Workers’ Compensation System Guide

NSU Employee Manual

For more information regarding prevention of risk visit our website at http://www.nova.edu/cwis/fop/risk/
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**Florida Guidelines - Section A: Workers’ Comp Works for You (English)**

**Workers’ Comp Works For You**

**If you are injured on the job:**

1. Notify your employer immediately to get the name of an approved physician. Workers’ comp insurance may not pay the medical bills if you don’t report your injury promptly to your employer.

2. Notify the doctor and medical staff that you were injured on the job so that bills may be properly filed.

3. If you have any problems with your claim or suffer excessive delays in treatment, contact the State of Florida’s Division of Workers’ Compensation at 1-800-342-1741.

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**$25,000 Reward**

Rewards of up to $25,000 may be paid to persons providing information to the Department of Financial Services leading to the arrest and conviction of persons committing insurance fraud, including employers who illegally lead to obtain workers’ compensation coverage. Persons may report suspected fraud to the department at 1-800-378-0445 or online at http://www.myfloridacth.com/fraudpage-soap.

A person is not subject to civil liability for furnishing such information, if each person acts without malice, fraud, or bad faith.

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Compensación Por accidentes De Trabajo Labora Para Usted (Spanish)
**Florida Employee Facts – Section B: Important Workers’ Compensation Information for Florida’s Workers (English)**

**Employee Assistance Office**

The Division of Workers’ Compensation, Employee Assistance Office (EAO), helps prevent and resolve disputes between injured workers, employers, and carriers. If the insurance carrier does not provide benefits to which you believe you are entitled, you may contact EAO’s toll-free hotline at 1-800-342-1741. EAO specialists are knowledgeable about the workers’ compensation system. They will be able to address your concerns and attempt to prevent or resolve disputes. EAO has offices throughout the state that you can visit or call. You can find EAO statewide locations at http://www.MyFloridaCFO.com/WC/organization/eao_offices.html.

**Services provided by EAO include:**

- Educating and providing information to you about your claim.
- Assisting you in resolving disagreements regarding your claim, at no cost to you.
- Assisting you with understanding the procedures for filing a Petition for Benefits with a Judge of Compensation Claims.

Information regarding your rights and responsibilities under the Workers’ Compensation Law is available in an on-line "Injured Worker Workshop" presentation on the Division’s Web site at www.MyFloridaCFO.com/WCEmployeeInfo.html, and answers to frequently asked questions can be accessed at www.MyFloridaCFO.com/WCfaq/benefits.html. You may also submit specific questions relating to your claim to eao at eao@MyFloridaCFO.com and receive answers directly by e-mail.

**Statute of Limitations**

Once you are injured at work or become aware of a workers’ compensation injury or illness, you have 30 days in which to report your injury or illness to your employer. Failure to report your injury within 30 days may jeopardize your claim.

Generally, you have two years from the date of your injury or illness to file a claim for workers’ compensation benefits. Failure to report your injury or illness within 30 days may be used as a defense against your claim regardless of the one-year statute of limitations for filing a claim. Your eligibility for benefits may also be eliminated one year from the date you first received a verified replacement check or approved medical treatment.

**Denial of Benefits**

If the insurance carrier does not provide benefits to which you believe you are entitled, or has denied your claim, contact the Employee Assistance Office (EAO). Although the EAO does not provide legal advice, our specialists will answer questions about your rights and responsibilities and may be able to resolve problems you are having with your workers’ compensation claims. This help is free and available by contacting the EAO at 1-800-342-1741.

**Anti-Fraud Reward Program**

Workers’ compensation fraud occurs when any person knowingly and with intent to injure, defraud or deceive any employer or employee, insurance carrier or self-insured program files false or misleading information. Workers’ compensation fraud is a third-degree felony that can result in fines, civil liability and jail time. Rewards of up to $25,000 may be paid to individuals who provide information that leads to the arrest and conviction of persons committing insurance fraud. To report suspected workers’ compensation fraud, call 1-800-378-0445.

**Disclaimer:**

This publication is being offered as an informational tool only and contains with S. 440.185 (4) F.S., with the understanding that this is not official language of the Florida Statutes. In no event will the Division of Workers’ Compensation be liable for direct or consequential damages resulting from the use of this printed material.

**Reemployment Services**

If you are unable to perform the duties required for your former job as a result of your work-related injury or illness, you can contact the Employee Assistance Office (EAO) at WCASE@MyFloridaCFO.com or call 1-800-342-1741 for free reemployment services.
If you are injured as a result of a work-related accident, your employer’s workers’ compensation coverage may entitle you to medical and partial wage replacement benefits.

**Wage Replacement Benefits**

If you are unable to work or your earnings are lower because of a work-related injury or illness, you may be able to receive some wage replacement benefits. You may be eligible for these benefits if you have been disabled for more than seven calendar days and are not able to perform your normal job duties as advised by your authorized doctor.

If you qualify, wage replacement benefits will begin on the eighth day of partial or total disability. You will not receive wage replacement benefits for the first seven days of disability, unless you are disabled for more than 21 days due to your work-related injury or illness.

In most cases, the wage replacement benefits will equal two-thirds of your pre-injury regular weekly wage, but the benefit will not be higher than Florida’s average weekly wage. You can generally expect to receive your first benefit check within 21 days after the carrier becomes aware of your injury or illness and bi-weekly thereafter.

- **Temporary Total Benefits:** These benefits are provided as a result of an injury or illness that temporarily prevents you from returning to work, and you have not reached MMI.

- **Temporary Partial Benefits:** These benefits are provided when the doctor releases you to return to work with restrictions and you have not reached MMI and earn less than 60 percent of your pre-injury wage. Note: The maximum length of time you can receive temporary total or partial benefits is 104 weeks or until the date of MMI is determined, whichever is earlier.

- **Permanent Impairment Benefits:** These benefits are provided when the injury or illness causes any physical, psychological or functional loss and the impairment exists after the date of MMI. A doctor will assign a permanent impairment rating, expressed as a percentage of disability to the body as a whole.

- **Permanent Total Benefits:** These benefits are provided when the injury causes you to be permanently and totally disabled according to the conditions stated in the law.

**Death Benefits:** Compensation for deaths resulting from workplace accidents include payment of funeral expenses and dependency benefits (subject to limits defined by law). A dependent spouse may also be eligible for job training benefits.

The rate, amount and duration of compensation for all wage replacement benefits are detailed in the workers’ compensation laws. If you have questions about your benefits, call your claims adjuster or the Employee Assistance Office (EAO) at 1-800-342-1741.

**Injured Worker Responsibilities**

Communicate with the Employer:

- Contact your employer immediately to notify them of your on-the-job injury or illness.

- Provide your employer a copy of the Medical Treatment Status Reporting form (CWC25) after each medical appointment.

- Return to work when you are released by your physician and when your employer offers a position within your physical limitations to avoid suspension of your lost wage benefits.

Communicate with the Carrier:

- Review the First Report of Injury or Illness (CWC1) form upon receipt and verify the accuracy of your address, phone number, social security number and the description of the accident. If there is information you do not agree with, or if information has been certified, immediately notify your adjuster in writing.

- Review, sign and return the mandatory fraud statement to the insurance carrier. By signing this document, you are confirming your understanding of this important information. Your benefits shall be suspended if you refuse to sign this document.

- Report wages from all sources of employment to the carrier if you had more than one employer in the 13 weeks immediately preceding your date of accident. This will assist the carrier in determining the proper wage replacement amount.

- Keep your adjuster regularly informed on the status of your claim, medical authorization needs and any wages you have earned. (Note: If you are represented by an attorney, the adjuster may not be able to speak with you directly.)

**Carrier Responsibilities**

- Timely provision of medical treatment.

- Timely payment of wage replacement benefits.

- Timely payment of medical bills.

- Timely reporting of your claim information to the Division of Workers’ Compensation.

- Timely notification of any changes in the status of your claim. This information will be provided to you by mail on either a Notice of Action / Change form (CWC4) or a Notice of Denial form (CWC12).
Información Importante de Seguro de Indemnización por Accidentes de Trabajo

Información Para Trabajadores

Programa de Recompensa por Anti-Fraude
El fraude de seguro por accidentes de trabajo ocurre cuando cualquier persona con conocimientos y con el inten de hacer daño, defraudar o engañar a cualquier empleado o trabajador, compañía de seguros, o a sus agentes, presenta información falsa o engañosa. El fraude de seguros por accidentes de trabajo es un delito mayor de tercer grado que puede resultar en multas, responsabilidad civil, o encarcelamiento. Recompensas de hasta $25,000.00 se pueden pagar a personas que proporcionan la información que concluye a la detención y a la convicción de personas que han cometido fraude de seguro. Llame al 1-800-578-0445 para reportar sospechas de fraude de seguro por accidentes de trabajo.

Limitación de responsabilidad
Esta publicación está diseñada exclusivamente como una herramienta de información, acá s.409.165 (a) P.S. con el entendimiento que esto no es un document oficial de los Estatutos de la Florida. Sobre inexactas circunstancias serán la División de Compensación por accidentes de trabajo responsables de datos directos e informaciones del uso de este material.

INFORMACIÓN IMPORTANTE DE SEGURO DE INDEMNIZACIÓN POR ACCIDENTES DE TRABAJO PARA LOS TRABAJADORES DE LA FLORIDA

G:\Workers\Comp\2015 files\Policy Manuals 7
Si usted se lesionara como resultado de un accidente de trabajo, la compañía de seguro de su empleador podría proveerle beneficios médicos y una porción de su salario.

**Beneficios Médicos**

También la compañía de seguro tiene conocimiento de que la ciencia y la tecnología han evolucionado y que hay más medicamentos y tratamientos disponibles que nunca antes. Por lo tanto, es posible que usted pueda recibir reemplazo parcial del salario. Dicho esto, puede ser elegible para estos beneficios si ha estado incapacitado por más de siete días y no ha podido cumplir con sus deberes normales en su empleo según el consejo de su médico autorizado.

En la mayoría de los casos, los beneficios de reemplazo de salario igualan a dos tercios (2/3) del salario semanal regular que usted ganaba antes de sufrir la lesion o enfermedad, pero el beneficio no excederá el promedio de los salarios semanales en la Florida. Usted generalmente debe esperar recibir su primer cheque de beneficio dentro de 21 días después de que la compañía de seguro tenga conocimiento de su lesión o enfermedad. Los siguientes cheques (policiales) se enviarán equitativamente:

- **Beneficios para Incapacidad Total Temporal (TTD por su sigla en inglés)**: Estos beneficios son proporcionados como resultado de una lesión o enfermedad que temporalmente prohíbe que usted vuelva a trabajar y usted no ha alcanzado el máximo beneficio médico.

- **Beneficios para Incapacidad Parcial Temporal (PTD por su sigla en inglés)**: Estos beneficios son proporcionados cuando el médico le permite volver a trabajar con restricciones. Usted no alcanzará el máximo beneficio médico, pero gana menos del 80% del salario que ganaba antes de sufrir la lesión o enfermedad. **Beneficios temporales son pagables por un máximo de 104 semanas o hasta la fecha en que se determine que usted ha alcanzado el máximo beneficio médico, lo que ocurra primero.**

- **Beneficios para Daños Permanentes (PD por su sigla en inglés)**: Estos beneficios son proporcionados cuando la lesión o enfermedad causa pérdida física, psicológica o funcional y se espera que el beneficio exista después de la fecha de la máxima incapacidad médica (MM). Un médico lo asignará una vez que el seguro médico haya determinado que la lesión o enfermedad ha causado el daño permanente y el tratamiento médico sea necesario.

En cuanto alcance la máxima incapacidad médica (MM) por su sigla en inglés), usted tendrá que pagar un costo de $10.00 por cada consulta para tratamiento médico. La máxima incapacidad médica ocurre cuando el médico que lo atiende determina que su lesión o enfermedad ha avanzado hasta el punto que una mejora adicional no es probable.

**Beneficios de Reemplazo de Salario**

Si usted no puede trabajar su ingreso es reducido debido a la lesión o enfermedad relacionada con su empleo, es posible que usted pueda recibir reemplazo parcial del salario. Usted puede ser elegible para estos beneficios si ha estado incapacitado por más de siete días y no ha podido cumplir con sus deberes normales en su empleo según el consejo de su médico autorizado.

Los beneficios de reemplazo de salario son estipulados en la ley de compensación por accidentes de trabajo. Si usted tiene preguntas sobre sus beneficios haga un llamado a su aseguradora de reemplazo de salario o a la Oficina de Ayuda al Trabajador al 1-800-342-1741 Ext. 30227.

**Responsabilidades del Trabajador Lesionado**

Comuníquese con el Empleador:

- Contacte su supervisor y empleador inmediatamente para notificar que sufrió una lesión o enfermedad en su trabajo.
- Provea a su empleador una copia del Formulario para Reportar el Estatuto de su Caso: Tratamiento Médico (formulario médico para mejorar el tratamiento de su caso) (DW25) (titulado en inglés “Medical Treatment Report/Angle Form (DW25)”). Después de cada cita médica.
- Vuelva a su lugar de empleo cuando su médico le permita y su empleador le ofrezca un trabajo de acuerdo a sus limitaciones para evitar la suspensión de los beneficios de reemplazo de salario.

**Comuníquese con la compañía de seguros:**

- Revise el formulario Primer Reporte de la Lesión o Enfermedad (DW25) (titulado en inglés “First Report of Injury or Illness (DW25)”) cuando la reciba y verifique su dirección, número de teléfono, número de seguro social, y la descripción del accidente. Si hay alguna información con la cual usted no está de acuerdo, sí ti existe alguna información que conoce, informe de inmediato notificando a su aseguradora de reemplazo de salario.
- Revise, firma y devuélva a la compañía de seguros la declaración de traída. En una obligación. Al firmar este documento, está confirmando que entendió esta información importante. Sus beneficios serán suspendidos si usted no firma y provee la declaración a la compañía de seguros.
- Si ha trabajado más de 104 semanas en el momento de la lesión o enfermedad, repite todos los salarios recibidos durante ese período. Esto ayudará a la compañía de seguros a determinar la cantidad correcta de su beneficio de reemplazo de salario.
- Mantenga a su aseguradora de reemplazo de salario regularmente informada sobre el estado de su reclamo, su necesidad de autorización de tratamiento médico, y cualquier ingreso. (Nota: si usted está representado por un abogado, posiblemente no necesite el asesoramiento de su aseguradora de reemplazo de salario para hablar con usted directamente.)

**Comuníquese con el Médico Autorizado por la Compañía de Seguros:**

- Identifique todas las partes del cuerpo que están o potencialmente pueden ser afectadas, y sean específicas para identificar las áreas al dolor.
- Comuníquese con sus citas médicas.
- Advierta al médico que debe con su médico el estar de acuerdo a sus limitaciones para evitar la suspensión de los beneficios de reemplazo de salario.
- Notifique a su médico de cualquier cambio de dirección o número de teléfono.

**Responsabilidades de la Compañía de Seguros**

- Disposición oportuna del tratamiento médico le proporcionará una cita a la compañía de seguros. (Nota: en una situación en la que la compañía de seguros no le proporciona una cita a la compañía de seguros, puede tener que hacer una cita para obtener el tratamiento médico.)
- Lleve su médico autorizado a ver al médico antes de que el sumario o cita. (Nota: en una situación en la que la compañía de seguros no le proporciona una cita a su médico para tratamiento médico, puede tener que hacer una cita para obtener el tratamiento médico.)
- Notifique a su médico de cualquier cambio de dirección o número de teléfono. (Nota: en una situación en la que la compañía de seguros no le proporciona una cita a su médico para tratamiento médico, puede tener que hacer una cita para obtener el tratamiento médico.)

**Responsabilidades de la Compañía de Seguros**

- Disposición oportuna de la reclamación de la División de Compensación por Accidentes de Trabajo.
- Notificación oportuna de cualquier cambio del estado de su reclamación (Nota: en una situación en la que la compañía de seguros no le proporciona una cita a la División de Compensación por Accidentes de Trabajo, puede tener que hacer una cita para obtener el tratamiento médico.)
- Notificación oportuna de cualquier cambio del estado de su reclamación (Nota: en una situación en la que la compañía de seguros no le proporciona una cita a la División de Compensación por Accidentes de Trabajo, puede tener que hacer una cita para obtener el tratamiento médico.)
- Notificación oportuna de cualquier cambio del estado de su reclamación (Nota: en una situación en la que la compañía de seguros no le proporciona una cita a la División de Compensación por Accidentes de Trabajo, puede tener que hacer una cita para obtener el tratamiento médico.)
- Notificación oportuna de cualquier cambio del estado de su reclamación (Nota: en una situación en la que la compañía de seguros no le proporciona una cita a la División de Compensación por Accidentes de Trabajo, puede tener que hacer una cita para obtener el tratamiento médico.)
- Notificación oportuna de cualquier cambio del estado de su reclamación (Nota: en una situación en la que la compañía de seguros no le proporciona una cita a la División de Compensación por Accidentes de Trabajo, puede tener que hacer una cita para obtener el tratamiento médico.)
Procedural Information - Section C:

NSU Workers' Compensation Quick Facts

**Reporting Period:** An employee who suffers an injury/illness arising out of and in the course of employment must advise his/her supervisor, Risk Management or OHR contact of the injury immediately, but no later than within 30 days after the date of or initial manifestation of the injury. The law requires that you report the accident or your knowledge of a job-related injury within 30 days of your knowledge of the accident or injury. Failure to report the injury/illness in the noted timeframe could result in the denial of the claim under certain circumstances. However, if the employee reports the injury after the 30 day period the information must be reported to Risk Management immediately using the pertinent forms found online at [http://www.nova.edu/cwis/fop/risk/forms/workers_comp.pdf](http://www.nova.edu/cwis/fop/risk/forms/workers_comp.pdf).

**Waiting Period for Comp Benefits after Injury:** 7 days

**Wage Replacement Benefits:** If an authorized treating physician places an injured worker off work the workers’ compensation benefits for lost wages will start on the eighth day that the employee is unable to work. No wage replacement benefits are paid for the first 7 days of work missed, unless the employee is out of work for more than 21 days due to the work-related injury. The wage replacement benefits will equal two-thirds (66-2/3%) of the employee’s pre-injury regular weekly wage, but the benefit will not exceed Florida’s Maximum Compensation Rate for the year of the accident and is on a paid bi-weekly basis. An injured worker who is receiving wage replacement can use 2.5 hours or equivalent hours of his/her own accrued sick, personal, or vacation hours towards full wage compensation (based on a 7.5 hour daily scale).

Compensation is retroactive if disability continues for what period of time from the date of injury? If an authorized treating physician places an injured worker off in excess of 21 days, the 7 days is paid by the 4th week of disability.

**Choice of Physician:** You must see a doctor authorized by your Risk Management office (ext. 25404) or the insurance company (321-578-5126 or 866 222-6630). If it is an emergency and you cannot reach the Risk Management office or adjuster, to tell you where to go for treatment, go to the nearest emergency room and let Risk Management and the adjuster know as soon as possible what has happened.
If it is after hours and you cannot reach the Risk Management office or adjuster, to tell you where to go for treatment and your PCP is not available go to the nearest emergency room and let Risk Management and the adjuster know as soon as possible what has happened.

Per Florida Statute 440.13(2) (f), an injured worker is entitled to a one time change per accident. The insurance company will authorize an alternative physician within five days of receiving a written request from the injured worker. If medical care is provided outside an authorized approved network, the employer chooses the physician.

**Transportation during Disability Period:** Medical transportation is available if the injured worker needs it. If the injured worker uses his/her vehicle for transportation to medical providers, they are reimbursed at the current rate of 44.5¢ per mile. The carrier/servicing agent can supply mileage forms or the employee can retrieve same online at http://www.nova.edu/cwis/fop/risk/forms/workers_comp.pdf. Call York Risk Services Group, Inc. immediately at 321-578-5126 or 866 222-6630 if you need transportation or cannot make an appointment.

**Prescription Benefit:** Medications can be dispensed at any pharmacy (see Helios listing). The injured worker pays no co-pay (prior to MMI) for Rx. if an authorized medical provider prescribes medical services, devices, appliances, etc., as it relates to the injury/illness. Please contact your claim adjuster at YORK (321-578-5126 or 866 222-6630) for authorization prior to receiving service or Risk Management for assistance.

**Notification from Insurance Company:** Within 3-5 business days after you or the Office of Risk Management report the accident, you should receive an informational brochure explaining your rights and obligations, and a Notification Letter explaining the services provided by the Employee Assistance Office of the Division of Workers’ Compensation. These forms may be part of a packet which may include some or all of the following:

- A copy of your accident report or “First Report of Injury or Illness,” which you should read to make sure it is correct;
- A fraud statement, which you would have already read, signed and returned to the Office of Risk Management for forwarding to the insurance company. If you have not done so, then you must read, sign and return it as soon as possible, or benefits may be temporarily withheld until you do so;
- A release of medical records, which you would have already read, signed and returned to the Office of Risk Management for forwarding to the insurance company. If you have not done so, then you must read, sign and return it as soon as possible; and
- Medical mileage reimbursement forms that you should fill out, after seeking medical treatment, and send to your claims adjuster for reimbursement. You may forward a copy to the Office of Risk Management to be placed on your file.
FAQ’s regarding Workers’ Compensation

How long do I have to report a claim to my employer?
All injured workers must contact their supervisor/employer immediately to notify them of any on-the-job injury. Claims reported after 30 days could be denied.

Which forms do I need to complete?
All injured workers should complete a First Report of Injury form, NSU Employee Statement Regarding Cause of Accident, York Risk Services Group, Inc. (YORK) Workers’ Compensation Treatment Authorization form, YORK False or Fraudulent Claim Warning form and YORK Medical Records Release Authorization form when filing.

It is important that all injured workers complete the fraud statement. Benefits might become suspended if said injured workers refuse to provide the requested signature.

What doctor can I go to?
Your Workers’ Compensation Risk Management Specialist (employer) or insurance company (YORK), upon becoming aware of your injury will direct you to a health care provider for such period as the nature of the injury or the process of recovery may require. Medical care must be authorized by the Workers’ Compensation Risk Management Specialist or insurance company.

Why can’t I go to the doctor of my choice?
Per Florida Statute 440.13(2) (a), the law requires that the employer/insurance company provide the appropriate medical care.

Can I go to my own personal physician?
No. You must go to an authorized physician provided by FICURMA or the insurance company (YORK).

The doctor is not helping me. Can I request a different doctor for my treatment?
Yes. Per Florida Statute 440.13(2) (f), you are entitled to a one time change per accident. The request for a change in physician must be in writing and provided to the insurance company (YORK). Upon receipt of the request, the insurance company will select and authorize an alternative physician within five days of receipt of the written request. The injured worker or insurance company (YORK) may also select a one-time Independent Medical Examination (IME), per accident. Please note, if your accident occurred on or after 10/1/03, the party requesting the IME is responsible for payment.

Will I have to pay any medical bills?
No, all authorized medical bills should be submitted by the medical provider to YORK for payment until you reach maximum medical improvement. Once you reach Maximum Medical Improvement you will be required to pay $10.00 co-pay per visit.
If prescribed, how do I get my prescription filled?
If a prescription is prescribed by your authorized physician, please take the prescription to your pharmacist along with the information from Helios to ensure your prescriptions are billed directly to the insurance company. In rare cases you may be asked to pay for your medications: if this happens, you will be reimbursed any money you have to advance once receipts are provided to the insurance company.

What is my responsibility when the doctor places me on restricted duty?
It is your responsibility to communicate with your Supervisor and Workers’ Compensation Risk Management Specialist following your appointments. If you are given restrictions or placed out of work any time during your treatment, please ensure they are communicated to your Supervisor and Workers’ Compensation Risk Management Specialist immediately. Please remember, the doctor gives you restrictions until your next visit to help you recover from your injury. It is extremely important that you observe your restrictions at work as well as in your daily life.

If you are placed on medical leave please contact your Human Resources Total Rewards team for information pertaining to filing a request for medical leave due to your workers’ compensation status. The contact extensions information can be had online at http://www.nova.edu/hr/staff.html.

Do I have to attend my appointments?
Yes. Time, effort and expense are put into providing your medical care. If you do not follow the doctor’s direction and attend all medical appointments your case may be terminated for non-compliance and all benefits suspended.

If a medical bill comes to my house, what do I do?
Fax or mail the medical bill to the Risk Management Office (fax # 954-262-6860/3814). The Workers’ Compensation Risk Management Specialist relates it to the claim and forwards it to your adjuster. YORK will pay all authorized invoices for your claim. Otherwise, you can elect to forward the bill to your YORK adjuster (fax. 866 548-2637) or by email to the adjuster.

Will I get paid mileage to my medical appointments?
If you, a family member or friend drives you to an authorized appointment, physical therapy, hospital, diagnostic testing or pharmacy you are entitled to mileage reimbursement @ 44.5 cents per mile or current rate. A form is available to document the appropriate mileage.

What do I do if I can’t make my appointment or do not have transportation?
Call YORK immediately at 321-578-5126 or 866 222-6630.

When do I get my first check?
You should receive the first check within three (3) weeks after reporting your injury to FIGURMA/YORK and have been off work by an authorized treating physician beyond the waiting period.

All injured workers must report any wages (from all employment) earned to the insurance carrier.
**How much will I be paid?**

In most cases, benefits are calculated at 66 2/3 percent of your average weekly wage up to the state max for the year of your accident. If you were injured on or after October 1, 2003, your average weekly wage is calculated using wages earned 13 weeks prior to your injury, not counting the week in which you were injured.

**Will I be paid if the doctor takes me off work?**

In most cases, your first check will be from the 8th day of disability through the time your authorized treating physician releases you to return to work. Under Florida law, you are not paid for the first seven days of disability, unless you are out more than 21 days.

**Will the check come to my house?**

If you are entitled to benefits, your check will be mailed to your home. Please make sure we have the most up to date information regarding your address and phone number.

**Can I receive unemployment compensation and workers’ compensation benefits at the same time?**

No, not if you are receiving temporary total or permanent disability benefits, you must be medically able and available to work to qualify for unemployment benefits.

**Will I get fired because of my injury?**

No. It is against the law to fire you because you have filed or attempted to file a workers’ compensation claim.

**If I choose to have Legal Representation how would this affect my claim?**

Injured workers are not required to have an attorney but are free to retain one if they so desire. If an injured worker elects to hire an attorney to represent him or her with his or her workers’ compensation claim -

(a) Fees and costs may come out of benefits received, unless his or her employer or workers’ compensation carrier is held responsible for paying the attorney fees and other costs which may occur under certain limited circumstances.

(b) All communication, whether written or verbal, pertaining to an injured worker’s claim, must be between the injured worker’s attorney and NSU’s Third Party Administrator. Consequently, the injured worker cannot communicate with NSU representatives/employees pertaining to his/her claim while represented by an attorney.

**If my claim is based on Mental or nervous disorders how is it covered?**

Mental or nervous injuries (440.093): A mental or nervous injury due to stress, fright or excitement only is not an injury by accident arising out of the employment (see 440.02(1), Definitions.) Section 440.093 addresses mental or nervous injuries. It states that the physical injury must be and remains the major contributing cause and limits the payment of permanent benefits for mental or nervous injury to six months following date of maximum medical improvement for the physical injury.

**Who do I contact if I have any questions concerning my benefits?**

York Risk Services Group, Inc.: @ 321-578-5126 or 866 222-6630. Their mailing address is York Risk Services group, Inc., P.O. Box 183188, Columbus, OH 43218-3188; Tel. 3321-578-5126 or 866 222-6630 and/or the Risk Management Office at 954-262-5404.
(a) All injured workers must complete and return forms to the insurance carrier when asked.
(b) All injured workers must notify the insurance carrier of any address changes.

Disclaimer: The above represents a summary of information pertaining to Nova Southeastern University’s Worker’s Compensation Benefit. Please note that worker’s compensation law can be complex and these laws and policies are subject to amendment at any time. If you need help with a workers’ compensation issue, please consult your YORK and/or Workers’ Compensation Risk Management team.
MAKING IT EASY...
TO GET WORKERS’ COMPENSATION PRESCRIPTIONS FILLED.

Helios has been chosen to manage your workers’ compensation pharmacy benefits for your employer or their insurer. Below is your First Fill card that will allow you to receive your injury-related prescriptions at your local pharmacy. Please fill out the card based on the instructions below.

Injured Employee:

If you need a prescription filled for a work-related injury or illness, go to a Helios Tmesys network pharmacy. Give this temporary card to the pharmacist. The pharmacist will fill your prescription at low or no cost to you.

If your workers’ compensation claim is accepted, you will receive a more permanent pharmacy card in the mail. Please use that card for other work-related injury or illness prescriptions.

Most pharmacies, including Walgreens, our preferred provider, and all major chains, are included in the network. To find a network pharmacy call 888.764.1284 or visit www.tmesys.com and click on “Pharmacy Locator.”

Questions? Need Help?

888.764.1284

NOTE: This First Fill card is only valid for your workers’ compensation injury or illness.

Employer:

Immediately upon receiving notice of injury, fill in the information above, sign, and give this form to the employee.
HACEMOS MÁS SENCILLO...
EL ABASTECIMIENTO DE LAS RECETAS MÉDICAS DEL PROGRAMA DE COMPENSACIÓN POR ACCIDENTES LABORALES.

Helios ha sido elegido para administrar los beneficios farmacéuticos de su programa de compensación por accidentes laborales para su empleador o su asegurador. Más adelante incluimos su tarjeta First Fill que le permitirá recibir las recetas médicas relacionadas con su lesión en su farmacia local. Llene esta tarjeta siguiendo las instrucciones que se indican a continuación.

**Empleado lesionado:**

- Si necesita que se le abastezca su receta médica para una lesión o enfermedad relacionada con su trabajo, visite una farmacia de la red Helios Tmesys. Entregue esta tarjeta temporal al farmacéutico. El farmacéutico abastecerá su receta médica a bajo costo o sin costo alguno.

- Si se acepta su reclamación del programa de compensación por accidentes laborales, recibirá una tarjeta permanente por correo. Use esa tarjeta para otras recetas médicas de lesiones o enfermedades relacionadas con su trabajo.

La mayoría de farmacias, incluyendo Walgreens, nuestro proveedor preferido, y todas las grandes cadenas de farmacias, forman parte de la red. Para encontrar una farmacia de la red, llame al 888.764.1284 o visite www.tmesys.com y haga clic en “Pharmacy Locator” (Localizador de farmacias).

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**¿Tiene alguna pregunta? ¿Necesita ayuda?**

888.764.1284

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NOTA: Esta tarjeta First Fill solo es válida para una lesión o enfermedad cubierta por su programa de compensación por accidentes laborales.

**Empleador:**

Inmediatamente después de recibir un aviso sobre una lesión, llene la información antes indicada, inicie este, y entregue este formulario al empleado.
**AUTHORITY TO RELEASE MEDICAL RECORDS AND INFORMATION**

TO: Any and All Health Care Providers

<table>
<thead>
<tr>
<th>EMPLOYER’S NAME:</th>
<th>Nova Southeastern University</th>
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<tr>
<td>EMPLOYEE’S NAME:</td>
<td></td>
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<tr>
<td>DATE OF INJURY:</td>
<td></td>
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<tr>
<td>SOCIAL SECURITY NUMBER:</td>
<td></td>
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<tr>
<td>DATE OF BIRTH:</td>
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<td>AGE:</td>
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BY SIGNING THIS FORM, I CLEARLY UNDERSTAND THAT THIS FORM IS NOT A CONDITION OF RECEIPT OF MY WORKER’S COMPENSATION BENEFITS.

I hereby authorize you or any member of employee of your office or association, who has examined or treated me, as well as any hospital in which I have been a patient, to release complete and legible copies of any and all information concerning my physical and mental condition, care and treatment to:

York Risk Services Group,
P.O. Box 183188
Columbus, OH, 43218-3188

And/or their duly authorized agents or employees:

This Authority to Release includes, but is not limited to: medical reports, clinical notes, nurses’ notes, and written or oral communication concerning the patient’s history of injury, subjective and objective complaints, ability to return to work, date of maximum medical improvement, physical impairment, physical restrictions and limitations, causation of injury and interpretation of diagnostic tests. Additional reports and notes covered under this request are: x-rays, x-ray reports or interpretations, other diagnostic tests (including a copy of the report), diagnosis and prognosis; if applicable, emergency room records or logs, history and physical examination report, laboratory reports, tissues, tissue slides, or tissue committee reports, report of operation log, progress notes, doctors’ orders, nurses’ notes, physical therapy records, admission and discharge summaries, psychiatric reports and records, and all out-patient records, hospital bills, bills for the services you have rendered, bills for medication, etc.: and any other documents, records or information in your possession relative to my past, present and future physical and mental condition.

I hereby expressly waive any laws, regulations and rules of ethics, which might prevent any hospital, doctor or other person, who has treated or examined me in a professional capacity, or otherwise, from releasing the information and records requested.

I shall appreciate your cooperation in the release of the information and records requested and hereby hold you harmless from any liability in connection with the disclosure of the medical records and information requested.

A photo static copy of this authorization, which contains my signature, shall be considered as effective and valid as the original and shall be honored by those to whom it is sent or provided.

All costs for said copies are to be directed to York Risk Services Group, P.O. Box 183188, Columbus, OH 43218-3188.

<table>
<thead>
<tr>
<th>EMPLOYEE’S SIGNATURE</th>
<th>DATE OF BIRTH</th>
<th>SOCIAL SECURITY NUMBER</th>
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<thead>
<tr>
<th>WITNESS SIGNATURE</th>
<th>ADDRESS</th>
<th>CITY/STATE/ZIP</th>
<th>DATE</th>
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*(THIS FORM CANNOT BE ACCEPTED WITHOUT A WITNESS SIGNATURE)*
York Fraudulent Statement

Please be advised that per Florida Statute 440.105(7) you are required to read the following statement and acknowledge it by your signature below. Failure to sign and return this document will result in suspension of benefits until York Risk Services Group obtains a signature in compliance with the above-mentioned statute.

Any person who, knowingly and with the intent to injure, defraud, or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information commits insurance fraud, punishable as provided ins. 817.234:

_________________________________________  __________________________
Print Name                                      Date

__________________________
Signature

# REQUEST FOR MILEAGE REIMBURSEMENT

<table>
<thead>
<tr>
<th>Date of Visit</th>
<th>Name of Medical Facility (Including Pharmacies) with address</th>
<th>Roundtrip Miles</th>
<th>Residence or Work (Please indicate)</th>
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Total Miles: \[ \text{Total Miles} \times 0.45 = \$ \]

I hereby certify or affirm that the above mileage was incurred by me as necessary traveling expenses related to those medical facility visits pursuant to my workers' compensation case.

Signature __________________________ Date __________

Mail to:
York Risk Services Group/P.O. Box 183188/Columbus/Ohio 43218-3188
Stop, Look, Listen - Section D

Reminder

SAFETY IS OUR CONCERN!

PLEASE SEE YOUR SUPERVISOR, OHR CONTACT OR RISK MANAGEMENT PERSONNEL SHOULD YOU EXPERIENCE A WORK RELATED INJURY FOR ASSISTANCE IN FILING YOUR CLAIM. YOU CAN ALSO OBTAIN THE NECESSARY DOCUMENTS AT

http://www.nova.edu/cwis/fop/risk/

PLEASE COMPLETE AND FORWARD THE DOCUMENTS TO YOUR RISK MANAGEMENT OFFICE AT 954-262-6860/3814 (FAX)
Resources

Nova Southeastern University

Risk Management Office
3100 SW 9th Avenue,
Suite 422
Fort Lauderdale, Fl 33315
Tel: (954) 262-5404 *(954) 262-6860 (fax)
E-Mail: risk@nova.edu

Claims-Handling Entity

York Risk Services Group, Inc.
P.O. Box 183188
Columbus, OH 43218-3188
Tel: 1-855-360-1411/1-800-469-2608* 1-866-548-2637 (fax)

For more information regarding prevention of risk visit our website at http://www.nova.edu/cwis/fop/risk/