7) seven consecutive days** due to a work-related injury. As an added value service, on behalf of the District, NJSIG completes the Supplemental Indemnity Incident Report to BMI Benefit for all lost time claims and sends a weekly report of all Temporary Total Disability payments that have been issued to the District.

BMI Benefit will issue Supplemental Indemnity reimbursement payments based upon your policy, however if you do not receive a reimbursement that you believe you are entitled to, related questions or information can be directed to your broker or **to:**

BMI Benefit
P.O. Box 511
76 Main Street
Matawan, NJ 07747
Attention: Erin Clark
Phone: 800-445-3126 (x300)
Direct: 732-853-9610
Fax: 732-583-9610
Email: erinc@bobmccloskey.com

Please check with your insurance broker on your district's policy terms and conditions.

RESPONSIBILITIES: WORKERS' COMPENSATION SPECIALIST

BASIC FUNCTION:

Under the general direction and supervision of the business administrator/risk manager, the Workers' Compensation Specialist is responsible for overseeing all claims district-wide. This includes coordinating claims, creating accurate case history documentation, contacting injured workers, consulting with claims adjusters and others to administer litigated claims, answering telephones, providing information and assisting employees.

DUTIES AND RESPONSIBILITIES:

1. Prepare and maintain a log for all accidents and document them when they are reported.
2. Prepare and maintain a Workers' Compensation file on injured employees. Monitor, coordinate and follow up until claims are closed.
3. Gather and forward all documentation, reports, statements, correspondence, bills, and information pertaining to the injured worker. Provide information to appropriate personnel using established procedures within 24 hours.
4. Communicate openly with administrators, school nurses, claims adjusters and attorneys. Provide additional information upon request.
5. Provide information and assistance to employees and district staff regarding medical care, attendance and any concern that develops.
6. Coordinate temporary, restricted or modified-duty positions for workers with injuries who can work safely while recovering. Obtain medical data to make decisions regarding transitional return-to-work assignments. Find suitable temporary positions for employees within medical limitations.
7. Develop and present Workers' Compensation training presentations for district staff.
8. Coordinate and maintain employee injury reports, including administration of OSHA's form 301, loss runs and actual time lost from work to meet OSHA/PEOSH recordkeeping requirements.
9. Post Workers' Compensation reporting procedures in all buildings, to keep employees informed of all reporting requirements.
10. Perform related duties as assigned.

SAMPLE LETTER TO DISTRICT EMPLOYEES—ANNUAL EMPLOYEE NOTICE

(Should be placed on district letterhead)

MEMORANDUM

TO: All Employees of _____ Board of Education
FROM: _____ - Business Administrator
REF: Course of Action for Reporting Workers' Compensation Contact
New Jersey Schools Insurance Group (NJSIG) at 609-543-3377
In an emergency dial 911

Date: September 2023

Providing a safe working environment is important. Equally important is insuring that your work-related injury is properly addressed and managed. With this thought in mind, I would like to take this opportunity to highlight the course of action for reporting a work-related injury:

- **In the case of an “emergency”, please go to the nearest Emergency Room for treatment. Please contact your school nurse and your supervisor within 24 hours or as soon as practical.**
- If you are injured but do not want to seek medical attention, please notify the school nurse and/or supervisor. NJSIG will not be called; however, the school nurse and/or supervisor will file a report as “record only.”
- If you are injured and your injury requires non-emergency medical treatment, a call is to be placed to NJSIG. Together, you and a school nurse and/or supervisor will place the call to NJSIG. A NJSIG representative will obtain all the necessary information and coordinate treatment. Please note: Treatment centers and/or doctors are identified by NJSIG.
- A NJSIG nurse intakes injury information and directs you to an appropriate participating provider. All appointments and follow-up care will be scheduled by NJSIG.
- The nurse and/or supervisor will provide you with the appropriate Workers' Compensation material when the work-related injury occurs. Upon arrival at the doctor's office, you should present the appropriate Workers' Compensation material to the identified treatment center.
- After seeing the Workers' Compensation doctor you will receive a Work Note/Work Status Note/Duty Determination Instruction Report (DDI). You will receive 2 copies of the documentation—a copy for the employee and the school district. Please provide the district their copy.
- Once you return to work, all follow-up appointments will be scheduled after work hours.
- If your supervisor/nurse is not available to report your injury to please see the NJSIG website for instructions on how to report a claim. <https://www.njsig.org/reporting-claims#workerscomp>

Please be advised that failure to promptly report on-the-job injuries will jeopardize your Workers' Compensation coverage. If you have any questions, feel free to contact _____, the Workers' Compensation Coordinator, at _____.

Thank you for your cooperation.

OFF-HOURS REPORTING

Typically, a nurse is not present during the summer, weekends or second/third shifts. Each district must develop a procedure that instructs affected personnel on how to report injuries and, if necessary, receive treatment. The procedure should include how to provide the injured worker with Mitchell ScriptAdvisor prescription card and Qual-Lynx managed care instructions.

The procedures/instructions should also include:

- Ways to report a claim:
 1. **Call NJSIG at 609-543-3377** to speak to NJSIG's Intake team (*English and Spanish team members available*). The injured employee will be directed to treatment; or
(*Note: After hours, leave message and an intake representative will get back to the injured employee the next business day.*)
 2. **Complete First Report of Injury (FROI) form:**
Online: <https://www.njsig.org/froi>; or
Print the form: <https://www.njsig.org/reporting-claims#workerscomp> (*Available in English and Spanish*) and **Email:** froi@njsig.org or **Fax:** 609-386-2188

If injured employee needs medical care, complete the Duty Determination Instruction (DDI) form on <https://www.njsig.org/downloads/forms/DDI%20Letter.docx> and follow instructions.

In an emergency dial 911.

- For all non-emergency injuries, the employee must immediately contact his or her supervisor. If the injury requires medical attention, the employee or supervisor shall activate NJSIG. The contact instructions shall be posted in the employee's common work areas (i.e. teacher lounge).
- The supervisor shall provide any support that is required to assist the employee, safely secure the building and return the work area and equipment to normal operating conditions. If the employee is unable to communicate, the supervisor should notify the employee's emergency contact.
- An employee report of injury must be filed by the employee with the appropriate personnel as soon as practical.
- The supervisor shall conduct the accident investigation.
- During summer hours, a 12-month employee and backup should be trained in the Workers' Compensation reporting procedure, incident report and injury log maintenance. These employees could be business and maintenance office secretaries.
- Administrators and supervisors should be familiar with the procedure and have access to reporting instructions and emergency contact information.
- The employee should also be advised that after seeing the Workers' Compensation doctor, the employee will receive a Work Note/Work Status Note/Duty Determination Instruction Report (DDI). Employee will receive 2 copies of the documentation—a copy for the employee and the school district. Remind employee to provide the district their copy.

FREQUENTLY ASKED QUESTIONS

What is Workers' Compensation?

At no cost to you, it is insurance that the law requires your employer to carry to help you if you are injured on the job or if you become ill due to your job.

What is a Workers' Compensation injury or illness?

An injury or illness that occurs due to employment is considered a Workers' Compensation injury or illness. Under Workers' Compensation law, you will receive help if you are injured, no matter who was at fault.

How does this coverage affect my own health insurance?

Workers' Compensation is separate from personal health care insurance. Workers' Compensation insurance covers work-related injuries and illnesses only. There is no deductible. The insurance carrier pays all approved medical bills. It is important to let the treating doctor know if your injury is work-related.

How do I file a claim?

If you have been injured on the job, you are required to tell your school nurse, principal or building supervisor the same day the accident occurs. You will be required to complete an Accident Report and submit the form to your supervisor. In the event that an injury requires more than the first aid provided by the school nurse, **NJSIG** must be called for further care instructions at **609-543-3377**. In the event of a severe injury, employees should go to the nearest hospital emergency room.

Ways to report a claim:

Call NJSIG at 609-543-3377 to speak to NJSIG's Intake team (*English and Spanish team members available*). The injured employee will be directed to treatment; or

(Note: After hours, leave message and an intake representative will get back to the injured employee the next business day.)

Complete First Report of Injury (FROI) form:

Online: <https://www.njsig.org/froi>; or

Print the form: <https://www.njsig.org/reporting-claims#workerscomp> (Available in English and Spanish) and **Email:** froi@njsig.org or **Fax:** 609-386-2188

If injured employee needs medical care, complete the Duty Determination Instruction (DDI) form on <https://www.njsig.org/downloads/forms/DDI%20Letter.docx> and follow instructions.

FOR ALL EMERGENCIES PLEASE GO TO THE EMERGENCY ROOM or URGENT CARE

More information can be found at: <https://www.njsig.org/reporting-claims#workerscomp>

May I file a Workers' Compensation claim if an injury occurs outside of work?

Your employer or its insurance carrier may not be liable for the payment of Workers' Compensation benefits for an injury resulting from your voluntary participation in any off-duty recreational, social, or athletic activity that is not part of your work-related duties.

Can I be treated by my own physician for a work-related injury?

No. You must utilize the medical care provider network offered by your employer. By calling **NJSIG** at **609-543-3377**, you will be directed to an in-network medical care provider. Any unauthorized treatment may result in non-payment of related charges.

Is Qual-Lynx the name of the insurance provider?

No. Qual-Lynx manages your care insuring that you are receiving the best care possible at no cost to you. You will be assigned a nurse case manager to oversee your case who can assist you with any care-related questions.

If Qual-Lynx is not the insurance provider, then who is?

New Jersey Schools Insurance Group (NJSIG) is the insurance carrier and provides coverage to the district.

Who can I contact if I have any additional questions at the district level?

You may contact _____, at phone and email address.

Will I continued to get paid if I'm out of work on WC?

Yes, you may be entitled to temporary total disability benefits subject to the waiting period—unless over the one-year period. Please refer to page ___ Title 18A.

WARNING

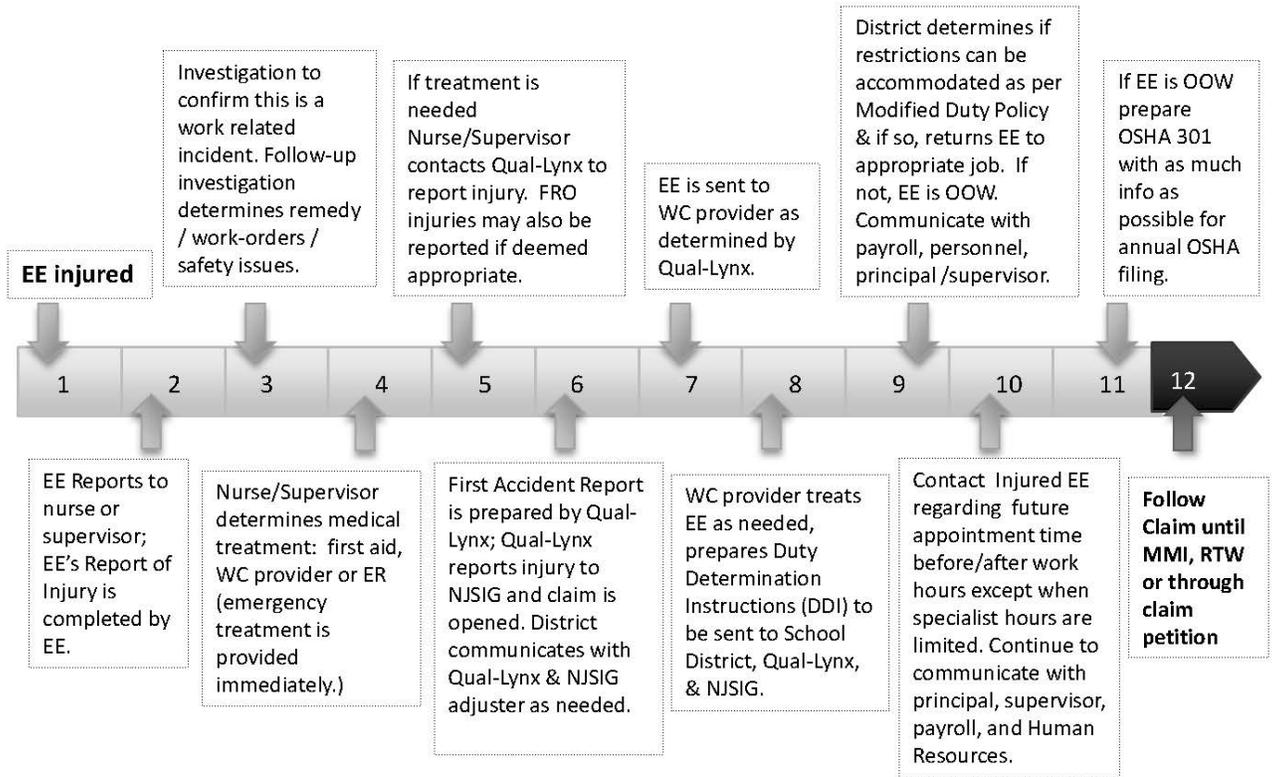
34:15-57.4. Workers' Compensation fraud; criminal and civil penalties. 1.a. A person shall be guilty of a crime of the fourth degree if the person purposely or knowingly:

- (1) Makes, when making a claim for benefits pursuant to R.S. 34:15-1 et seq., a false or misleading statement, representation or submission concerning any fact that is material to that claim for the purpose of wrongfully obtaining the benefits;
- (2) Makes a false or misleading statement, representation or submission, including a misclassification of employees, or engages in a deceptive leasing practice, for the purpose of evading the full payment of benefits or premiums pursuant to R.S. 34:15-1 et seq.; or
- (3) Coerces, solicits or encourages, or employs or contracts with a person to coerce, solicit or encourage, any individual to make a false or misleading statement, representation or submission concerning any fact that is material to a claim for benefits or the payment of benefits or premiums, pursuant to R.S. 34:15-1 et seq. for the purpose of wrongfully obtaining the benefits or of evading the full payment of the benefits or premiums.

THE PROCESS: Workers' Compensation Claims Process Chart

Claim Phase	Task/Action
<p>PRIOR TO INJURY</p> <p>Training: In-person and electronic training is available. Training opportunities are available on www.njsig.org.</p>	<ul style="list-style-type: none"> Have reporting protocol in place allowing for immediate notification of injuries generated by work-related activities. Educate your staff on proper protocol at hire and annually. Publish process in the employee handbook, cafeteria, break room, etc., making the employee accountable for the knowledge of the protocol. Explain the WC process during orientation/staff meetings, which should include educating the Supervisors, Administrators, Nurses and key personnel on the Incident Reporting and Investigation process. Send annual communication (i.e. letter) to all employees advising of this process.
<p>POINT OF INJURY</p> <p>Who is?</p> <ol style="list-style-type: none"> NJSIG: School district WC insurance pool Qual-Lynx: 3rd Party hired by NJSIG manage WC Claims Mitchell Script Advisor: 3rd Party hired by NJSIG to provide prescriptions 	<ul style="list-style-type: none"> Gather key facts, complete employee accident report, and notify NJSIG (only claims requiring more than first aid) on same day. <p style="text-align: center;">Ways to report a claim:</p> <ol style="list-style-type: none"> Call NJSIG at 609-543-3377 to speak to NJSIG's Intake team (<i>English and Spanish team members available</i>). The injured employee will be directed to treatment; or (<i>Note: After hours, leave message and an intake representative will get back to the injured employee the next business day.</i>) Complete First Report of Injury (FROI) form: Online Portal: https://www.njsig.org/froi; or Print the form: https://www.njsig.org/reporting-claims#workerscomp (Available in English and Spanish) and Email: froi@njsig.org or Fax: 609-386-2188 <p>If injured employee needs medical care, complete the Duty Determination Instruction (DDI) form on https://www.njsig.org/downloads/forms/DDI%20Letter.docx (follow instructions).</p> <p style="text-align: center;">In an emergency dial 911.</p> <ul style="list-style-type: none"> All claims should be reported immediately to principal/supervisor. NJSIG will direct injured worker (IW) to provider. Provide IW with Mitchell ScriptAdvisor prescription flyer and NJSIG's intake card that includes Qual-Lynx managed care instructions. If Mitchell ScriptAdvisor fills a prescription, the employee will receive an automatic 14-day supply—<i>only for first fills</i>. Based on the doctor's prescription, the IW will receive a prescription card from Mitchell ScriptAdvisor within 5-7 days once processed. Investigate the area where the injury occurred and if necessary: Ask if there are any witnesses; and Address any hazards to avoid future injuries.
<p>ONGOING COMMUNICATIONS</p> <p>Difference in Adjusters:</p> <ol style="list-style-type: none"> Medical Only: IW has NO Loss Time Claims Representative: IW has Loss Time Claims Examiner: IW has Loss Time and Severe Injury Nurse Case Manager: Employed by Qual-Lynx to assist with medical case management on Loss Time cases 	<ul style="list-style-type: none"> First Accident Report will be sent to the district from NJSIG Within a 24-hour period, an adjuster will be assigned by NJSIG. The adjuster will contact both the employee and the district representative within 48 hours. After seeing the WC doctor, the IW will return to work with Return to Work Note/Work Status Note/Duty Determination Instruction Report (DDI). IW should receive 2 copies of documentation—A copy for the IW and employer/district. Communicate to NJSIG and school administration: <ul style="list-style-type: none"> any treatment or work status (i.e. pending surgery) Refer to DDI report; any known or suspected secondary employment or questionable activities; or the date IW returns to work; and if IW does not return to work on expected date. Maintain contact and cordial rapport with IW while he/she is disabled. Provide information requested by adjuster. Commonly requested data includes: <ul style="list-style-type: none"> Facts regarding to the reported claim Availability of modified duty Date worker begins missing work or the date worker returns to work Wage documentation Investigative reports, contracts, and/or maintenance records Please secure and preserve all evidence relating to the claimant's injury (i.e. video, property, office equipment, and etc.). At any point, should the district have any question and or concerns—contact the assigned Adjuster. If necessary, contact the NJSIG WC Supervisor.
<p>RETURN TO WORK</p>	<ul style="list-style-type: none"> If IW is unable to return to full duty, in compliance with Board policy, create internal return-to-work program by pre-identifying modified duty-type activities in each department. Provide job descriptions when requested by nurse, doctor or adjuster. Cooperate with nurse/adjuster to modify duties and accommodate early return to work where appropriate. Advise adjuster if IW begins missing work again.

Workers Compensation Injury Step Timeline



KEY:

EE: Employee

DDI: Duty Determination Instructions

FRO: For Record Only

MMI: Maximum Medical Improvement

OOW: Out of work

RTW: Return to work

PREPARING THE INITIAL REPORT OF INJURY

Details about the Employee:

Name
Address
Sex
Date of Birth
Occupation
Employment Status:
 10/12 month
Normal Work Hours
Base Salary/Overtime/Stipends

Nature of Injury:

Date of Injury/Time of Accident
Date Reported to Employer
To whom was injury reported?
What happened, location of accident?
Is treatment needed?
Did Employee go to Emergency Room?

Was EMS Called?
Witness Statement

Other Information Requested

Primary Care Physician
Chiropractor
Prior known medical conditions
Any prior injuries to same body part
Any prior WC injuries-Year and Body Part
Any other employment or recreational activities

Information you need to Know:

Was NJSIG Called?
What time?
What Instructions were given to the employee?
Was employee given a Qual-Lynx Card?
Was employee given a Mitchell ScriptAdvisor Card?
Was employee instructed to make sure to give Qual-Lynx Card to medical provider, ensuring that bills are sent to Qual-Lynx and not health insurance?

Follow up with employee after seeing doctor:

Instruct employee to return with doctor's work status note. District should obtain a copy from the employee.
Coordinate employee's return to work.
Any questions or concerns regarding return to work, call NJSIG adjuster.

Information NJSIG Workers' Compensation Adjuster needs from you:

Internal incident/supervisor report completed by someone other than the injured worker (not OSHA Reports).
Witness statement
Salary Information:
 Base Salary
 Overtime Pay
 Stipends
 10 or 12 month employee
 Is Title 18A full salary continuance extended to employee?
Any doctor notes you received from the injured worker.
Current work status.
Date employee was instructed to return to work.
Date employee returned to work.

SUPERVISOR INCIDENT REPORT FORM – page 1

Supervisor's Workers' Compensation Incident Report Form

INJURED EMPLOYEE NAME	DATE OF THIS REPORT	ALLEGED INJURY DATE
DID YOU PERSONALLY OBSERVE THE INCIDENT INVOLVING THIS EMPLOYEE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
TO YOUR KNOWLEDGE, WAS THIS INCIDENT WITNESSED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> I DON'T KNOW		
IF YOU DID PERSONALLY OBSERVE THE INCIDENT, PROVIDE A DESCRIPTION OF WHAT YOU PERSONALLY OBSERVED, INCLUDING THE DATE, TIME AND LOCATION OF THE INCIDENT.		
IF YOU DID NOT PERSONALLY OBSERVE THE INCIDENT, DID OTHERS TELL YOU ABOUT IT? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF OTHERS TOLD YOU ABOUT IT, DESCRIBE EXACTLY WHAT THEY TOLD YOU AND WHEN THEY TOLD YOU ABOUT IT.		
DID THE EMPLOYEE REPORT THIS INCIDENT TO YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF YES, STATE THE DATE AND TIME THAT THE EMPLOYEE REPORTED THIS INCIDENT TO YOU.		
DID THE EMPLOYEE REPORT THE INCIDENT TO ANYONE ELSE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> I DON'T KNOW		
IF YES, STATE WHO THAT PERSON IS AND WHAT THE EMPLOYEE REPORTED TO THAT PERSON.		
IF THIS INCIDENT WAS WITNESSED BY OTHERS, IDENTIFY THE NAMES OF ALL WITNESSES AND THEIR RELATIONSHIP TO THE EMPLOYEE (i.e., co-employee, subordinate, etc.)		
WERE YOU AWARE OF ANY PHYSICAL DIFFICULTIES ON OR OFF THE JOB WHICH THE EMPLOYEE WAS HAVING BEFORE THE INCIDENT HAPPENED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> I DON'T KNOW		
IF YES, WHAT WERE YOU AWARE OF AND HOW DID YOU BECOME AWARE OF IT?		
DESCRIBE THE EMPLOYEE'S JOB DUTIES AND WHETHER THE ACTIVITIES ON THE DATE OF INJURY WERE UNUSUAL FOR HIM OR HER TO PERFORM?		

SUPERVISOR INCIDENT REPORT FORM—page 2

WAS THE EMPLOYEE WEARING OR USING PROTECTIVE GEAR?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> I DON'T KNOW
DOES THE EMPLOYER REQUIRE THE USE OF SUCH PROTECTIVE GEAR?	<input type="checkbox"/> YES <input type="checkbox"/> NO
DID THE EMPLOYEE ASK FOR MEDICAL ATTENTION?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> I DON'T KNOW
DID THE EMPLOYEE DECLINE MEDICAL ATTENTION?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> I DON'T KNOW
IF MEDICAL ATTENTION WAS OFFERED, WHERE WAS THE EMPLOYEE SENT?	
IF YOU ARE AWARE OF ANY HOBBIES, SECOND JOBS, SPORTS OR OTHER PHYSICAL ACTIVITIES ENGAGED IN BY THIS EMPLOYEE IN THE PAST FEW YEARS, PROVIDE THAT INFORMATION BELOW.	
IF YOU ARE AWARE OF ANY MOTOR VEHICLE ACCIDENTS, HOME INJURIES, OR SPORTS INJURIES INVOLVING THIS EMPLOYEE IN THE PAST FEW YEARS, PROVIDE THAT INFORMATION BELOW?	
ARE ANY OF THE WITNESSES TO THIS INCIDENT NO LONGER EMPLOYED BY YOUR ENTITY?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF ANY OF THE WITNESSES ARE NO LONGER EMPLOYED, PLEASE PROVIDE AN ADDRESS OR PHONE NUMBER OF SUCH WITNESS, IF YOU HAVE IT.	

I CERTIFY THAT THE ABOVE STATEMENTS MADE BY ME ARE TRUE AND CORRECT. KINDLY PRINT, SIGN, AND DATE BELOW.

NAME	SIGNATURE	JOB TITLE	DATE
------	-----------	-----------	------

EMPLOYEE ACCIDENT REPORT FORM

Employee Accident Form

EMPLOYEE NAME	I.D.	TIME OF INJURY	DATE OF INJURY	FILE NUMBER
PLEASE LIST YOUR PRIMARY CARE PHYSICIAN AND HIS/HER ADDRESS FOR THE PAST TEN YEARS				
PLEASE LIST YOUR CURRENT MEDICATIONS				
BRIEFLY DESCRIBE HOW YOU GOT HURT AND WHEN THE INJURY OR ILLNESS OCCURRED.				
WHAT PART(S) OF THE BODY WERE HURT; AND IN WHAT PART(S) OF THE BODY DO YOU CURRENTLY FEEL PAIN?				
HAVE YOU HAD TREATMENT IN THE PAST FOR THE SAME OR SIMILAR MEDICAL CONDITION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE PROVIDE THE NAME AND ADDRESS OF THE TREATING PHYSICIAN(S) FOR THIS CONDITION. LIST ANY MEDICATIONS YOU ARE OR WERE TAKING FOR THIS CONDITION/INJURY?				
HAVE YOU BEEN TREATED IN THE PAST BY A CHIROPRACTOR? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE PROVIDE THE NAME AND ADDRESS OF THE CHIROPRACTOR(S).				
HAVE YOU FILED ANY WORKERS' COMPENSATION CLAIM(S) IN THE PAST FOR THIS MEDICAL CONDITION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE PROVIDE THE DETAILS OF THE PREVIOUS CLAIM(S).				
HAVE YOU EVER BEEN INVOLVED IN ANY MOTOR VEHICLE COLLISIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE PROVIDE THE DETAILS OF THE CRASH, DATE, AND THE NATURE OF THE INJURY AND TREATMENT.				
ARE YOU CURRENTLY ENGAGED IN ANY OTHER EMPLOYMENT OR HAVE YOU EVER BEEN ENGAGED IN ANY OTHER EMPLOYMENT WHILE YOU WERE EMPLOYED BY US? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE LIST THE NAMES AND ADDRESSES OF THESE EMPLOYERS.				
DO YOU CURRENTLY (IN THE PAST 12 MONTHS) PARTICIPATE IN ANY ATHLETIC, RECREATIONAL OR SPORTING ACTIVITIES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE LIST THE ACTIVITIES YOU PARTICIPATE IN.				
TO WHOM DID YOU FIRST REPORT THE INJURY TO AND WHEN?				
WERE THERE ANY WITNESSES TO YOUR INJURY? IF SO, WHO?				
HAVE YOU EVER RECEIVED PAIN MANAGEMENT TREATMENT? IF SO, BY WHOM?				

I CERTIFY THAT THE ABOVE STATEMENTS MADE BY ME ARE TRUE AND CORRECT. I AM AWARE THAT IF ANY OF THE STATEMENTS ARE WILLFULLY FALSE, I MAY BE SUBJECT TO DISCIPLINARY ACTION BY MY EMPLOYER.

EMPLOYEE SIGNATURE	SUPERVISOR'S SIGNATURE AND I.D.	DATE
--------------------	---------------------------------	------

SUPPLEMENTAL ACCIDENT INVESTIGATION

Name of Injured Employee:

Date:

Social Security #:

Location of Accident:

Job Title:

Yrs. Employed:

What was the employee doing?

How did the accident occur?

Describe the work site. Any hazardous condition (sidewalks, floors, machinery, vehicles, safety equipment, etc.)?

Do you have any recommendations to prevent similar accidents in the future? What has been done thus far?

General Comment:

Investigated by:

Date:

NOTE: This form is to be completed by the employee's immediate supervisor to provide additional information in the risk management evaluation of the loss. This does not replace the normal Workers' Compensation report which must be filed in all instances.

DEATH OF AN EMPLOYEE DUE TO WC INJURY

Notify PEOSH at 1-800-624-1644 or 609-292-7036 within eight hours of the fatality. Please also continue to follow the district's standard procedures for reporting Workers' Compensation injuries and this includes calling NJSIG at 609-543-3377.

An Investigator will come to the site. Information required includes, but is not limited to:

- First report of injury that was filed with the Division of Workers' Compensation New Jersey Department of Labor & Workforce Development;
- Copy of 301 form;
- Claim acknowledgement and claim number from insurance company;
- Pictures of the area post-accident;
- Contact information for superintendent and business administrator and employee's direct supervisor; and
- Any other pertinent information about the event.

The Investigator may also request:

- Rescue squad report;
- ER report;
- Hospital reports;
- Copies of OSHA reporting for past three years;
- Number of employees at location;
- Total number of employees for the district; and
- Interviews with witnesses.

Dependents of a worker who dies because of a work-related injury or illness may be eligible to receive death benefits.

Please refer to the appropriate section of the Workers' Compensation statute for detailed information **(N.J.S.A. 34:15-13)**.

P.L. 1998, Chapter 74

Laws of the State of New Jersey

CERTIFICATION

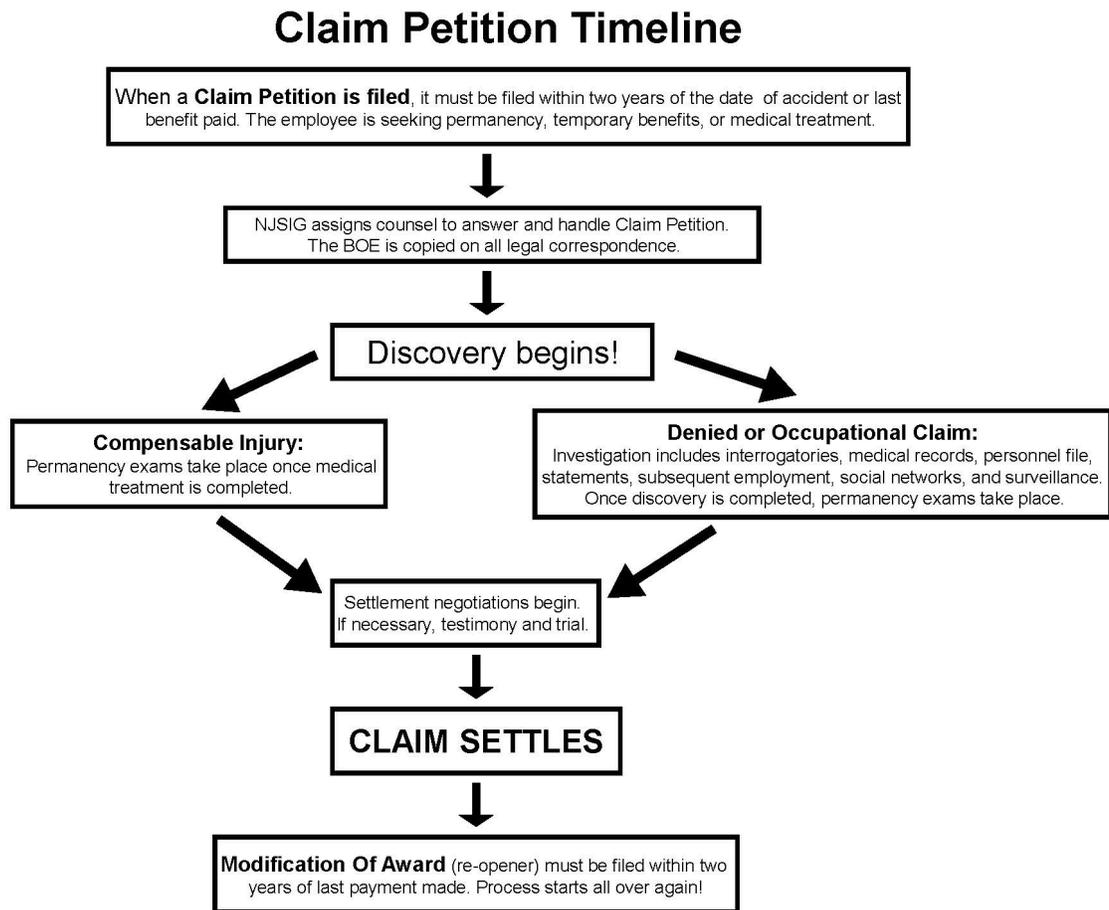
In completing the attached Workers' Compensation Questionnaire, I have been advised that the above referenced law provides that persons who purposely and knowingly make false or misleading statements for the purpose of obtaining workers' compensation benefits may be guilty of a crime of the fourth degree and have civil liability for all damages, costs, and attorney's fees.

Dated:

CLAIM PETITION TIMELINE

Employees injured on the job may file a Workers' Compensation Claim Petition with the New Jersey Division of Workers' Compensation. A Claim Petition is usually filed by the employee or his/her attorney due to issues which may include compensability, medical treatment, payment of temporary disability benefits and permanency.

In some instances, a Claim Petition may be our first notice of a claim for allegations of Occupational exposure resulting in injury/disability or for a claim that was not reported to NJSIG when it occurred.



SAMPLE CLAIM PETITION

State of New Jersey Department of Labor and Workforce Development Division of Workers' Compensation PO Box 381 Trenton, New Jersey 08625-0381 WC-365 8/26/2015	EMPLOYEE CLAIM PETITION <input type="checkbox"/> NEW FILING <input type="checkbox"/> AMENDED FILING	Case No.: _____ Vicinage: _____ <i>**please enter above only if filing an Amended Claim**</i>
---	---	---

PETITIONER	ATTORNEY FOR PETITIONER
SOCIAL SECURITY NUMBER: _____ <input type="checkbox"/> SSN Not Available NAME: _____ ADDRESS: _____ DATE OF BIRTH: _____ SEX: _____ <input type="checkbox"/> A guardian or other representative is filing on behalf of the petitioner. See Supplemental Page for details.	TAX IDENTIFICATION NUMBER: _____ NAME: _____ ADDRESS: _____ TELEPHONE NUMBER: _____ FAX NUMBER: _____
VS	
EMPLOYER	INSURANCE CARRIER or SELF-INSURED ENTITY
NAME: _____ IF EMPLOYER IS KNOWN BY DIFFERENT NAME, PLEASE INDICATE HERE: _____ ADDRESS: _____ INDICATE THE STATUS OF THE EMPLOYER: <input type="checkbox"/> INSURED <input type="checkbox"/> UNINSURED <input type="checkbox"/> SELF-INSURED (PRIVATE) <input type="checkbox"/> SELF-INSURED (GOVT. AGENCY) <input type="checkbox"/> If uninsured, individual corporate officers, or others, are also named as respondent(s). See Supplemental Page for details.	NAME: _____ ADDRESS: _____ CARRIER CLAIM NUMBER: _____ PERIOD OF COVERAGE: FROM: _____ TO: _____ <input type="checkbox"/> See Supplemental Page for additional carriers

TO THE DIVISION OF WORKERS' COMPENSATION - INJURY AND EMPLOYMENT DETAILS:

Date of Accident or Last Exposure:	Occupational Disease: <input type="checkbox"/> YES <input type="checkbox"/> NO	If Occupational Disease Give Periods of Exposure:
Where Injury Occurred (incl. town and county):		How Injury Occurred:
DESCRIBE EXTENT AND CHARACTER OF INJURY: If there has been amputation or disability to any member or impairment of any physical function, explain fully:		
Date Stopped Work:	Date Returned to Work:	Date Injury Reported:
Injury Reported To Whom:		Occupation and Type of Work:
Gross Wages \$	Wage Period:	Rate of Temp. Compensation: \$
Weeks of Temp. Disability paid:	Temporary Disability Paid: \$	Permanent Disability Paid: \$
Employer Furnished Medical Aid: <input type="checkbox"/> YES <input type="checkbox"/> NO		

- Demand is hereby made for answers to standard occupational disease interrogatories. [N.J.A.C. 12:235-3.8(f)]
- Demand is hereby made for all records of medical treatment, examinations and diagnostic studies. [N.J.A.C. 12:235-3.8 (c)]
- Are you Medicare eligible or a Medicare beneficiary? YES NO
- Were you eligible for Medicaid benefits at the time of the work injury? YES NO
- Did you become eligible for Medicaid benefits after the work injury? YES NO

What other facts are there that you believe important:

Summary of Changes *(Complete only if filing an Amended pleading):*

Petitioner therefore requests that the Division of Workers' Compensation determine the amount of compensation due Petitioner from said Respondent, pursuant to R.S. 34:15-7 et seq., and that Petitioner may be awarded Petitioner's costs in this proceeding, and such other or further relief as may be proper.

Petitioner

STATE OF NEW JERSEY
COUNTY OF _____

Subscribed and sworn or affirmed
to before me this _____ day of _____, 20____

Please be advised that information collected from the filing of this claim petition may be used by the Division of Workers' Compensation for record keeping, record access/distribution, and case scheduling purposes. Petitions filed with the Division are public documents and may be inspected and copied except where prohibited by Section 34:15-128 of the Workers' Compensation Statute.

The Privacy Act, 5 U.S.C. §552a, the Social Security Act, 42 U.S.C. § 405, and N.J.S.A. 34:15-1 et seq. authorize the Division of Workers' Compensation to request that the Petitioner supply the Division with his or her Social Security Number for record keeping purposes and cross-matches with the Social Security Administration, Workforce New Jersey, Temporary Disability Insurance and any other proper public purpose.

SAFETY/TRAINING INFORMATION

The NJSIG Loss Control Department is dedicated to providing you with proven services that will help make your school district a safer place for students, employees and members of the general public. Since our *only* business is public schools, our mission is not diminished by the need to be expert in any area other than public schools. Therefore, our programs, information, recommendations, and suggestions are geared to school districts. The Loss Control Department's mission is to:

- Identify and assess potential exposures;
- Implement controls to limit risk/reduce exposure;
- Protect people and assets;
- Ensure mission continuity and productivity; and
- Prevent or limit the loss.

In support of those goals and at no charge to the districts, our team of public school safety and health professionals provide:

- **Consulting Services**
- **Specialty Claims Reports** - location, work group, trend analysis, repeat claimants, reporting lag time are all examples of how the data can be presented to identify a potential problem and present solutions.
- **Comprehensive Onsite Inspections** - reported by location, the inspections result in a detailed list of observations/violations/recommendations. Each observation is prioritized and the appropriate code citations listed.
- **SafetyNet** - A monthly safety newsletter dedicated to providing each district with a monthly safety theme. Each month the theme should be discussed with every employee as part of your overall safety program.
- **Training Opportunities**
 - In-service - we provide on-site training for a single district, or several districts can get together at a host location.
 - Access to local and national video lending libraries.
 - Safety video on-demand service - the capability to stream more than 20 titles.

Please contact NJSIG Loss Control at 609-386-6060 for additional information or to discuss assessing and implementing a plan at your district.

RESOURCES

www.njsig.org
New Jersey Schools Insurance Group

www.stnonline.com
School Transportation News

www.seraph.net
School Security

www.world-playground.com
Playground Equipment and Legal Information

www.clement.com
Newsletters and Safety Posters

www.coastal.com
Safety Training Video Previews

www.crisisprevention.com
Non-violent Crisis Intervention Information

www.safetyzone.org
National Resource Center for Safe Schools

www.nrsc.com
Safety Video Lending Library

www.state.nj.us/health/eoh
NJ Occupational Health Site RTK Info and ESHA Forms

www.osha.gov
OSHA 300 Forms and More

www.nsc.org
National Safety Council Homepage with Safety Tips and More

<http://lwd.state.nj.us/labor/wc/content/intro.html>
Department of Labor and Workforce Development

FREQUENTLY USED ACRONYMS

BOE.....	Board of Education
DWC	Division of Workers' Compensation
DDI.....	Duty Determination Instructions
EE.....	Employee
EMS	Emergency Medical Services
FRO	For Record Only
IW	Injured Worker
MMI.....	Maximum Medical Improvement
NJSIG	New Jersey Schools Insurance Group
OOW.....	Out of Work
OSHA	Occupational Safety & Health Administration
PEOSH	Public Employees Occupational Safety and Health
Qual-Lynx	Managed Care Provider
RTW.....	Return to Work
WC.....	Workers' Compensation



NJSIG Terminology: Workers' Compensation

AAMC	Association of American Medical Colleges
ACGME	Accreditation Council for Graduate Medical Education
ACL	Anterior Cruciate Ligament: <i>One of several ligaments that helps to hold the knee joint together.</i>
Adjuster	NJSIG personnel assigned to handle your claims.
AMA	American Medical Association
Analgesics	Pain Reliever / Anti-Inflammatory
BL / WK	Blood Work: <i>Ordered by a doctor for diagnostic purposes.</i>
B.I.D / BID	<i>bis in die</i> (Latin), Twice a Day
BMI	Body Mass Index: <i>A measure of body fat based on height and weight.</i>
BP	Blood Pressure
C/Spine	Cervical Spine
CTS	Carpal Tunnel Syndrome: <i>A numbness and tingling in the hand and arm caused by a pinch nerve in the wrist.</i>
CX	Canceled
DC	Defense Counsel: <i>An attorney assigned by NJSIG in defense of workers compensation litigation brought against a member.</i>
DDI	Duty Determination Information / Instruction: <i>A form that provides information about an employees diagnosis, work status, with or without restrictions.</i>
DJD	Degenerative Joint Disease: <i>Another name for Osteoarthritis</i>
DME	Durable Medical Equipment

DNR	Do Not Resuscitate: <i>A medical order indicating providers should not perform cardiopulmonary resuscitation.</i>
DOI / DOL	Date of Injury / Date of Loss
DO	Doctor of Osteopathic Medicine: <i>DOs are known for their holistic healing approach.</i>
DR	Doctor
ED / ER	Emergency Department or Emergency Room
EKG	Electrocardiogram: <i>Diagnostic Heart Monitoring</i>
EMG / NCS	Electromyography / Nerve Conduction Study: <i>A diagnostic study that records the electrical activity of muscle tissue.</i>
EMS	Emergency Medical Service
EMT	Emergency Medical Technician
ESI	Epidural Steroid Injection: <i>A minimally invasive procedure that relieve neck, arm, back, and leg pain.</i>
FD	Full Duty: <i>A designation by a physician that an injured worker can return to normal work activity.</i>
FMLA	Family Medical Leave Act
FX	Fracture: <i>A break of any size in any bone.</i>
GME	Graduate Medical Education
HEP	Home Exercise Program
HR	Heart Rate: <i>Expressed as beats per minute</i>
HS	Bed Time
HX	History
INJ	Injection
LBS	Pounds / Weight
LD / RD	Light Duty / Restricted Duty: <i>A list of restrictions should be included when this is indicated.</i>
LLE	Left Lower Extremity
LLQ	Left Lower Quadrant
L/Spine	Lumbar Spine
LT	Left

LUE	Left Upper Extremity
LUQ	Left Upper Quadrant
MD	Doctor of Medicine
MCL	Medial Collateral Ligament: <i>One of several ligaments that helps to hold the knee joint together.</i>
MMI	Maximum Medical Improvement: <i>A designation indicating that an injured workers medical treatment has reached a state where their condition cannot be improved further, or when a treatment plateau has been reached in the healing process.</i>
N/A	Not Applicable
NCM	Nurse Case Manager
NOV	Next Office Visit
NRB	Nerve Root Block: <i>An injection of a long lasting steroid around a nerve.</i>
NSAIDS	Nonsteroidal Anti-Inflammatory Drug
N/S	No Show
OA	Osteoarthritis: <i>Also referred to as DJD. Develops as the material between the joint bones wears downs allowing bones to rub on bone.</i>
OD	Daily
OOW	Out of Work
OR	Operating Room
ORIF	Open Reduction Internal Fixation (<i>of a fractured bone</i>)
OT	Occupational Therapy: <i>A form of therapy that encourages rehabilitation through the performance of every day work activities.</i>
OTC	Over the Counter (<i>medicine</i>)
PA	Petitioner Attorney: <i>An attorney that represents an injured worker in workers' compensation court.</i>
PE	Pulmonary Embolism: <i>A condition where one or more arteries in the lungs becomes blocked by a blood clot.</i>
PO	By Mouth: <i>Usually associated with taking medicine.</i>
POA	Plan of Action
Pre-op	Preoperative: <i>Testing a doctor would require before surgery can be scheduled.</i>
PRN	As Needed

PSYCH	Psychiatric or Psychological Treatment
PT	Physical Therapy: <i>Medical treatment used to restore functional movement through the use of physical methods such as massage, heat, stretching and exercise</i>
R.I.C.E	Rest, Ice, Compression, Elevate: <i>Abbreviation used by a doctor to denote a treatment plan.</i>
RLE	Right Lower Extremity
RLQ	Right Lower Quadrant
ROM	Range of Motion
RT	Right
RTC	Return to Clinic
RTO	Return to Office
RUE	Right Upper Extremity
RUQ	Right Upper Quadrant
RX	Prescription: <i>Usually for medication or diagnostic testing, but can also signify another treatment.</i>
SLAP	Superior Labrum Anterior Posterior: <i>Usually associated with an injury to the labrum of the shoulder. The labrum is rubbery tissue attached to the rim of the shoulder.</i>
TBD	To Be Determined
T.I.D / TID	<i>ter in die</i> (Latin), Three Times a Day
T/Spine	Thoracic: <i>The middle section of the spine.</i>
TX	Treatment
W/REST	With Restrictions
WBAT	Weight Baring as Tolerated
W/Contrast	With Contrast
W/O Contrast	Without Contrast
W/ & W/O Contrast	With and Without Contrast



NJSIG
NEW JERSEY SCHOOLS
INSURANCE GROUP

NJSIG's Member Services

Benefits of Membership & Training

Specialized Focus	NJSIG is the state's largest and most diverse school board insurance group, serving its approximately 370 members since 1983.
Comprehensive Coverage	All coverages are fully reinsured by the industry's most reputable reinsurers (A.M. Best Rating of A or better).
Safety Grant Program	NJSIG has issued millions of dollars in safety grants to members for safety and security related improvements to their schools. For questions regarding the Safety Grant process, contact grants@njsig.org .
Property Valuation Services	NJSIG partners with CBIZ Valuation Group, LLC to provide property appraisals to members with Property coverage at no additional cost to members.
NEPHA Hotline 1-201-623-1223 nepha@cgajlaw.com	NJSIG's Employment Practices Hotline Attorney, administered by Cleary, Giacobbe, Alfieri & Jacobs, LLC, is a service for members that have School Leaders Errors and Omissions coverage with NJSIG. Its purpose is to provide legal advice before an adverse employment action is taken by the member. The hotline answers questions related to FMLA, harassment, discrimination and other employment matters. This service is available at no additional cost to members.
Cyber Liability Hotline: 1-866-567-8570 bbr.claims@beazley.com	A cyber incident isn't always a disaster, but mishandling it is. NJSIG partners with Beazley Breach Response to provide Cyber Liability coverage and emergency resources. Beazley has an email address and a 24-hour hotline available to members who have Property coverage with NJSIG. Email is strongly recommended as the best method of notification. You may alternatively provide notice of an incident by calling Beazley's 24-hour hotline.
Emergency Crisis Management Hotline 1-212-915-8630	NJSIG partners with Special Contingency Risks Ltd (SCR) to provide assistance to school administrators following an act of school violence. This service is available to all members who have General Liability coverage with NJSIG at no additional cost. This Crisis Management Policy includes 24/7 coverage on claims related to threat, kidnapping, hostage crisis, disappearance, and more.

*To schedule training, email riskcontrol@njsig.org

Benefits of Membership & Training:

Equipment Breakdown Inspections	NJSIG has partnered with Chubb Equipment Breakdown Risk Engineers (EBREs) to conduct all routine jurisdictional inspections for members with Property coverage with New Jersey Schools Insurance Group in accordance with the provisions of N.J.A.C 12.90. Chubb Equipment Breakdown Risk Engineers are commissioned to perform boiler and pressure vessel inspections as required by the State of New Jersey. To schedule an inspection, email riskcontrol@njsig.org .
School Property Inspections	NJSIG has partnered with H&S Loss Control Inspections to conduct inspections of its members' schools with Property coverage at no additional cost. Members are encouraged to schedule a pre-QSAC inspection to assist with New Jersey Department of Education reporting requirements. Members are on a five year schedule. To schedule an inspection, email riskcontrol@njsig.org .
Playground Inspections	Members with Property coverage can have their district's playgrounds inspected by a certified playground inspector at no additional cost. Members are on a one year schedule. To schedule an inspection, email riskcontrol@njsig.org .
Vector Solutions Online Training	NJSIG offers more than 300 online courses through Vector Solutions (formerly SafeSchools) at no cost to members. This includes, but it is not limited to, all courses that the New Jersey Department of Education requires. Real-time results are recorded and administrative reports are delivered to the members to facilitate easy compliance. To learn more about Vector Solutions, please call 800-434-0154, email support.education@vectorsolutions.com , or visit www.vectorsolutions.com .
NSC's Online Defensive Driving Training	NJSIG has partnered with National Safety Council to provide an online defensive driving training to members with Auto Liability and/or Workers' Compensation coverage at no cost. After completion of the course, attendees may be entitled to a discount on their personal auto liability insurer.
NJSIG's Incident Reporting Program	Designed to help our members put students in direct contact with the most appropriate resources available to keep them safe. All of our poster options are tailored to each county and come pre-loaded with emergency contact information, essential hotlines and helplines, and each county's anonymous crime reporting tool. For more information, visit www.njsig.org/incident-reporting .

For more information, visit: www.njsig.org

6000 Midlantic Drive, Suite 300 North | Mount Laurel, NJ 08054

Phone: 609-386-6060 | Off Hours Emergency Claims: 609-369-0535

Revised: 6/28/23



Claims

6000 Midlantic Dr. Suite 300 North, Mount Laurel, NJ 08054

Phone: 609-386-6060 • Fax: 609-386-8877 • Medical Fax: 866-828-2689 • Emergency: 609-369-0535

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This manual was developed by the ERIC North's leadership, member districts with the support of NJSIG.

3rd Edition – August 2023

**Sub-fund Administrator
Arthur J. Gallagher Risk Management Services, LLC**