



# EMPLOYERS<sup>®</sup> Claims Kit

**EMPLOYERS<sup>®</sup>**

*America's small business insurance specialist<sup>®</sup>*

## Claims Contact Information

Tel: 888-682-6671 | Fax: 877-329-2954 | [www.employers.com/claimskit](http://www.employers.com/claimskit)

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## Your EMPLOYERS<sup>®</sup> Claims Kit

Thank you for the trust you have placed in EMPLOYERS. As a leading provider of workers' compensation insurance for America's small businesses, EMPLOYERS is focused on making premiums affordable, as well as helping our policyholders reduce the long-term costs associated with workplace injuries and illnesses.

### Accessing Claims Kit Information for Your State

EMPLOYERS provides policyholders access to EMPLOYERS specific state-specific claim information on our website: [www.employers.com/claimskit](http://www.employers.com/claimskit). Policyholders can request a printed copy of our claims kit by contacting us by phone at (888) 682-6671 or e-mail at [customersupport@employers.com](mailto:customersupport@employers.com).

### How to Report a Workers' Compensation Claim

Immediate reporting is a major step in cost and time containment of any claim and is beneficial to all parties involved. Any delays in the reporting of claims can result in delayed access to medical care, which in some instances may lead to further injury, resulting in the need for additional treatment subsequently leading to higher medical costs.

*EMPLOYERS<sup>®</sup> offers two convenient phone numbers that are available 24/7 to report a claim with less paperwork.\* Both numbers are staffed with individuals fluent in both English and Spanish, with accommodations for other languages.*

1. Injured Employee Hotline – **855-365-6010**
  - Reporting of a new work-related injury or illness when the injured/ill employee has not yet received medical treatment.
    - Access to registered nurses who are specially trained to provide nurse triage and medical guidance.
2. Customer Support – **888-682-6671**
  - Reporting of a new work-related injury or illness when the injured/ill employee has already received medical treatment.
    - Injured employees who have not yet sought medical treatment will be transferred to our Injured Employee Hotline (IEH) and provided the IEH phone number.

\*For all injuries or illnesses that require immediate assistance from Emergency Services please call **911**.



## What to Do Before an On-The-Job Injury or Illness Occurs

Below are the three critical things you need to do before a work-place injury or illness occurs:

1. **Post all required posters and signage**—each state has its own laws about what employers must post and distribute relating to workers' compensation information in your workplace. Please go to [www.employers.com/claim](http://www.employers.com/claim) to access a link to the mandatory requirements for your state.
2. **Develop an effective work-place safety program**—employers can help reduce the chances that an on-the-job injury or illness will occur through the development and communication of a work-place safety program.
3. **Create a return-to-work/transitional modified job program**— a transitional modified jobs program can reduce the financial hardship that maybe experienced by the employee as well as the employer as the result of a workplace accident or injury.

## What to Do After an On-The-Job Injury or Illness Occurs

Below are several things you can and should do after an on-the-job injury or illness occurs:

- Transport the injured employee to a medical care facility (in the case of an emergency, call 911 immediately).
- Order a post-accident drug test.
- Secure the scene of any serious accident for investigative purposes.
- Secure and save any equipment or materials that were involved in the incident.
- Complete an accident investigation report within 24 hours.
- Report the claim to EMPLOYERS within 24 hours following the injury.



## Frequently Asked Questions About Drug-Free Workplaces

**Q: What does it mean to be a drug-free workplace?**

**A:** A drug-free workplace is a workplace free of the health, safety and productivity hazards caused by employees' abuse of alcohol or drugs. To achieve a drug-free workplace, many employers develop drug-free workplace programs. A comprehensive drug-free workplace program generally includes five components; a drug-free workplace policy, supervisor training, employee education, employee assistance and drug and alcohol testing. Although employers may choose not to include all five components, it is recommended that all options be explored when developing a drug-free workplace program.

**Q: What are the benefits of establishing a drug-free workplace program?**

**A:** Benefits of a drug-free workplace program may include:

- Improvements in morale, quality and productivity.
- Decreases in accidents, absenteeism, downtime, turnover and theft.
- Better employee health status.
- May qualify for incentives, such as decreased costs for workers' compensation and other kinds of insurance.

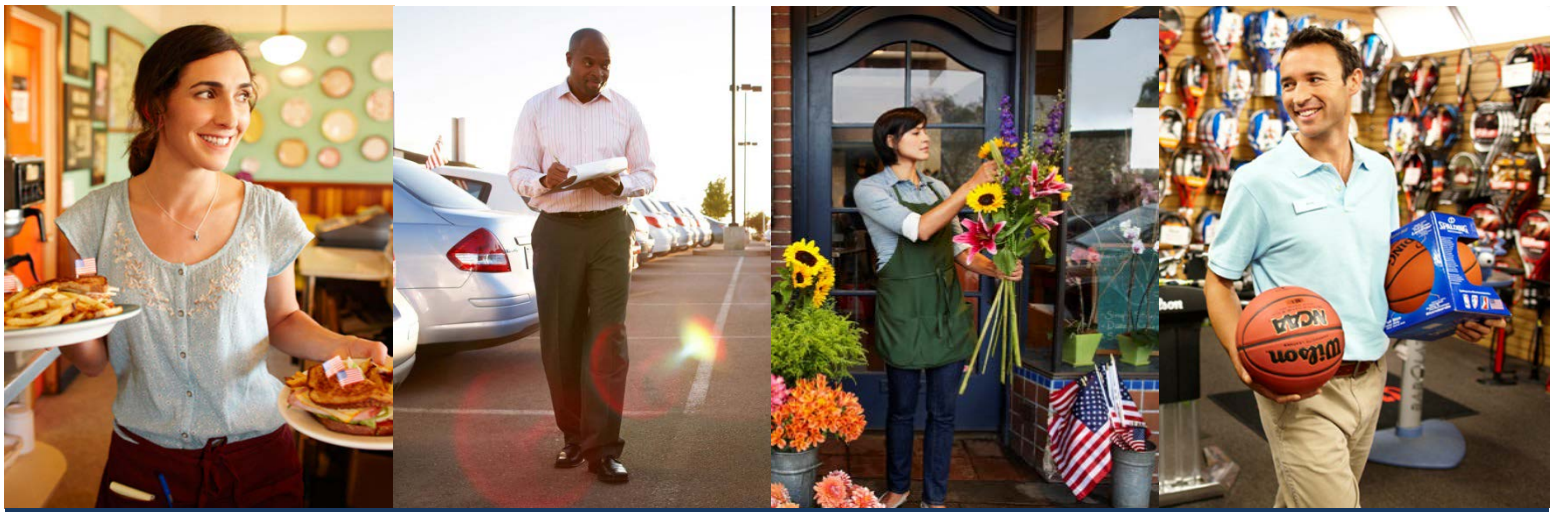
**Q: Do drug-free workplaces receive workers' compensation discounts?**

**A:** Yes. In some states, employers who have a Drug-Free Workplace Program will receive a discount. For more information, contact your insurance agent, visit [www.dol.gov/elaws/drugfree.htm](http://www.dol.gov/elaws/drugfree.htm) or contact your state's workers' compensation department.

**Q: I need help developing a drug-free workplace Program. Can you help?**

**A:** Yes. EMPLOYERS can provide you with a written Drug Free Workplace Program template to help you develop a customized drug-free workplace program for your organization.

For more information on how to develop a Drug-Free Workplace Program, please call the EMPLOYERS<sup>®</sup> Loss Control Department at 800-588-5200 or e-mail them at [losscontrol@employers.com](mailto:losscontrol@employers.com).



## Ways to Reduce Your Workers' Compensation Costs

Employers have the ability to control or influence many of the factors that contribute to worker's satisfaction levels, return-to-work outcomes, and claim cost. Studies have shown that the following actions can impact the cost and outcome of workers' compensation claims and the overall costs of insurance:

**Identify and establish a relationship with a medical provider**—setting up relationships with medical providers pre-injury helps facilitate the physician's understanding of employee job duties/transitional job opportunities.

**Keep the lines of communication open**—employers who maintain compassionate contact with their injured employees during the recovery period have more satisfied workers.

**Provide transitional modified jobs (alternate duty)**—employers who make transitional modified jobs available to injured workers can reduce the impact of their injured worker's injury or illness.

**Develop an effective workplace safety program**—the basic elements of an effective work-place safety program include:\*

- Management Commitment
- Responsibility and Accountability
- Safety Work Rules and Procedures
- New Employee Orientation
- Ongoing Employee Education
- Employee Involvement
- Training and Safety Committees
- Accident Investigation
- Documentation

\*Your EMPLOYERS® Loss Control Consultant can provide your company with more instructional and detailed information regarding how to build an effective work-place safety program. You can reach the EMPLOYERS Loss Control Department by phone at 800-588-5200 or by e-mail at [losscontrol@employers.com](mailto:losscontrol@employers.com).



## Benefits of a Return-to-Work/Transitional Modified Job Program

Many injuries - including minor sprains and strains - can result in weeks, even months off the job. But they don't have to - if you take a proactive stance to prevent lost work time and long-term disability. Be prepared to offer a transitional modified job when an injured employee is released to work by his/her doctor, regardless of level of work.

Transitional modified jobs allow workers who are unable to perform their regular job duties because of a work-related injury or illness to return to work in a temporary modified duty capacity. Keep in mind, a transitional modified job (alternative duty) need not be at full hours, full wages and/or job/department of injury. Creativity in developing modified assignments enables the employee to be productive while meeting medical restrictions.

The primary goal of a Return-to-Work Program is to assist employees who sustain a work-related injury or illness in safely returning to work at the earliest medically approved time in a temporary (modified or alternate duty) assignment. The longer an injured worker remains away from work, the more difficult it may be to return to gainful employment. Returning to regular work duties is generally expedited when transitional or modified duty is offered.

Through safety measures and the development of a Return-to-Work program, employers may lower their experience modification rating, thereby reducing premium costs.

### Benefits to the Employer:

- Recruitment and hiring costs for new or temporary employees may be eliminated
- The employer is able to better manage the claim, possibly leading to a better outcome
- The employer maintains the resources of an experienced worker on site
- Some employee production is received for wages paid
- The likelihood of malingering or fraud may be reduced
- Communication and relations between employee and management can be enhanced

### Benefits to the Employee:

- Wages earned from the transitional modified job may bring the injured worker's income closer to preinjury wages than workers' compensation benefits alone
- Self-esteem, morale and personal security are maintained or restored through gainful employment and a productive lifestyle
- Stress, boredom, and depression are reduced or eliminated
- Skill level is maintained
- A connection with the company (including social contact) is continued

For more information on how to develop a Return-to-Work Program, please call the EMPLOYERS® Loss Control Department at 800-588-5200 or e-mail them at [losscontrol@employers.com](mailto:losscontrol@employers.com).



## New Hampshire Required Postings & Forms

Please post the following notices, both in English and Spanish, in a conspicuous location frequented by employees such as the break room, lunchroom or near the time clock. If you have multiple office locations be sure to post the notices at each location.

- ✓ **Anti-Fraud Notice (English and Spanish)**
- ✓ **Notice of Compliance (English and Spanish)**
- ✓ **Workers Right to Know – Toxic Substances (English only)**

Additional Resources:

- ✓ **New Hampshire Employers Guide to Workers' Compensation**

The following forms need to be completed and submitted to EMPLOYERS® when a work-related injury occurs:

- ✓ **First Report of Injury or Occupational Disease (Form No. 8WC)**  
As soon as you have been notified of a work-related injury, please immediately fill out this form and submit it to EMPLOYERS and provide a copy to the employee. Please use this form to notify EMPLOYERS of every work-related injury or disease suffered by an employee, regardless of severity.
- ✓ **Employer's Supplemental Report of Injury (Form No. 13 WCA)**  
This report, indicating disability of an employee of four or more days, shall be filed as soon as possible after date of knowledge of an occupational injury or disease, but no later than ten days thereafter. This report shall also be submitted upon employee's return to work.
- ✓ **Wage Schedule (Form No. 76 WCA)**  
This form enables the Claim Examiner to calculate the correct compensation that may be owed to an injured employee. Please complete the form and submit it to EMPLOYERS and provide a copy to the employee. Policyholders must forward to the Insurance Carrier a copy of this wage schedule or a printout of gross wages no later than the employee's fifteenth day of disability resulting from the industrial accident per LAB 506.02(b).
- ✓ **Supplemental Wage Schedule (Form No. 76 WCA 1)**  
This form is to be completed only when indemnity rate is based on after-tax earnings as defined by RSA 281-A:2, 1-a.
- ✓ **Notice of Accidental Injury or Occupational Disease (Form No. 8aWCA)**  
This is an optional form utilized to give the injured worker the opportunity to describe, in his or her own words, how the injury occurred. This form is to be completed by the injured employee and used by the employer to complete the Employer's First Report of Injury or Occupational Disease (8WC). The Notice of Accidental Injury or Occupational Disease (8aWCA) is the only form that the injured employee should complete.
- ✓ **Accident Investigation Report**  
This basic accident form should be completed by the employee's supervisor/manager as soon as possible after the accident. Please send the report to the following EMPLOYERS address as soon as it has been completed by the supervisor/manager: EMPLOYERS Claims Department, P.O. Box 32036, Lakeland, FL 33802-2036. You should keep a copy on file for your records.

The adjusting of the claims in this state are handled by Broadspire. Once a claim is reported to EMPLOYERS, the report will be sent to Broadspire for assignment. Below is the contact information for Broadspire:  
P.O. Box 14133 Lexington, KY 40512-4133  
Toll free: 800-258-9546

Additional copies of these postings and forms can be found online at  
<http://www.employers.com/sup/ClaimKit-New-Hampshire.aspx>

# 01 One good reason to think twice about workers' compensation fraud



EMPLOYERS® actively investigates suspected workers' compensation fraud and reports such cases to law enforcement authorities.

## fraud costs

Workers' compensation fraud costs \$7.2 billion annually.<sup>1</sup>

Filing a fraudulent workers' compensation claim could lead to serious civil or criminal consequences, such as fines, incarceration and/or restitution.

**If you suspect workers' compensation fraud, please contact EMPLOYERS' Fraud Investigations Department. Call the Fraud Hotline at 1-800-750-3939 or e-mail [fraudfighters@employers.com](mailto:fraudfighters@employers.com).**

## **EMPLOYERS®**

*America's small business insurance specialist®*

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1 Source: <http://www.propertycasualty360.com/2015/07/23/3-keys-to-a-successful-workers-compensation-fraud>



# Una buena razón para pensarlo dos veces antes de cometer fraude en una demanda de indemnización laboral



EMPLOYERS® investiga de manera activa casos sospechosos de cometer fraude en una demanda de indemnización laboral y reporta dichos casos a las autoridades policiales.

## costos del fraude

Fraude en demandas de indemnización laboral cuesta \$7.2 mil millones al año.<sup>1</sup>

Presentar una demanda de indemnización laboral fraudulenta puede acarrear graves consecuencias civiles o penales, tales como multas, cárcel y/o indemnizaciones.

**Si sospecha que existe fraude en una demanda de indemnización laboral, póngase en contacto con el Departamento de Investigación de Fraude de EMPLOYERS. Llame a la línea directa de fraude al 1-800-750-3939 o escriba al correo electrónico [fraudfighters@employers.com](mailto:fraudfighters@employers.com).**

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*America's small business insurance specialist®*

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1 Fuente: <http://www.propertycasualty360.com/2015/07/23/3-keys-to-a-successful-workers-compensation-fraud>

STATE OF NEW HAMPSHIRE  
**WORKERS' COMPENSATION LAW**

NOTICE OF COMPLIANCE

**TO EMPLOYEES**

- 1 You are required by law (RSA 281-A:19) to report promptly to your employer an occupational injury or disease, even if you deem it to be minor. Form No. 8a WCA, Notice of Accidental Injury or Occupational Disease, may be used for that purpose (RSA 281-A:20,21). After you have completed and made it available to him or her, your employer must acknowledge receipt by signing and giving you a copy.
- 2 You are entitled to the services of a physician. This physician shall be within a managed care network, if applicable under RSA 281-A:23a.
- 3 You may not sue your employer as a result of a work-connected injury or disease by reason of your eligibility for benefits under the Workers' Compensation Law.

**TO EMPLOYERS**

- 1 You are required to display this poster so that it will be of the greatest possible benefit to your employees (RSA 281-A:4).
- 2 You are required to file an Employer's First Report of Injury or Occupational Disease, form No. 8 WC, with the Labor Commissioner, copy to the nearest claims office of your insurance carrier, on all occupational injuries or diseases resulting in one visit to a physician, other than a house physician, as soon as possible but no later than five days after the date of knowledge thereof (RSA 281-A:53, I).
- 3 You are required to report to the Labor Commissioner, copy as in 2 above, any occupational disability, whether total or partial, of four or more days (RSA 281-A:22), on an Employer's Supplemental Report of Injury, form No. 13 WCA, as soon as possible, but no later than ten days after the date of knowledge thereof (RSA 281-A:53, I and II).
- 4 You are required to furnish, or cause to be furnished, reasonable medical and hospital services, other remedial care or vocational rehabilitation, and various types of disability compensation, to an injured or disabled employee in accordance with RSA 281-A:23, 25, 26, 28, 29, 31, 32.
- 5 All employers with 5 or more full time employees shall develop temporary alternative work opportunities for injured employees in accordance with RSA 281-A:23-b. Employers may be obligated to reinstate employees sustaining a compensable injury in accordance with RSA 281-A:25-a.
- 6 You are required to obtain from the carrier identified below a supply of all required workers' compensation forms.  
NOTICE – Violation of the various provisions of the Workers' Compensation Law carries civil penalties, court fines, or both.

Rudolph W. Ogden, III  
Deputy Labor Commissioner

Ken Merrifield  
Commissioner of Labor

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The undersigned employer hereby gives notice of compliance with all provisions of the Workers' Compensation Law and Administrative Regulations of the Labor Commissioner of the State of New Hampshire pursuant to Revised Statutes Annotated, Chapter 281-A, as amended.

Name of Employer:

Name of Insurance Company  
Or self-insurer:

By

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Employer Identification No.

(If number unknown, Employer to request from IRS)

**This notice must be posted conspicuously in and about the Employer's place or places of business.**

Prescribed by Labor Commissioner  
State of New Hampshire  
WCP-1 (01-18)

ESTADO DE NEW HAMPSHIRE  
**LEY DE COMPENSACIÓN PARA TRABAJADORES**  
AVISO DE LA CONFORMIDAD

**A LOS EMPLEADOS**

- 1 Cerca le requieren (RSA 281-A:19) divulgar puntualmente a su patrón lesión o una enfermedad ocupacional, incluso si usted la juzga para ser de menor importancia. Forme No. 8a WCA, aviso de lesión accidental o la enfermedad profesional, se puede utilizar para ese propósito (RSA 281-A:20,21). Después de que usted la haya terminado y haya puesto a disposición él o ella, su patrón debe recibirlo del acknowledge firmando y dándole una copia.
- 2 Le dan derecho a los servicios de un médico. Este médico estará dentro de una red manejada del cuidado, si RSA inferior aplicable 281-A:23a.
- 3 Usted no puede demandar a su patrón como resultado de lesión o de una enfermedad trabajar-conectada por causa de su elegibilidad para las ventajas debajo de Workers' Ley De la Remuneración.

**A LOS PATRONES**

- 1 Le requieren exhibir este cartel de modo que esté de la ventaja posible más grande a sus empleados (RSA 281-A:4).
- 2 Le requieren archivar un informe de Employer's primer de lesión o de la enfermedad profesional, WC de la forma No. 8, con la comisión de trabajo, copia a la oficina más cercana de las demandas de su portador de seguro, en todas las lesiones o enfermedades ocupacionales dando por resultado una visita a un médico, con excepción de un médico de la casa, cuanto antes pero no más adelante de de cinco días después de la fecha del conocimiento (RSA 281-A:53i).
- 3 Le requieren divulgar a la comisión de trabajo, copia como en 2 arriba, cualquier inhabilidad ocupacional, si total o parcial, de cuatro o más días (RSA 281-A:22), en un informe suplemental de Employer's de lesión, forma No. 13 WCA, cuanto antes, pero no más adelante de diez días después de la fecha del conocimiento (RSA 281-A:53, i e II).
- 4 Le requieren equipar, o haga ser equipado, los servicios médicos y del hospital razonables, el otro cuidado remediador o los tipos vocacionales del rehabilitación, y varios de pensión por invalidez, a un empleado dañado o lisiado de acuerdo con RSA 281-A:23, 25, 26, 28, 29, 31, 32.
- 5 Todos los patrones con empleados 5 o más a tiempo completo desarrollarán las oportunidades alternativas temporales del trabajo para los empleados dañados de acuerdo con RSA 281-A:23-b. Los patrones pueden ser obligados reinstalar a empleados que sostienen lesión compensable de acuerdo con RSA 281-A:25-a.
- 6 Le requieren obtener del portador identificado debajo de una fuente de las formas de la remuneración de todos los trabajadores requeridos. AVISO - la violación de las varias provisiones de la ley de la remuneración de los trabajadores lleva penas, multas de la corte, o ambas civiles.

Rudolph W. Ogden, III  
Deputado Comisionado de Trabajo

Ken Merrifield  
Comisionado de Trabajo

El patrón infrascrito da por este medio el aviso de la conformidad con todas las provisiones de la ley de la remuneración de los trabajadores y de las regulaciones administrativas de la comisión de trabajo del estado de New Hampshire conforme a los estatutos revisados anotados, capítulo 281-A, según la enmienda prevista.

Nombre de la compañía de seguros  
O uno mismo-asegurador:

Nombre del patrón:

P o r

No. De la Identificación Del Patrón.  
(si desconocido, patrón del número a solicitar el IRS)

**Este aviso se debe fijar visible en y sobre el lugar de Employer's o los lugares del negocio**

Prescrito por la comisión de trabajo

Estado de New Hampshire

WCP-1 (01-18)



**STATE OF NEW HAMPSHIRE  
DEPARTMENT OF LABOR**

**WORKER'S RIGHT TO KNOW ACT**

Revised Statutes Annotated Chapter 277-A, as amended

**EMPLOYEES**

**YOU HAVE A RIGHT  
TO KNOW ABOUT  
TOXIC SUBSTANCES  
USED IN THIS  
WORKPLACE**

The New Hampshire "Right to Know" law (RSA 277-A) guarantees that:

- You be notified by a posting of the long and short-term health hazards of all toxic substances that you may come into contact with.
- You be trained by your employer in the safe use and handling of these toxic materials.
- You have the right to request complete information, in the form of a Material Safety Data Sheet, from your employer on any toxic substance you may have contact with. Your employer must respond to this request within five working days.

To learn more about the toxic materials used in this workplace, and to obtain Material Safety Data Sheets, contact the employer representative listed below.

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(EMPLOYER REPRESENTATIVE'S NAME)

**NH DEPARTMENT OF LABOR  
PO BOX 2076  
CONCORD NH 03302-2076**

**Rudolph W. Ogden, III  
Deputy Commissioner**

**Ken Merrifield  
Commissioner**

***EMPLOYEE INFORMATION***					
Employee Name (First & Last)			Gender	Hired Date	
ID Type - Employee ID		Date of Birth	Age	Occupation when Injured	
Employee Address		Telephone	Wages per Hour	Hrs per Day	Average Weekly Earnings

***INJURY INFORMATION***					
Injury Date / Time		Date Employer Notified of Injury	Location/Jobsite & Business Name where accident occurred		
Disability Began Date					
Claim Type		Full Wages Paid on Injury Date			
<b>Accident Description</b>					
<b>Body part Injured</b>			<b>Cause of Injury</b>		
<b>Nature of Injury</b>			<b>Witness Name</b>		<b>Witness Phone</b>
<b>Returned to work?</b>	<b>If so, what date?</b>	<b>If so, at what occupation?</b>	<b>If so, at what duty status?</b>		
<b>Initial Treatment</b>				<b>Initial Treatment Date</b>	
<b>Name of Treating Physician</b>			<b>Name of Treating Hospital</b>		<b>Has injured died? If so, what date</b>

***EMPLOYER INFORMATION***				
Employer Name			Employer FEIN	Industry Code
Employer Contact Name		Contact Phone Number	Employer Business Address	
Managed Care Organization				
Leased Employee? Client Company			OCIP/Wrap-Up Policy? Name of policy holder	

***INSURER INFORMATION***			
Insurance Carrier	Insurer Type	Policy Number	Telephone Number

***SUBMITTER INFORMATION***			
Submitter Name	Title of Submitter	Represents	Telephone Number

THE STATE OF NEW HAMPSHIRE  
**DEPARTMENT OF LABOR**  
Employer's Supplemental Report of Injury

This report, indicating disability of an employee of four or more days, shall be filed as soon as possible after date of knowledge of an occupational injury or disease, but no later than ten days thereafter. Consistent failure to make this report available to the labor commissioner and the nearest claims office of your insurance carrier carries an automatic civil penalty of up to \$100.00. (RSA 281-A:53) This report shall also be submitted upon employee's return to work.

1. Name of Employer \_\_\_\_\_ Employer's Identification No. \_\_\_\_\_  
(9 digit number assigned by proper Federal Agency)

2. Address \_\_\_\_\_  
(No. and St.) (City and State) (Zip Code)

3. Insured by \_\_\_\_\_

4. Name of Employee \_\_\_\_\_  
(First Name) (Middle Initial) (Last Name) (S.S. Number)

5. Address \_\_\_\_\_  
(No. and St.) (City and State) (Zip Code)

6. Date of injury \_\_\_\_\_ 20

7. Date Disability began \_\_\_\_\_ 20 \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.

8. \_\_\_\_\_  
(Specific dates of disability)

(Specific dates of disability)

9. Has injured returned to work? \_\_\_\_\_ if so, date and hour \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.

10. Is injured person earning same wages as before injury? \_\_\_\_\_ If not, explain \_\_\_\_\_

Date of Report \_\_\_\_\_

Signed by \_\_\_\_\_

Official Title \_\_\_\_\_

Tel. No. \_\_\_\_\_

**THE STATE OF NEW HAMPSHIRE  
DEPARTMENT OF LABOR  
CONCORD, NH 03301  
WAGE SCHEDULE**

Employee \_\_\_\_\_  
 (Name)  
 Date of hire \_\_\_\_\_ Wages per hour \_\_\_\_\_ Avg. wkly. earnings \_\_\_\_\_  
 Employer \_\_\_\_\_  
 (Name)  
 Address \_\_\_\_\_  
 (No.) (Street) (City - State)

**EMPLOYER MUST FORWARD  
TO INSURANCE CARRIER A  
COPY OF THIS WAGE  
SCHEDULE OR A PRINTOUT OF  
GROSS WAGES NO LATER  
THAN EMPLOYEE'S FIFTEENTH  
DAY OF DISABILITY RESULTING  
FROM INDUSTRIAL  
ACCIDENT.PER LAB 506.02(b)**

THIS WAGE SCHEDULE IS FOR 52 WEEKS PRIOR TO DATE OF INJURY AND MUST BE FILED WITH DEPARTMENT OF LABOR BY INSURANCE CARRIER TOGETHER WITH 9 WCA.

WEEK ENDING	1	2	3
	GROSS WAGES (See Wages Definition)	WEEK ENDING	GROSS WAGES
1		27	
2		28	
3		29	
4		30	
5		31	
6		32	
7		33	
8		34	
9		35	
10		36	
11		37	
12		38	
13		39	
14		40	
15		41	
16		42	
17		43	
18		44	
19		45	
20		46	
21		47	
22		48	
23		49	
24		50	
25		51	
26		52	

CarrierName \_\_\_\_\_  
 (Employer's Signature)  
 Address \_\_\_\_\_  
 (Title)  
 Dept. Approval \_\_\_\_\_ Date \_\_\_\_\_

**GROSS WAGES:** In addition to money payments, means reasonable value of board, rent, housing, lodging, fuel or similar advantage received in the course of employment plus gratuities from others, but not including any sum paid by the employer to cover any special expenses entailed by the employee by the nature of his employment. Please provide a brief explanation for weeks with no wages. RSA 281-A:2, Par XV

State of New Hampshire  
DEPARTMENT OF LABOR  
CONCORD, NH 03301

**SUPPLEMENTAL WAGE SCHEDULE**

TO BE COMPLETED ONLY WHEN INDEMNITY RATE IS BASED ON AFTER-TAX EARNINGS AS DEFINED BY RSA 281-A:2, 1-a.

Name:

Date of Injury:

TOTAL NUMBER OF DEPENDENTS (INCLUDES EMPLOYEE)

FILING STATUS (MARRIED OR SINGLE) **Drop Down Option**

LIST NAMES AND AGES OF ALL DEPENDENTS:

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

1. Average Weekly Wage

2. Amount of Federal Withholding Tax to be Deducted using Average Weekly Wage

3. FICA rate factor **Drop Down Option**

4. Multiply amount from Line 1 by Line 3

5. Total Deductions (Add Lines 2 and 4)

6. AFTER-TAX EARNINGS INDEMNITY RATE (Subtract amount in Line 5 from amount in Line 1)

7. If Line 1 is below the minimum compensation rate, multiply Line 6 by 90%.

\_\_\_\_\_  
Signature – Employee

\_\_\_\_\_  
Signature – Adjuster

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



THE STATE OF NEW HAMPSHIRE  
DEPARTMENT OF LABOR  
SPAULDING BUILDING  
95 PLEASANT STREET  
CONCORD, NEW HAMPSHIRE 03301

**NOTICE OF ACCIDENTAL INJURY OR OCCUPATIONAL DISEASE 8aWCA**  
(Please print or type)

To \_\_\_\_\_ Phone # \_\_\_\_\_  
(Name of **Employer**)

(Business Name and Address)

**IN ACCORDANCE WITH RSA 281-A:20**, This is to notify you that an injury occurred.

(Name of Injured **Employee**) SS # \_\_\_\_\_

(Address of Injured Employee) Daytime Phone # \_\_\_\_\_

(Date of Accident or First Treatment)

(Place Accident Happened)

Describe your injury or disease, and how it happened. Identify the body part(s) affected.

I have been unable to work since my injury. Yes No

I have incurred the following medical bills.

Name of Doctor	Dates of Service	Amount
Name of Hospital	Dates of Service	Amount
Other	Dates of Service	Amount

\_\_\_\_\_  
(Employer's Signature)

\_\_\_\_\_  
(Employee's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Date)

**This form can be returned to DOL with or without employer's signature.**

**NOTICE TO EMPLOYER**

YOU MUST FILE AN EMPLOYER'S FIRST REPORT, Form No. 8WC, WITH THE LABOR COMMISSIONER AND THE NEAREST CLAIMS OFFICE OF YOUR INSURANCE CARRIER, AS SOON AS POSSIBLE AFTER ACQUIRING KNOWLEDGE OF THE OCCURRENCE OF AN OCCUPATIONAL INJURY OR DISEASE TO ONE OF YOUR EMPLOYEES OR UPON PRESENTATION OF THIS NOTICE BY HIM, BUT NO LATER THAN FIVE DAYS THEREAFTER. FAILURE TO COMPLY CARRIES AN AUTOMATIC CIVIL PENALTY OF UP TO \$2500. (RSA 281-A:53)



America's small business insurance specialist®

## Basic Accident Report

Date of Report: \_\_\_\_\_ Report Completed By: \_\_\_\_\_

Last Name of Injured Person:	First Name:	Job Title:
Date of Accident:	Time of Accident:	Location of Accident:
Supervisor's Name & Job Title:		Name of Witnesses:
Full Description of Injuries:		
Description of accident/incident or employee's account, including sequence of events preceding the accident:		
Basic cause and contributory causes. Explain fully unsafe act, unsafe condition, personal factor, other:		
Recommended Corrective Measures:		Action By:
Names of Inspection Team Participants:		
Management Review By:	Date to be Completed By:	

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**EMPLOYER'S GUIDE**  
**TO**  
**WORKERS' COMPENSATION**



State of New Hampshire  
Department of Labor  
State Office Park South  
95 Pleasant Street  
Concord, New Hampshire 03301  
(603) 271-3176

## INTRODUCTION

This booklet has been prepared in an effort to assist employers in handling the reporting of employee's on the job injuries or occupational illnesses. Just as your worker has relied upon you for his/her regular paycheck, the injured worker also relies upon your prompt handling of his/her workers' compensation claim so that suitable medical care is not delayed and family income is not interrupted. Therefore, once an injury has occurred, the employer should do everything possible to assure that the provisions of the New Hampshire Workers' Compensation law are carried out. Injuries treated properly and promptly result in the continuation of a good employer-employee relationship and the timely return to work of an experienced employee.

Familiarity with the guidelines presented in this booklet will assist you in meeting your responsibilities as an employer under RSA 281-A, the New Hampshire Workers' Compensation Law. If you have questions about your rights or responsibilities under this law, please contact our staff at the Department of Labor for assistance.

The following information is based upon the provisions of the New Hampshire Workers' Compensation Law, RSA 281-A, and the New Hampshire Code of Administrative Rules, Chapter Lab 300 and 500.

### What is Workers' Compensation?

Workers' Compensation is an insurance program that pays medical and disability benefits for work-related injuries and diseases. If injured on the job, an employee's medical treatment costs will be paid by the policy; if disabled following an on the job injury, the employee will also receive weekly income through the policy until able to return to work. All employers must obtain coverage by purchasing an insurance policy through the insurance agent or company of their choice, unless they become licensed to "self-insure" by the Commissioner of Labor. Workers' compensation insurance programs protect both employees and employers. Each covered employee has the right to benefits if injured on the job. In return, the employee forfeits the right to sue the employer for the job related injury.

### Purchasing Workers' Compensation Coverage

The primary responsibility for obtaining workers' compensation insurance coverage rests upon employers who must apply for and obtain coverage prior to the hiring of any employee. Insurance agencies and carriers, however, share in this coverage responsibility, beginning with their receipt of an application for coverage. If an agency or carrier refuses to provide coverage on a voluntary basis, they must advise the employer about the availability of coverage under the Assigned Risk Plan of the National Council of Compensation Insurance and must also provide the necessary application form.

After coverage is in effect, the employer will receive from the insurance carrier a NOTICE OF COMPLIANCE, Form No. WCP-1, which needs to be posted in a conspicuous spot in the place of business. This poster contains basic information regarding the rights and responsibilities of both employer and employees, as well as the name of the insurance carrier underwriting the workers' compensation coverage.

The only business exempt from the requirement to purchase workers' compensation coverage are sole proprietorships (self-employed persons) and corporations which have **only** three corporate officers and **no** employees other than these three officers.

There is often confusion about the respective responsibilities of employers and subcontractors in providing workers' compensation coverage for workers. If you utilize the services of subcontractors in your business, be certain that any subcontractors you use have arranged to provide required workers' compensation coverage for their employees. Otherwise, you may be held liable to the compensation of any injuries that occur to the sub-contractor's employees.

## What is the Insurance Company's Responsibility to the Employer?

It is the insurance company's responsibility to provide an employer who has purchased insurance coverage with a poster (Notice of Compliance) and a supply of the forms that will be needed to report and process a claim. These forms include the following:

1) **Notice of Accidental Injury or Occupational Disease** (Form No. 8aWCA). This form is used by an employee to provide the employer with written notice that s/he has sustained an on the job injury or believes that s/h has developed an occupational illness. This form does not necessarily need to be completed before the Employer's First Report of Injury or Occupational Disease (see below) is filed; an employee's verbal notification to his/her employer that an injury has occurred is sufficient initially.

2) **Employer's First Report of Injury or Occupational Disease** (Form No. 8-WC). This form is to be completed by the employer within five **calendar** days (not working days) of learning of an employee's work-related injury or illness and is used to notify the Department of Labor and the insurance company that an employee injury has been reported. The employee's report may be either verbal or written. If the employer considers the claim to be questionable, the employer must still file the report promptly, but may wish to outline his concerns about the legitimacy of the claim in a note attached to the insurance company's copy of this report. (See below for a further discussion of this matter.)

3) **Employer's Supplemental Report of Injury** (Form No. 13 WCA). The employer uses this form to report to the Labor Department and the insurance carrier that an employee's occupational illness or injury has resulted in lost time from work (disability) of four or more days. It is also used when an employee who was disabled by a work-related injury or illness returns to work. It should be used to clarify lost time if the First Report of Injury is not clear.

4) **Wage Schedule** (Form No. 76 WCA). In the event that an employee becomes disabled from a work-related injury or illness, this form will need to be completed and both copies mailed to the insurance carrier so that the injured employee's workers' compensation rate can be properly calculated. Wage information from the 26 to 52 weeks prior to the injury, or the rate of hire for employees who have not worked a full 26 to 52 weeks, should be used to complete this form.

An employee who is employed by two or more employers in the State of New Hampshire at the time of injury may be subject to the combined earnings provision of the statute. If one of your employees was hurt while working at their other employers, s/he may request that you complete a wage schedule for the calculation of their wages by the carrier covering the other employer and paying workers' compensation benefits.

5) **Supplemental Wage Schedule** (Form No. 76 WCA 1). If requested by the insurance carrier, this form should be completed by the employer and signed by the employee. This form is necessary for the calculating of "after tax earnings".

Please be certain to keep a supply of these forms on hand at all times so that they are readily available when you need them. Forms are available through your insurance carrier; your supply should also be renewed any time that you change insurance carriers. (A complete explanation of when and how to file each form follows in the next section, "What to do When An Employee Is Injured".)

Additionally, the insurer is also responsible for keeping its insured employers informed of the address of the nearest insurance claims office. Upon receipt of employers' reports, the insurer must also review each claim promptly and critically to determine, as soon as possible after the onset of the disability, if the reported claim is compensable.

## What To Do When An Employee Is Injured

It is important that, as an employer, you inform your employees about their rights and responsibilities under the New Hampshire workers' compensation law. We suggest that you clearly identify for your employees the individual(s) within your company to whom you want any on-the-job injuries to be reported; this will help avoid confusion when an injury occurs.

### \*First Aid Log

"First Aid" is defined as any one time treatment that generated a bill less than \$2000.00 and results in no lost time. These "first aid only" injuries **must** be reported to the Labor Department on the Employer's First Report of Occupational Injury or Disease (Form 8WC). If you do not send these types of reports to the insurance carrier then it must be mailed to the Department of Labor. If the employer contests the "first aid only" injury, it must be reported to both the Labor Department and the insurance carrier.

**\*Employer's First Report of Injury or Occupational Disease (Form No 8WC).**

If an injury requires treatment beyond common first aid (that is, if any medical cost of over \$2000.00 or disability is involved), the employer or their insurance carrier must send the Employer's First Report of Injury (Form No. 8WC) to the Department of Labor, which must be filed electronically by the insurance carrier or their agent, within five **calendar** days of the employee's notice to the employer that an incident has occurred.

Occasionally, an injury that requires only common first aid treatment at the time of injury will later require more extensive medical attention. In these cases, the injury becomes reportable at the time that the employer learns of the additional medical treatment. In such cases, complete the employer's First Report of Injury, being certain to note the date on which you, as the employer, become aware that additional medical attention was sought and notify the Labor Department that this is no long a first aid injury. Then, send the Employer's First Report of Injury (Form No. 8WC), which must be filed electronically by the insurance carrier or their agent, to the Labor Department and to the insurance company within the five calendar day limit.

**\*Notice of Accidental Injury or Illness (Form No. 8aWCA)**

The employer must, additionally, have the employee fill out Form No. 8aWCA, the Notice of Accidental Injury or Illness, at the earliest opportunity. It is, of course, not always practical to have the employee fill out this form immediately; but at the earliest reasonable time, the employee should be provided with a form to complete for his/her and the employer's records. **Absence of this written notice of an injury or illness does not excuse the employer from reporting the injury within the prescribed time frame.**

The employer copies of these two forms, No. 8 WC and No. 8aWCA, are to be kept on file by the employer for five years from the date of injury.

**\*Employer's Supplemental Report of Injury (Form No. 13WCA)**

If an employee's work-related injury or illness results in disability of four or more calendar days, the employer needs to notify the Labor Department and insurance carrier of this disability by filing Form No. 13 WCA, the Employer's Supplemental Report of Injury. When mailing the canary/yellow copy of this supplemental report to the insurance carrier, the employer needs to attach Form No. 76 WCA, the Wage Schedule (see below).

**\*Wage Schedule (Form No. 76WCA)**

Both copies of the Wage Schedule must be sent to the insurance carrier who will, in turn, send one copy on to the Department of Labor along with a memorandum noting what amount of compensation has been paid and the date on which it was paid.

The information contained in a completed wage schedule is used to calculate the average weekly wage of the employee; this figure will, in turn be used to compute the rate of the injured workers' compensation benefits. The form asks the employer to provide wage information based upon gross wages, including bonuses for the periods to which such payments apply. When applicable, also include the reasonable value of board, rent, housing, lodging, fuel or other similar advantages that you furnish to your employee as part of the contract of hire.

The intent of this is to generate a representative listing of the employee's wages based upon earnings during the 26 to 52 consecutive weeks preceding the injury. Sometimes, this method of calculating wages does not yield an accurate picture of an employee's earnings. For example, if your employee usually worked eight hours of overtime each week, but six weeks prior to his/her injury all overtime was cut; in such a case, the employee's wages schedule would show lower weekly wages than s/he usually earned. Another example might be a construction worker injured one month after returning to work from winter lay off; this worker's wage schedule would not provide information indicative of his/her usual earnings since he had not worked for the full 26 to 52 week period. In these unusual cases, you may go back 26 to 52 consecutive weeks prior to the date of injury and use wages earned during that entire period of time, as long as the difference in the resulting average weekly wage figure is to the advantage of the employee.

### **\*Questionable Claims**

The employer's filing of these reports shall in no way prejudice the employer's rights to contest the compensability of the claim at a later date. Please remember, the insurance carrier has a responsibility to the employer to investigate each claim thoroughly and promptly to determine whether or not the claim is legitimately compensable. If you, as the employer, believe that a claim is questionable, do not delay in filing the required reports; simply fill out the Employer's First Report of Injury as completely as you can and mail it to the Department and the insurance carrier within the required time limit. Attach a note to your carrier's copy of the report, alerting them to your concerns about the claim. The carrier will carry on from there.

### **\*Temporary Alternative Duty and Reinstatement of Employees Sustaining Compensable Injuries**

Employers are responsible for providing alternative duty for employees injured on the job. Modified work shall be established in accordance with the attending health care provider's form, as completed with each visit.

Employees may be entitled to reinstatement to their regular job when released to full work capacity (in accordance with their regular job) within 18 months of their work related injury or illness.

### **\*Job Modification Reimbursement**

There are occasions when an employee who has filed a First Report may need to have his work station ergonomically adjusted. As an employer, you can request reimbursement for up to 50% of the costs incurred for the job modification for this employee. This process requires the prior approval of a plan for modification by the Department. For an application and further information, please contact the Vocational Rehabilitation staff at the Department of Labor.

### **\*Occupational Safety and Health**

Workers' Compensation reform legislation adopted in 1994 created the Safety Section with the Department to educate and assist employers in workplace safety and health. This law was established to create a more cooperative effort between management and labor in the evaluation and resolution of safety and health concerns in the workplace. RSA 281-A:64 requires the formulation of Joint Loss Management Committees, evaluation and resolution of safety concerns and Written Safety Programs.

Priority inspections will be determined by first visiting those employers who have not submitted the required summary of their written safety program, and secondly, those companies who have a high "experience modification" as determined by National Council of Compensation Insurance (NCCI 1992-1993). Administrative Rules for Safety Inspections in conjunction with this law have been promulgated by a committee representing both public and private employers, as well as labor organizations, state and local government. The rules committee is utilizing injury data from both the public and private sections over the last 3 years to focus their rulemaking on prevention of those injuries and illnesses occurring most frequently.

Employers with 15 or more employees are required to form a joint loss management committee (JLMC) consisting of equal membership from both labor and management staff. Employees choose their own representatives. Committees are to meet at least quarterly and maintain "minutes" of all meetings.

Those employers with 15 or more employees in addition to establishing their joint loss management committee, are required to submit a safety program only once with the Department of Labor. After a written safety summary form has been filed, the safety program shall be reviewed and updated by the employer at least every 2 years. The program must be maintained at the place of business to be in compliance with the workers' compensation law.