JOINT INDUSTRY BOARD OF THE ELECTRICAL INDUSTRY

Workers' Compensation Claims Process

Occupational Injury/Illness

FOR LOCAL 3 Security, Maintenance (LIC, LIEC, JIB), Apprentice Instructors, L3 Alumni, & Camp Integrity

STEP 1 Report accident/incident within 24 hours

JIB employees must report the accident/incident to the JIB Department Supervisor/Director on duty within 24 hours from the date of occurrence.

STEP 2 Complete JIB Employee Incident Report & ADR EESISP REPORT see attached

JIB Supervisor/Director must provide the employee with the Worker's Compensation incident form immediately.

Employee must complete Part A

<u>Supervisor/Director must complete Part B</u>

Completed form must be returned to JIB Human Resources within 48 hours

STEP 3 JIB HR Department – Submit ADR REPORT TO EESISP

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STEP 4

EESISP will be responsible for processing the claim and also contacting the injured worker.

Claim information including but not limited to injured employee rights, medical coverage and treatment. Injured worker must communicate directly with EESISP Examiner.

NOTE:

JIB employees must adhere to time and attendance policy per JIB Handbook. Report all time loss related to worker's compensation using our internal time slips to avoid overpayment, duplication of payment, recoupment etc.

HR will update OSHA log, timesheet, and contact employee.

ACCIDENT REPORT

ADR C-2	Contractor (Code Number	If Job MTA check ()	(MTA) OCIP Job #
WCB-ADR Reference Number	ADR Reference Number ADR Carrie		Date of Injury	Social Security Number
Employer's Name		Employer's Address		Employer's Fax Number
ELECTRICAL EMPLOYERS SEL SAFETY PLAN	FINSURANCE	158-11 HARRY VAN ARSDALE JR. AVENUE FLUSHING, NY 11365-3095		Employer's Phone Number
Injured Employee's Name		Injured Employee's Address		Injured Employee's Phone Number
Address Where Accident Occurred		Borough / Zip Code	Was accident on employer's premises? Yes () No (Was employee paid in full for the day? Yes () No ()
Time of Accident Sex Age	Occupation	Average Weekly Wage	Total earnings in previous 52	wks. Apprentice Journeyman Other
Nature of Injury and Body Part Affe	cted Did injure Yes (d obtain medical care?) No ()	If yes, through Magnacare? Yes () No ()	Return to work? Yes () No () Date Returned//
What was employee doing when injured? How did injury occur?				
What was employee doing when injured? How did injury occur? Check any item that was being used when accident occurred: scaffold ladder power tools hydrautic tools Describe in full detail how the accident occurred. Relate the events which led up to this injury or illness. Tell what the injured was doing at the time of this accident.				
used when accident occurred:scaffoldladderpower tools	what the injure W Di Please answer appropriately. Did a the Did the imm	as the injured worker whas anyone OTHER than danyone witness the activities of the following (YES OR NO) In ambulance or police collopsite? It injured stop working nediately?	ith anyone at the time of the i the co-worker present at the ti ccident? Please an Is the injur How long i employe What shift Da	Check if death resulted [] njury? Ime of the injury? Iswer ALL questions: ed employee a Supervisor? was the injured employee ed at this jobsite? did injury occur on? (Check one) ty shift
Check all applicable types of job:new constructionheavy renovationalterationelectrical workdata / communicationtransit work	Did the injury cause lost time be the day or shift of the injury? Was the first treatment emerge care, directly from the jobsite Was the first treating physician chosen by the injured employ Were you aware of any pre-eximedical condition the injured employee had prior to the acceptable.		peyond Ev Gr ency ency ency ency ency ency ency ency	rening shift(approx. 4 pm to midnight) aveyard shift(approx. midnight to 8 am) accident on regular shift, or a? hours worked that day prior to
street / traffic lighting supply / expediting administrative maintenance	Time and date Date of this re			AM / PM / /

Statement of Rights

TO ALL INJURED WORKERS WHO ARE INJURED WHILE WORKING OR WHO SUFFER FROM OCCUPATIONAL DISEASE YOU MAY BE ENTITLED TO WORKERS' COMPENSATION BENEFITS

- You are entitled to Workers' Compensation benefits if your injury keeps you from working for more than 7 calendar days, compels you to work at lower wages, results in facial scarring or disfigurement, or results in a permanent disability to parts of your body. You are entitled to necessary medical treatment even if you do not lose time from work. Compensation and medical treatments are paid for by Electrical Employers Self Insurance Safety Plan (EESISP), a group of employers who have collective bargaining agreements with Local 3, IBEW.
- ♦ Unless your injury is very minor, requiring no medical treatment and causing no lost time from work (either now or in the future), you should immediately notify your employer of your injury and file a claim with EESISP within two years of the date that you are injured or your rights and benefits may be lost. You may obtain an ADR C-3 claim form by contacting the EESISP Office at 1-718-591-2800.
- Obtain necessary medical treatment immediately. If it is a true emergency, first go to the nearest Emergency Room. (Tell any emergency treating physician or hospital that you are covered under the Workers' Compensation policy of EESISP.) Thereafter and in non emergency situations, your medical care will be provided by the MagnaComp Network. As soon as possible after your injury, you should call the MagnaComp Nurse Advocate at 1-888-33NURSE. She will assist you in finding the right provider for your particular injury or illness and will follow up on your treatment.
- ◆ DO NOT PAY THE DOCTOR OR HOSPITAL. Their bills will be paid by EESISP if your claim is not disputed. In the event of a dispute, the doctor or hospital must wait for payment until the case is resolved. If you fail to prosecute the claim or if your case is decided against you, you (or any coverage that you may have) will have to pay the doctor or hospital.
- ♦ EESISP is also responsible for the replacement or repair of any prosthesis (e.g. false teeth, eyeglasses, artificial members, etc.) you may have, that has been lost or damaged in the course of employment, whether or not there was bodily injury to you.
- In addition, you are entitled to drugs, crutches or any apparatus such as belts, braces, etc., if they are properly prescribed by your physician. For all such necessities you are now required to use your prescription card, unless to do so is unreasonable due to emergency situations or unless other arrangements have been made. You will be reimbursed your co-pay upon request.
- You are also entitled to necessary carfare and other expenses related to going to and from the doctor's office, therapy center or hospital. You should secure a bill or receipt for services to ensure payment for such expenses. Keep a record of the dates of service, the doctor or facility traveled to, the overall round trip distance, any parking fee or tolls incurred and forward it with available receipts to the EESISP office. All denials will be reviewed with you by the Compensation Advisor upon request.
- Your injury is covered by a new Alternative Dispute Resolution (ADR) program authorized by the NYS Legislature, negotiated by Local 3, IBEW and EESISP and approved by the NYS Workers' Compensation Board. Under this program, any questions or problems you have about your case are first handled by a Compensation Advisor who has been jointly selected by the Union and the contractors. You may call him at 1-718-591-2800. If he is unable to resolve your problem to your satisfaction within 5 days, you have the right to submit your dispute to a mediator, who will try to help you and EESISP reach a mutually agreeable solution. If the mediator is not able to resolve the problem within 14 days, you have the right to submit your claim to an arbitrator. An arbitration hearing will be held within 30 days and a decision issued.
- You are not required to have anyone represent you in any workers' compensation proceeding, but you have the right to be represented by Local 3's Workers' Compensation Representative (for no charge) or by an attorney or licensed representative, if you choose. If you obtain representation, do not pay your attorney directly. When your case is concluded, the attorney's or representative's fee will be set by a mediator or arbitrator and deducted from your award.
- Compensation is payable directly without waiting for an award, except when the claim is disputed. If your claim is disputed on the grounds that your disability was not caused by an accident that arose out of and in the course of employment, or by an occupational disease, you may be entitled to receive disability benefits (available for off the job injuries). If your claim is disputed and you are not receiving disability benefits, contact the Compensation Advisor.
- Your employer cannot ask you to waive your rights to compensation nor can your employer deduct any money from your pay to contribute to the workers' compensation premiums. You cannot be discharged or discriminated against for filing a claim for workers' compensation benefits.
- Go back to work as soon as you are able; compensation is never as high as your wage.

