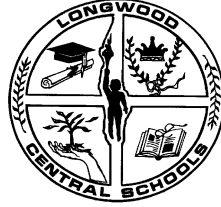


LONGWOOD CENTRAL SCHOOLS

35 YAPHANK-MIDDLE ISLAND ROAD • MIDDLE ISLAND, NEW YORK 11953-2373

MICHAEL R. LONERGAN, DSW
Superintendent of Schools
631-345-2172 ~ Fax 631-345-2166



DEBRA WINTER
Assistant Superintendent Student & Community Services
631-345-2163 ~ Fax 631-345-9286

MICHAEL R. GARGIULO
Assistant Superintendent Human Resources
631-345-5896 ~ Fax 631-345-2178

JANET M. BRYAN
Assistant Superintendent District Operations
631-345-2782 ~ Fax 631-345-2166

MARIA CASTRO, Ed.D.
Assistant Superintendent Instruction & Learning
631-345-2791 ~ Fax 631-345-2166

Memorandum

To: All District Staff Members
From: Michael R. Gargiulo
Date: February 7, 2016
Subject: Process for Filing Workers' Compensation Claims

In the event that an injury arises during the course of employment, the injury may be considered as "work-related" and may potentially be covered under the New York State Workers' Compensation Law. To ensure that proper medical coverage and payment arrangements are arranged, the following procedures must be followed:

1. The accident/incident is to be immediately reported using the Employee Accident Report unless you are treated by medical personnel and/or at a medical facility. In this case, the Report is to be reported as soon as practicable.
2. You must inform the doctor or emergency room staff that your accident was a work-related accident. Do not put your claim through your private insurance. This action will only delay payment to your providers.
3. The Longwood Central School District is self-insured for Workers' Compensation. Our carrier code is W-835755. All medical services will be paid in accordance with the applicable Workers' Compensation fee schedule. Direct all bills and inquiries to our claims administrator:

PMA Customer Service Center
PO Box 5231
Janesville, WI 53547-2531
claimsmail@pmagroup.com

(888) 476-2669 (Customer service)
(800) 432-9762 (Fax)

4. Prescriptions paid for by the employee are reimbursable by forwarding a receipt to the claims administrator (above). Include your claim number or social security number on each bill submitted for reimbursement. Keep a copy of all submissions for your records.
5. Physical Therapy, MRI's, surgeries, etc. must be pre-approved by the claims administrator.
6. Absences due to a work-related accident are reported to Ms. Robin Sico in Benefits (631) 345-2195 or Robin.Sico@Longwoodcsd.org in addition to the staff member who normally reports your absences.
7. All documentation from your doctor is sent to Ms. Robin Sico in Benefits.
8. Injured employees are encouraged to visit www.pmacompanies.com to access First Health to learn about network physicians.
9. Injured employees are encouraged to visit Med Focus www.medfocus.net or call (800) 398-8999 to obtain diagnostic testing referrals.

Should you have any questions about Workers' Compensation coverage and benefits correspond with Ms. Robin Sico in Benefits (631) 345-2195 or Robin.Sico@Longwoodcsd.org

Longwood Central Schools
EMPLOYEE ACCIDENT REPORT

2014

Employee: _____ Date of Accident: _____ Time: _____

Job Classification: _____ Date Reported To Supervisor: _____ Time: _____

Home Address: _____

Supervisor: _____ Date Reported To Nurse: _____ Time: _____

Home Phone Number: _____ Accident Witnessed By: _____

Building Where Accident Occurred: _____ Shift Start Time: _____

Where in Building or on Grounds did Accident Happen: _____

Describe Exactly The Work and Action You Were Performing When Accident Occurred: _____

What Do You Think Caused The Accident: _____

Nature of Injury: _____

Employee's Signature: _____ Date: _____

Supervisor's/Nurse's Report

Nature of Injury: _____

First Aid Rendered: (Detail) _____

By Whom: _____

Disposition

Returned to Work: Time: _____ Went Home: Time: _____

Taken to Doctor: Time: _____ To Hospital: Family Notified: Time: _____

By Car: By Ambulance: By: _____ Time: _____

Name of Doctor: _____ Name of Hospital: _____

Lost Time Due to Accident: _____ Probable Date of Return to Work: _____

Nurse Follow-Up Prognosis: _____

Supervisory Investigation Report Attached: Prepared by: _____

Signature of Principal _____ Date: _____

Signature of Nurse/Person Reporting _____ Date: _____

Workers' Compensation Administration - Accident Report: C-2 Date Filed: _____

Benefits Office, White Copy / School Nurse, Yellow Copy / Building Principal, Pink Copy / Employee, Goldenrod Copy