What are the 10 Easy Steps for Claiming and Reporting Workers' Compensation Benefits?

1 Normally, all reasonable medical treatment at the direction of an approved physician (hospital, doctor, prescription, etc.) which accrues due to a compensable injury or occupational disease, are paid by the Fund. Workers’ Compensation benefits begin after a three-day waiting period. Employees are paid 2/3 of their gross average weekly wage. The average weekly wage is based on the 52 weeks of wages immediately prior to the date of accident.

INSURANCE GROUP

Wage Statement

Employer: Baldwin County Commission   Date of Injury: 8/1/2004

The following table shows the wages earned by: Deere, John

employed as a: Equipment Operator

	Date	# of days Worked	Gross Wages		Date	# of days Worked	Gross Wages
1.	8/9/2003	5	225.00	27.	2/7/2004	5	225.00
2.	8/16/2003	5	225.00	28.	2/14/2004	5	225.00
3.	8/23/2003	5	225.00	29.	2/21/2004	5	225.00
4.	8/30/2003	5	225.00	30.	2/28/2004	5	225.00
5.	9/6/2003	5	225.00	31.	3/6/2004	5	225.00
6.	9/13/2003	5	225.00	32.	3/13/2004	5	225.00
7.	9/20/2003	5	225.00	33.	3/20/2004	5	225.00
8.	9/27/2003	5	225.00	34.	3/27/2004	5	225.00
9.	10/4/2003	5	225.00	35.	4/3/2004	5	225.00
10.	10/11/2003	5	225.00	36.	4/10/2004	5	225.00
11.	10/18/2003	5	225.00	37.	4/17/2004	5	225.00
12.	10/25/2003	5	225.00	38.	4/24/2004	5	225.00
13.	11/1/2003	5	225.00	39.	5/1/2004	5	225.00
14.	11/8/2003	5	225.00	40.	5/8/2004	5	225.00
15.	11/15/2003	5	225.00	41.	5/15/2004	5	225.00
16.	11/22/2003	5	225.00	42.	5/22/2004	5	225.00
17.	11/29/2003	5	225.00	43.	5/29/2004	5	225.00
18.	12/6/2003	5	225.00	44.	6/5/2004	5	225.00
19.	12/13/2003	5	225.00	45.	6/12/2004	5	225.00
20.	12/20/2003	5	225.00	46.	6/19/2004	5	225.00
21.	12/27/2003	5	225.00	47.	6/26/2004	5	225.00
22.	1/3/2004	5	225.00	48.	7/3/2004	5	225.00
23.	1/10/2004	5	225.00	49.	7/10/2004	5	225.00
24.	1/17/2004	5	225.00	50.	7/17/2004	5	225.00
25.	1/24/2004	5	225.00	51.	7/24/2004	5	225.00
26.	1/31/2004	5	225.00	52.	7/31/2004	5	225.00
		Total (1-26)	$5,850.00			Total (27-52)	$5,850.00
						Total (1-26)	$5,850.00
						Grand Total	$11,700.00

*****List the amount of the employer's portion of health, life or disability insurance premiums paid for this employee:**

Health Insurance $150.00 monthly

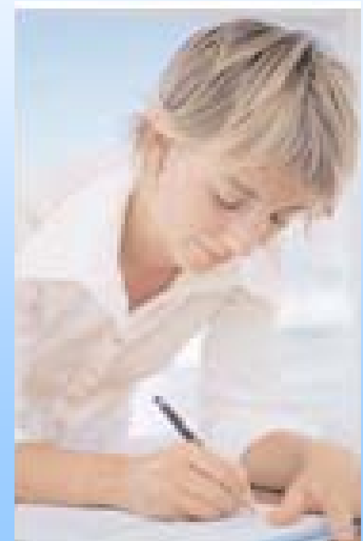
Life Insurance $ 20.00 monthly

Benefits will be continued: Yes ☐ No ☐

Signed: ____________ *Title:* ____________ *Date:* ____________

2 The injured employee should immediately report the accident to his/her employer. The employee has five days from the date of accident to report an on-the-job injury. If the injury is not reported within five days, the employee will not be eligible for compensation or medical benefits until the injury is reported. *No benefits will be paid if the injury is not reported within 90 days.*

3 The employer is responsible for completing the *Employer's First Report of Injury Form*. The *Employer's First Report of Injury Form* should be completed by the supervisor or other appropriately designated personnel, and the forms should include specific details concerning the parts of the body that were injured. The employee is NOT to complete the *Employer's First Report of Injury Form.*



WCC Form 2
Rev. 1985
Rev. 1993

OSHA CASE OR FILE NUMBER

STATE OF ALABAMA

EMPLOYER'S FIRST REPORT OF INJURY OR OCCUPATIONAL DISEASE

Send to: Your workmen's compensation insurance carrier. In duplicate

Ombudsman 1-800-528-5166

Carrier's File No. ____________

PRINT OR TYPE

1. EMPLOYER'S NAME AND MAILING ADDRESS (No. & Street, City, County, State, ZIP), (As shown on Insurance Policy or S.I. Certificate)
Baldwin County Commission
312 Courthouse Square, Suite 12
Bay Minette, Alabama 36507
TELEPHONE NUMBER (251) 580-1696

LOCATION, IF DIFFERENT FROM MAILING ADDRESS

2. EMPLOYER IDENTIFICATION (U.C. ACCOUNT NUMBER) LR 13311800

3. CARRIER OR SELF-INSURANCE REGISTRATION # GSI# 6-54321

3a. SERVICE COMPANY #

4. NATURE OF BUSINESS (Manufacturing, Trade, Transportation, etc.) County Government

SPECIFIC PRODUCTS

5. WORKMEN'S COMPENSATION PROVIDED BY: INSURANCE CARRIER ☐ SELF INSURANCE ☐ GROUP FUND ☒
IF INSURANCE CARRIER, GIVE NAME AND ADDRESS: Meadowbrook P.O. Box 11047 Montgomery, AL 36111

6. EMPLOYEE'S NAME (Last) (First) (Middle) Deere, John

7. SEX Male ☒ Female ☐

8. AGE (DOB) 38 7/1/66

9. SOCIAL SECURITY NUMBER 123-45-6789

10. EMPLOYEE'S HOME ADDRESS (No. & Street or RFD, City, County, State, Zip) 007 Deere Trail, Bay Minette, AL 36507

11. MARITAL STATUS: SINGLE ☐ MARRIED ☒ DIVORCED ☐ SEPARATED ☐ WIDOWED ☐

12. HOME TELEPHONE (251) 867-5309

13. REGULAR OCCUPATION Equipment Operator

14. WORKING IN WHAT DEPARTMENT WHEN HURT Road Department

15. PLACE OF ACCIDENT OR EXPOSURE (Address or location, include County) Hwy #59 Bay Minette, AL Baldwin County

16. ON EMPLOYER'S PREMISES? YES ☐ NO ☒

17. DATE OF OCCURRENCE 8/1/2004

18. TIME OF DAY 10:15 a.m. ☒ p.m. ☐

19. DATE DISABILITY BEGAN 8/2/2004

20. DATE EMPLOYER NOTIFIED 8/1/2004

21. DESCRIBE THE INJURY OR ILLNESS IN DETAIL AND INDICATE THE PART OF THE BODY AFFECTED. (EX. Amputation of right index finger at second joint, fracture of 2 ribs, lead poisoning, dermatitis on left hand, etc.)
Multiple contusions & abrasions; traumatic brain injury.

22. IF FATAL GIVE DATE OF DEATH :

23. WHAT THING DIRECTLY PRODUCED THIS INJURY OR ILLNESS? (Name object struck against or struck by; vapor, poison, chemical or radiation: if strain or hernia, the thing being lifted, pulled, pushed etc: if injury resulted solely from bodily motion, the stretching, twisting, etc. which resulted in injury.)
Flying Watermelons

24. HOW DID THE ACCIDENT OR EXPOSURE OCCUR? (Begin by telling what the employee was doing just before the accident or exposure. Be specific If employee was using tools or equipment or handling material, name them and tell what employee was doing with them.)
Mowing county right-of-way
(Now describe fully the events which resulted in injury or illness. Tell what happened. Specify how objects or substances were involved. Give full details of all factors which led or contributed to the accident or exposure.)
Mower was side swiped by watermelon truck. Flying watermelon struck employee in head, knocking him to ground.

25. NAME AND ADDRESS OF TREATING PRACTITIONER
Dr. Jekyll
101 Hyde Avenue, Bay Minette, AL 36507

NAME AND ADDRESS OF HOSPITAL
HOSPITAL ☒ OUT-PATIENT ☐ EMERGENCY TREATMENT ☒
Kingdom Hospital
Bay Minette, AL

26. Has Injured Returned to Work Yes ☐ No ☒

27. If so, Date

28. At What Wage

29. At What Occupation?

30. LENGTH OF TIME IN YOUR EMPLOY? YEARS 5 MONTHS 2

31. LENGTH OF TIME IN PRESENT JOB? YEARS 5 MONTHS 2

32. NUMBER OF DEPENDENTS? 5 3/4

33. Average Weekly Wage $225.00

34. Weekly Value of Remuneration Other Than Wages (Food, Lodging, Etc.)

35. DID EMPLOYEE RECEIVE FULL PAY FOR DAY OF INJURY? YES ☒ NO ☐

36. Date of This Report 8/1/2004

37. Signed/ Submitted By: Lyle Lovett

38. Signature

39. Official Position or Title Baldwin County C.E.O.

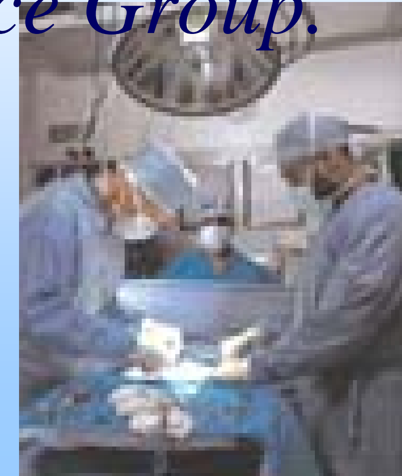
Do Not Write/Type In The Space Below

Employer U.C.
Carrier Number
SIC
Carrier – Fund
Social Security #
Sex
Marital Status
Dependents
Age
Occupation
Event County
On Premises
Event Date
Paid Date of Injury
Employer Knew
Injury Source
Accident Type
Nature of Injury
Part of Body
Date of Death
Stopped Work
Time Employed
Time in Job
Weekly Wage
Report Date
Report Received
Back to Work
Case Class

4 The *Employer's First Report of Injury Form* should be mailed or faxed as soon as possible to Meadowbrook Insurance Group. *DO NOT hold the Employer's First Report of Injury Form until medical bills are received.*

5 Forward all medical bills related to the injury to Meadowbrook Insurance Group as soon as they are received. Medical bills must be paid within 25 working days from the date they are received by the county or Meadowbrook Insurance Group. Late payment of medical bills could result in penalties.

6 The employee should be evaluated as soon as possible by the county approved physician or facility. If the employee's injuries are life threatening, he/she should be immediately taken to the nearest facility for treatment. *Otherwise, medical services provided by anyone other than the county-approved physician or facility must be pre-approved by Meadowbrook Insurance Group.*



7 Any request for a medical referral must be directed to and approved by Meadowbrook Insurance Group.

8 Any accident resulting in a fatality should be immediately reported to Meadowbrook Insurance Group.

9 All on-the-job accidents, injuries and occupational diseases, no matter how big or small, must be reported. *Failure to do so could preclude treatment under the Workers' Compensation rules.*

10 No compensation shall be allowed for an injury or death caused by willful misconduct , refusal to use prescribed safety equipment or appliances, willful violation of the law, breach of a rule or regulation of which the employee has knowledge, or intoxication by use of alcohol or drugs.

P.O. Box 11047
Montgomery, AL 36111
(334) 954-7200 * (866) 804-9412

Connie Wilson
WC Claims Supervisor
(334) 954-7228 Direct
(877) 800-9137 Direct Fax
cwilson@meadowbrook.com