

## DAS Workers' Compensation Acknowledgement Letter

### **PLEASE READ THE IMPORTANT INFORMATION BELOW REGARDING YOUR CLAIM UNDER WORKERS'S COMPENSATION (WC)**

*\*This letter must be signed and returned with the required forms provided in this process.*

Regarding your new workers' compensation claim or recurrence of an existing claim:

1. **Notification:** Notify your supervisor immediately of your injury.
2. **Medical treatment, Initial Treatment Provider, Network Physician:** If you need medical treatment, seek treatment from an approved Initial Treatment Provider (for new claims) or from your treating physician (for a recurrence of an existing approved claim). The medical provider must be listed in the Prime managed care network for the State's third-party administrator for workers' compensation claims (Gallagher Bassett). Be advised that your claim or medical treatment may be denied if you seek a physician outside the Prime network. Prime Network: <https://ct.primehealthservices.com/Custom/CtIndex>
3. **Medical visit work status note:** After receiving medical treatment, you will receive a Workers' Status report from the physician. If you are unable to return to work due to your injury you must contact and provide a copy of your workers status report to your supervisor and your Agency's applicable DAS WC Pod immediately. If you are released to work with restrictions from your medical provider you must also immediately contact and provide a copy of your workers status report to your supervisor and your Agency's applicable DAS WC Pod.
4. **Pharmacy Rx:** A pharmacy benefit management program is in place to provide prescriptions ordered by the WC treating physician for a work-related injury. Please have your prescription filled by a network pharmacy and ask them to process your prescription through MyMatrixx. 1.877-804-4900. MyMatrixx: <https://www.mymatrixx.com/injured-worker-resources>
5. **Forms required for WC processing:** Please make sure the following forms have been completed, signed, and dated, and submit either through this portal or submit to your Agency's applicable WC Liaison or Pod through their RightFax address within 24 hours of your injury:  
**NEW INJURY:**
  - **DAS-WC 207**(First Report of Injury) and **DAS-WC 207-1** (Supervisor's Accident Investigation) need to be completed by the Supervisor of the injured employee, who will call in the claim to Gallagher Bassett, and forward the documents to the appropriate WC Pod or WC Liaison.
  - **DAS-715** (use of accrued leave). You must elect to use or not use accrued leave balances. If the form is not completed and signed, your accrued time cannot be used, and may result in your pay being docked. Once this form is completed and entered into our system, it cannot be changed until your disability period has ended. Use this for new claims and recurrences.
  - **WCC-1A** (Filing Status and Exemption form). This must agree with your IRS filing status for your 1040 Federal Income Tax Return. Use this form only for new injury claims.
  - **DAS-211** (Concurrent Employment and Third-Party Liability). Please be sure to answer all questions on each form completely, sign and date all forms. Use this form only for new injury claims.

- **NOTE:** All the above forms are required in order to process the claim. Payment may be delayed or possibly inaccurate without the completion and signed submission of all the above forms.

**RECURRENCE:**

- **DAS-715** (use of accrued leave). You must elect to use or not use accrued leave balances. If the form is not completed and signed, your accrued time cannot be used, and may result in your pay being docked. Once this form is completed and entered in our system, it cannot be changed until your disability period has ended.
  - **NOTE:** \*if your absence from work is due to a recurrence, you must contact your supervisor and the WC Pod immediately. Recurrence claims must be supported by related medical documentation to be considered for approval by the third-party claims administrator. If your claim is a recurrence, you are responsible to fax the completed forms (noted above) and the medical note to the WC Pod ASAP. Your claim will not be set up until all information is received by WC Pod.
6. 100% versus 75% rate: If your claim qualifies for benefits under C.G.S. 5-142 (100%) and if you believe your 75% rate based on your previous 52 weeks of earnings could be a greater financial benefit, please contact your WC Pod or liaison immediately.
  7. Other acknowledgement letter for signature: You will likely receive an acknowledgement of your form submittals from your applicable WC Pod. Certain Agencies have their own additional information and acknowledgement letter with their claim packet that will be forwarded to you for your review and signing. Please review and sign as your claim processing may be delayed until receipt of your Agency-specific signed acknowledgement.
  8. Processor responsibility: Your Agency's applicable WC Pod (if your Agency is part of the HR Centralization), or your Agency HR directly (if not part of the Centralization) is responsible for processing your WC claim, advising applicable coding for timesheets and WC payments, and communicating with Gallagher Bassett regarding your WC claim.
  9. Your responsibility as the injured worker is to:
    - Forms: Complete and submit the above forms promptly, within 24 hours of the injury when possible,
    - Medical Attention: For medical attention, go first to a network initial treatment provider and then either remain with this provider or select an alternate network physician,
    - Medical guidance: Follow physician guidance on treatment, medications, restrictions, exercise, etc.,
    - Appointments: Provide advance notice of WC medical or physical therapy appointments to your supervisor,
    - Work status note: Provide work-status notes from your medical provider immediately to your supervisor and applicable WC Pod as noted above,
    - Return to work: Contact your supervisor immediately and provide them with the physician's worker status slip when the medical provider indicates a return to full duty, light duty, or recoup-post capacity. If your Agency can accommodate your restrictions, you are expected to return to work when and as they indicate.
    - Gallagher Basset forms: Review, sign, and return requested information sheets you receive from Gallagher Bassett once they are aware of your claim.

- ***Fraud:** Realize that injured workers who, while collecting temporary total disability benefits for their state job, work another job (including self-employment) either legally or "under the table" are committing fraud and can be prosecuted by the Chief States' Attorney. In Connecticut, workers' compensation fraud is a crime. If the benefits obtained through fraud exceed \$2,000.00, the offense is a Class B felony punishable by up to twenty (20) years in prison and/or up to \$10,000.00 in fines.*
- ***Fraud Hotline:** Note that the Department of Administrative Services through Gallagher Bassett Special Investigation Unit maintains a Fraud Hotline to report potential workers' compensation fraud by state employees. All discovered material on reported fraud cases are reported to the State of Connecticut Chief State's Attorney Workers' Compensation Fraud Control Bureau for review. **If you suspect that workers' compensation fraud is being committed, you can call the Hotline anonymously any time at 1-(800) 927-0456. This number is available 24 hours a day, 7 days a week to file a report.***

**Signature:**

**Please sign below and submit it with the other required forms in this process to your DAS Worker's Compensation Pod within 24 hours of the injury. Please be sure to keep a copy of all documents in this process for your records.**

I, \_\_\_\_\_ acknowledge that I have received the above Workers' Compensation Information and understand the information.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_