

Employer Handbook

IMPORTANT *New NCCI Updates*

See pages 6 & 7

Sign up for online eServices at www.ceiwc.com

Chesapeake Employers provides policyholders with immediate access to these helpful 24/7 eServices:

- **Report an Injury**
- **View Billing Invoices**
- **Pay Your Premium**
- **View Loss Runs**
- **Access Safety Center Resources**

Welcome Policyholder

Thank you for selecting Chesapeake Employers' Insurance Company for your workers' compensation coverage. Our goal is to provide you with the coverage, services, and first class customer experience you deserve.



8722 Loch Raven Blvd.
Towson, MD 21286
www.ceiwc.com

410-494-2000
1-800-264-4943

Programs and services we currently offer:

- Corporate dividend program to reward eligible safe policyholders*;
- 24/7 injury reporting online at www.ceiwc.com, by calling 888-410-1400, or by faxing to 410-494-2002;
- Dedicated claim representatives;
- Integrated, state-of-the-art health services for injured workers;
- Value-added Safety Center resource portal that includes safety materials, an OSHA 300 log tool, a Learning Management System, and more;
- Fraud detection and investigation; and
- Legal representation at the Maryland Workers' Compensation Commission.

Plus these important customer advantages:

- Since 1914, we have been a constant provider of workers' compensation insurance to Maryland businesses.
- We are rated by A.M. Best with an A (Excellent) for financial strength.
- We provide local expertise; we know the Maryland economy, Maryland's industries, and Maryland's workers' compensation system.
- Our Safety Services team partners with you to create a positive safety culture to reduce workplace risks, which may help lower your premium.
- Our experienced medical professionals and claim specialists employ current insurance and medical standards, analytics, and resources to deliver better claims outcomes for employers and injured workers.

Your business is very important to us. If you have recommendations to improve our services and programs, we invite you to share your comments with us. Again, thank you for placing your business and trust with Chesapeake Employers.

*Corporate dividends are based on the financial performance of Chesapeake Employers. They are not guaranteed every year.

Your **8** Basic Responsibilities as a Policyholder

Once insured with Chesapeake Employers, the policyholder has eight basic responsibilities:

1. It starts first with providing a safe and healthy workplace.
2. Educate employees to report all workplace accidents & injuries immediately to their supervisor.
3. Provide prompt medical attention for your injured worker.
4. Report all work-related injuries immediately by calling 1-888-410-1400.
You can also report the injury on-line by visiting our website at www.ceiwc.com.
5. Make premium payments to maintain your policy coverage.
6. Maintain accurate payroll records and make the payroll records available for your premium audit.
7. Please complete your premium audit in a timely manner.
8. Please tell your agent and Chesapeake if your business contact information changes during the year.

Bienvenida a nuestros asegurados

Gracias por elegir Chesapeake Employers' Insurance Company para proveer su seguro de accidentes de trabajo. Nuestro objetivo es ofrecerle la cobertura, los servicios y la experiencia de primera clase que se merece.

Programas y servicios que ofrecemos actualmente:

- Programa de dividendos corporativos para recompensar a los asegurados elegibles que priorizan la seguridad.*
- Reporte de accidentes las 24 horas, los 7 días de la semana en www.ceiwc.com, por teléfono, al 888-410-1400, o por fax, al 410-494-2002.
- Representantes de reclamaciones expertos.
- Servicios de salud integrados y de vanguardia para los trabajadores lesionados.
- Portal de recursos del Centro de Seguridad que ofrece materiales sobre seguridad, una herramienta de formularios OSHA 300, un sistema de gestión educativa y mucho más.
- Detección e investigación de fraudes.
- Representación legal ante la Comisión de Accidentes de Trabajo de Maryland.

Además, estas importantes ventajas para el cliente:

- Desde 1914, hemos sido un proveedor constante de seguros de accidentes de trabajo para las empresas de Maryland.
- AM Best nos otorgó la calificación A (Excelente) en materia de solidez financiera.
- Brindamos nuestra experiencia local; conocemos la economía de Maryland, las industrias de Maryland y el sistema de seguros de accidentes de trabajo de Maryland.
- Nuestro equipo de Servicios de Seguridad colabora con usted para crear una cultura de seguridad positiva que elimine los riesgos en el lugar de trabajo, lo que puede contribuir a reducir su prima.
- Nuestros experimentados profesionales médicos y especialistas en siniestros emplean normas médicas y de seguros, análisis de datos y recursos actuales para ofrecer mejores resultados en los siniestros a los empleadores y a los trabajadores lesionados.

Su empresa es muy importante para nosotros. Si tiene recomendaciones para mejorar nuestros servicios y programas, le pedimos que nos envíe sus comentarios. De nuevo, gracias por confiarnos su empresa y por confiar en Chesapeake Employers.

** Los dividendos corporativos se basan en los resultados financieros de Chesapeake Employers. No están garantizados todos los años.*



www.ceiwc.com/español

Sus 8 responsabilidades básicas como asegurado

1. Todo empieza por ofrecer un lugar de trabajo seguro y saludable.
2. Eduque a los empleados para que notifiquen inmediatamente a su supervisor todos los accidentes y lesiones que se produzcan en el lugar de trabajo.
3. Bríndele atención médica inmediata al trabajador lesionado.
4. Notifique inmediatamente todas las lesiones laborales llamando al 1-888-410-1400. También puede notificar la lesión en línea visitando nuestro sitio web en www.ceiwc.com.
5. Pague las primas para mantener vigente la cobertura de su póliza.
6. Lleve registros exactos de las nóminas y póngalos a disposición de la auditoría de primas.
7. Complete su auditoría de primas de manera oportuna.
8. Informe a su agente y a Chesapeake si los datos de contacto de su empresa o su dirección sufren modificaciones en el transcurso del año.

Table of Contents

Setting Up an eServices Online Account with Chesapeake Employers.....	4
What is Workers' Compensation?.....	4
What Does Your Policy Provide?.....	5
Understanding Your Premium and Coverage.....	5
Important New NCCI Updates.....	6
SmartPay - Payroll Service Payment Option	8
Certificates of Insurance	9
Other States Coverage	9
Premium Audit Process	10
El proceso de auditoría de primas	12
Safety Services.....	14
Claim and Health Services.....	15
Claim Process.....	15
Six Steps to Effective Claims Management.....	16
Accident Investigation.....	17
Texting Service Now Available for Eligible Injured Workers.....	18
Return-to-Work Program.....	21
Prescription Benefits.....	22
Developing a Drug Testing Program.....	23
Workers' Compensation Fraud.....	24
Forms.....	25
"When an Injury Occurs" instructions.....	25
"Instrucciones "En caso de una lesión"	26
"Injury Reporting Worksheet"	27
"Employee's Report of Injury" form	28
"Supervisor's Accident Investigation Form"	29
"Accident Witness Statement" form	30
Sample "Employee's Claim" WCC C1 form	31
"Statement of Wage Information" form.....	33
"Workers' Compensation Temporary Prescription ID Card" form	34

Courtesy Insert - Maryland WCC Employer's Posting Notice (Form C-24, Current Version 5/2017)

Disclaimer:

Chesapeake Employers' Insurance Company, Maryland's largest workers' compensation company, is proud to provide you with this handbook. It explains and summarizes the insurance coverage provided by Chesapeake Employers. This handbook is not intended to change provisions of law or the policy of insurance provided by Chesapeake Employers. In the event of any conflict between the contents of this handbook and the policy of insurance provided by Chesapeake Employers, the policy provisions shall be controlling.

Setting Up an eServices Account with Chesapeake Employers

Chesapeake Employers provides policyholders with immediate access to these helpful 24/7 eServices:

- Report an Injury
- View Invoices and Pay Your Premium
- View Loss Runs
- Access our online Safety Center learning resources
- View the Employer Handbook and MD Guide to Drug and Alcohol Testing

To create an eServices account, please visit www.ceiwc.com and enter this basic information:

- Policy Number and Policy Effective Date
- User Name (must be a valid email address)
- First and Last Name • Daytime Phone
- Create and Verify Your Password

If you are having problems accessing our Policyholder eServices, please call our Customer Service Department at 1-800-264-4943.

What is Workers' Compensation?

Workers' compensation is a system of benefits, medical and wage replacement, provided by law to most employees who experience work-related injuries or occupational diseases. Generally, benefits are paid regardless of fault.

Maryland workers' compensation law provides that accidents that arise out of and in the course of employment are eligible to receive workers' compensation benefits. Eligible employees are covered from the moment they begin their jobs.

Workers' compensation systems are established by statutes in each state, and no two states have exactly the same laws and regulations. Employers are legally obligated to take reasonable care to ensure that their workplaces are safe. Nevertheless, accidents happen. When they do, workers' compensation insurance can provide coverage.

Workers' compensation insurance serves two purposes: It ensures that injured workers get medical care and compensation for a portion of the income they lose while they are unable to return to work, regardless of length of time. Also, it usually protects employers from lawsuits by workers injured while working.

What is the Maryland Workers' Compensation Commission?

The Workers' Compensation Commission is the regulatory agency that resolves conflicts between insureds and injured employees. The Commission holds hearings on such issues as:

- The initial entitlement to compensation benefits
- The necessity and reasonableness of medical treatment
- The amount of lost wages to be granted as a result of the injury
- The entitlement to vocational rehabilitation
- The entitlement to permanent disability benefits

The Maryland Workers' Compensation Commission (WCC) is located at 10 East Baltimore St., Baltimore, MD 21202. In the Baltimore area, call 410-864-5100; outside Baltimore, 1-800-492-0479; or go to www.wcc.state.md.us. Chesapeake Employers will notify the WCC that we are your insurer.

First
Things
First!

Set up Your Online
eServices Account

What Does Your Policy Provide?

Your policy provides protection against liability arising under the Maryland workers' compensation law.

When Does Your Policy Take Effect?

Payment is required prior to policy issuance. New business policy issuance will occur on the effective date of the coverage if payment is received prior to that date. If payment is not received for a renewal prior to the effective date of the policy, your coverage will cease at 12:01 am of the expiration date. We offer payment options of:

- Check or Money Order (cash payment is no longer accepted)
- Credit Card - American Express, VISA, Discover, or MasterCard
- Online or by phone using Electronic Funds Transfer (EFT) or credit cards

How Is Your Policy Delivered?

A new policy is delivered by mail after the application is accepted by our Underwriting Department and the initial premium down payment has been received.

What Benefits Does This Insurance Provide Your Employees?

Your policy provides for payment of benefits under the Maryland workers' compensation law, including medical and pharmaceutical expenses, lost wages, vocational rehabilitation, and financial benefits for disability or death.

What Claims are Covered by Your Policy?

Your policy covers all claims filed at the Workers' Compensation Commission under the Maryland workers' compensation law. An endorsement to your policy includes coverage to reimburse you for the cost of claims filed under the workers' compensation laws of other states, under certain limited circumstances. This endorsement does not satisfy the requirements of any other state's workers' compensation law but does provide you with some added protection in very limited circumstances when you may have the need to send employees to work in other states on a temporary and unexpected basis. If you perform work in other states, please refer to the information on page 9 of this Employer Handbook regarding other states' coverage or contact your agent, or if you are a direct customer, contact your underwriter for additional information.

Understanding Your Premium and Coverage

How is Premium Calculated?

All businesses are assigned classifications based on the nature of their operations. Each classification is assigned a premium rate. These rates reflect the hazards of the particular employment.

The primary component of premium calculation is determined by multiplying the rate (*per \$100 of gross payroll*) for a business classification by the amount of payroll in that classification (with the exception of domestic workers). If you have several classifications, your premium is the sum of the totals for all classifications.

Premium: The premium for this policy will be determined by our manuals of rules, classifications, rates and rating plans. All information required below is subject to verification and change by audit.

Class Code	Classifications	Premium Basis: Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
7219	TRUCKING NOC, ALL EMPLOYEES, AND DRIVERS	\$128,760	13.89	\$17,885.00
8810	CLERICAL OFFICE EMPLOYEES N O C	\$40,170	.32	\$129.00
0064	PREMIUM DISCOUNT			-\$1,159.00
0900	EXPENSE CONSTANT			\$155.00
9740	TERRORISM			\$68.00
9741	CATASTROPHE OTHER THAN TERRORISM			\$17.00
9807	EMPLOYERS LIABILITY			\$180.00
9898	EXPERIENCE MOD ADJUSTMENT .78			-\$4,003.00
Policy Minimum Premium: \$821		Total Estimated Annual Premium		\$13,272.00

What is the Experience Modification or “E-Mod” Rating?

The experience modification rating is a safety incentive factor that is directly related to the losses incurred during prior policy terms. E-Mods are provided on an eligible risk/policyholders by the National Council on Compensation Insurance (NCCI). An experience modification of less than 1.00 will help decrease your final premium. An experience modification of greater than 1.00 may increase your final premium.

NEW

Obtaining Your “Experience Rating Worksheet” Directly From NCCI.

Starting with January 1, 2023, policy effective dates, policyholders will be able to create an NCCI account to obtain their “Experience Rating Worksheet” directly from the NCCI website. (<https://www.ncci.com/Worksheets>).

All current policyholders that qualify for an experience modification will be receiving a letter from NCCI approximately 120 days prior to your policy renewal date with instructions on setting up your NCCI account.

- If you have questions about your Experience Rating Worksheet, please contact your agent or your Chesapeake Employers Underwriter.

What is a Scheduled Rating?

Schedule rating allows for the premium on the policy for an individual risk to be modified recognizing the characteristics of the risk that are not reflected in its experience. It is based on ascertainable facts, including information and recommendations from the Safety Management Consultant and other sources.

NEW

Chesapeake Employers will be fully adopting the NCCI schedule rating plan. Schedule credits/debits +/-25% can be applied to eligible policies with at least \$10,000 in annual premium.

What is a Premium Discount?

A policy may be eligible for premium discount if the total standard premium exceeds predetermined thresholds. The discount percentages are applied to the standard premium in excess of each established thresholds to determine the total premium discount applied to the policy premium.

What is an Expense Constant?

An expense constant of \$160 is charged to every policy regardless of premium size. The expense constant is added to the annual policy premium and is included in the minimum premium of each policy.

What and Why is there a Terrorism Fee?

A Federal Act established a program of shared public and private compensation for insured commercial property and casualty losses resulting from an act of terrorism as defined in the Act. The Terrorism coverage under workers’ compensation is mandatory and may not be waived. The Terrorism Fee is calculated at 0.04% of your premium.

What is the Catastrophe Other Than Terrorism Fee?

Catastrophe Provisions Other than Terrorism coverage is provided to cover the losses that may occur in the event of a Catastrophe (other than Certified Acts of Terrorism). This provides coverage for any single event, resulting from an earthquake, non-certified act of terrorism, or catastrophic industrial accident, which results in aggregate workers’ compensation losses in excess of \$50 million. The Catastrophe Coverage Fee is calculated at 0.01% of your total premium.

NEW

Maryland Construction Classification Premium Reduction Program

- This premium credit plan is a program offered by NCCI. At issuance of the policy, Chesapeake Employers will provide the program form required to be completed by the insured.
- Potential insured accounts are identified at policy issuance based on qualifying construction class codes. Visit www.ceiwc.com under the NCCI Information web page for a list of eligible class codes.
- The insured has 180 days from the effective date to submit the Construction Classification Premium Reduction Program form to NCCI.
- If a credit is applicable, it will be communicated to Chesapeake Employers by NCCI and applied back to the effective date.

NEW

Maryland Alcohol and Drug-Free Workplace Premium Credit

Policyholders with a documented alcohol and drug-free workplace program can receive up to a 4% premium credit if the account meets the eligibility criteria set by Chesapeake Employers.

- Program designed in compliance with Section 11-329 of the Maryland Insurance Code.
- The employer may request a premium credit of up to 4% by submitting a written statement to Chesapeake Employers Insurance Company certifying that the employer has established and maintains an alcohol and drug free workplace policy that includes one or more of the following:

Qualified Maryland Alcohol and Drug Free Program	Max Credit
An alcohol and drug testing program that includes pre-hire, post-accident, reasonable suspicion, and random drug screening.	2%
An employee education program on alcohol and drug abuse.	1%
A supervisor education program on alcohol and drug abuse.	1%
An employee assistance program that includes referrals of employees for appropriate diagnosis, treatment, and assistance.	1%
A program requiring an employee who has caused or contributed to an accident while at work to undergo alcohol or drug testing: Post Accident Drug Testing.	1%
Any other program that the insurer deems effective to encourage an alcohol and drug-free workplace.	1%
All of the above.	4%

What is Employers' Liability?

This coverage protects an employer in those cases when an employee files suit against the employer in lieu of accepting workers' compensation benefits.

Standard coverage limits for Employers' Liability are as follows:

- \$100,000 Each Accident
- \$100,000 Each Employee
- \$500,000 Policy Limit

What is a Minimum Premium?

A minimum premium is the lowest amount of premium for which coverage can be written, for a period of one year or less. Minimum premiums are not subject to adjustment if coverage is in effect for a period of less than one year.

Does Chesapeake Employers Offer Installment Pay Plans for Premium?

Yes. Depending on your premium size and your payment history, a number of premium installment plans may be available. An installment fee of \$7.00 is applied per installment payment. There is no installment fee for a single annual pay plan.

Does Chesapeake Employers Accept Credit Card Payments?

Yes. Chesapeake Employers accepts the following methods for making premium payments: check, money order, credit card (American Express, VISA, Discover, or Master Card), and online or by phone with a credit card.

Procedure for Payroll Service Payment Option: Chesapeake Employers has partnered with SmartPay Solutions' pay-as-you-go billing services to offer you a new, more flexible way to pay premiums. You may choose one of SmartPay's participating Payroll Vendors as your payroll service provider, to automatically transmit payroll data to SmartPay. You may also elect to self-report your payroll to SmartPay Solutions. Policyholders must meet eligibility requirements including a minimum policy premium of \$5,000 or more. Please visit the "Pay-As-You-Go" webpage at www.ceiwc.com for additional requirements and information.

What if Company Officers or Employees Want to Exclude Themselves from Coverage?

Under Maryland law, the following individuals may elect to be exempt from coverage:

- Any officer of a close corporation whether incorporated in Maryland or elsewhere;
- Certain members of an LLC;
- Certain members of a P.A.;
- Up to five officers of a corporation other than a close corporation can elect to exclude themselves from Workers' Compensation coverage.
- Sole Proprietors and Partners are automatically excluded and must elect to include themselves.

How Does Chesapeake Employers Classify Your Employees?

In general, we assign one basic classification that best describes your business. However, separately rated classifications may be assigned when supporting documentation is presented.

Who is Responsible for Insurance in Subcontracting Arrangements?

The principal contractor is liable for occupational injuries to an uninsured subcontractor's employees.

To be protected against this liability, a principal contractor should have, on file, a Certificate of Insurance proving that each subcontractor has workers' compensation insurance for its employees. This way, the subcontractor's payroll does not have to be included in the principal contractor's payroll. Chesapeake Employers follows the National Council on Compensation Insurance (NCCI) guidelines for the treatment of uninsured subcontractors.

SmartPay Payroll Service Payment Option

SmartPay Benefits:

- ✓ Real-time premium calculations
- ✓ Improved cash flow management
- ✓ Automatic premium withdrawals
- ✓ Effortless renewals



How Can You Get Certificates/Proof of Insurance?

Policyholders can call our Customer Service Department at 1-800-264-4943, fax your request to (410) 339-6732, or email your request to COL@ceiwc.com. Your request must include the name and address of the person/business requesting proof of insurance, the location of the job, and the primary contractor's contract or job number. You will receive a copy of the same certificate sent to the requesting party.

Does Chesapeake Employers Offer Federal Coverage?

Yes. We offer coverage under the following federal laws:

- **United States Longshore and Harborworkers Act (USL&H)**
Chesapeake Employers can provide workers' compensation coverage under the USL&H Act. Call our Customer Service Department at 1-800-264-4943 for further information on this coverage.
- **Federal Coal Mine Health & Safety Act**
Chesapeake Employers can provide workers' compensation coverage under the Federal Coal Mine Health & Safety Act. Call our Customer Service Department at 1-800-264-4943 for further information on this coverage.

Does Chesapeake Employers Offer Coverage in Other States?

Coverage for Maryland employers with known or incidental workers' compensation exposures in states other than Maryland may be available through Chesapeake Employers. For your coverage needs in these situations, Chesapeake Employers has teamed with Zurich North America to provide an insurance solution in all U.S. states except North Dakota, Ohio, Washington, Wyoming, U.S. Virgin Islands and Puerto Rico. If you think you need Other States coverage, please contact your insurance agent or Chesapeake Employers. Coverage acceptance is subject to Chesapeake Employers' underwriting requirements.

How Do You Renew, Change or Cancel Your Policy?

Chesapeake Employers issues an annual, renewable policy. The policy expires each year on the anniversary date of the original policy. Prior to the expiration of the policy, Chesapeake Employers will initiate a renewal for the policy with your agent or directly with you, the policyholder.

Changes to a renewal should be coordinated with the agent, if appropriate, or the underwriter if the policy is written directly with Chesapeake Employers. The initial premium payment is required prior to the expiration date of the policy. Your policy may be canceled due to nonpayment of premiums, non-reporting of payroll, failure to comply with policy provisions regarding an audit, or at your request.

A cancellation notice will be sent to you when payment of an invoice is not received by the due date. A Notice of Intent to Cancel is sent and states that we will discontinue coverage as of the date indicated. If a premium payment is made by the date indicated, we will withdraw the Intent to Cancel. You will be notified when this occurs.



The Premium Audit Process

What is a premium audit and why is it necessary?

A workers' compensation premium audit reviews your business records and operations to ensure that the coverage information is accurate. It is a standard part of the workers' compensation coverage process. When your policy is issued, your premium is calculated using information you provide us about the type of work being done (class codes) and the projected payroll for each class code. A premium audit is a review of your payroll and business operations at the end of your policy term, usually annually at expiration (or cancellation) to ensure we have charged you the accurate amount for your workers' compensation insurance – no more and no less.

Policyholders should expect to be audited annually or at the end of each policy term and are asked to complete the audit in a timely manner. If the audit finds a premium adjustment is needed, you may owe more money, or you may get some money back, or you may have no change at all to your premium.

Are There Specific Rules Governing Subcontractors?

Maryland has specific rules governing the use of subcontractors. Under Maryland law, the principal contractor is liable for injuries to an uninsured subcontractor and his or her employees. We strongly encourage you to obtain a Certificate of Insurance for all subcontractors you hire, showing proof of workers' compensation coverage for the period worked. An online tool to help verify insurance coverage can be confirmed by visiting the [WCC's Online Workers' Compensation Insurance Verification system](#).

However, viewing this online information does not replace the requirement to obtain a copy of the Certificate of Insurance for each subcontractor.

What Payroll Records and Documents Does Chesapeake Employers Need to Conduct a Premium Audit?

It is your responsibility to keep detailed and accurate payroll records. These records should be retained and made available for auditing purposes. To conduct an accurate premium audit, we require certain documentation for how payroll should be organized, including:

- **Policy term:** Records that reflect payroll amounts for the policy term being audited, beginning with the effective date of your policy;
- **Classification:** Each type of job listed separately, i.e., clerical, sales, etc.;
- **Jurisdiction:** The geographical areas in which your employees work(ed);
- **Overtime:** Records of overtime paid to employees during the policy term.
- Additional documents required include: Federal & State Quarterly Tax Reports, Ledgers & Financials. (Additional records may be required.)

What Are the Common Reasons the Premium Audit May Find I Owe Additional Premium?

- Your payroll records indicate additional payroll and remuneration was paid during the policy term.
- You hired additional employees during the policy term and your payroll increased.
- Your employees may have been misclassified under the wrong class code at a lower rate.
- Your subcontractors have missing, incomplete or outdated Certificates of Insurance showing proof of workers' compensation insurance coverage.

Can You File Premium Audit Documents Online?

The online filing option is available for mail audits only.

Think of your workers' compensation premium audit as an annual coverage checkup to ensure Chesapeake Employers has the most up-to-date information on your classifications and payroll for your employees.

REMINDER

Even if a dispute has been filed, payment for the current term's premium **MUST BE PAID** to maintain coverage and prevent cancellation.

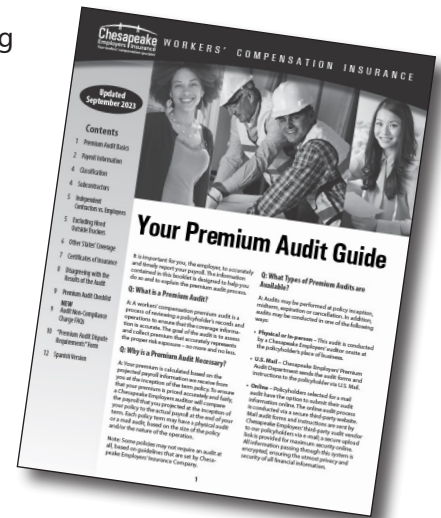
What if You Disagree with the Results of the Premium Audit?

If you disagree with the results of your audit, you can formally dispute the audit in writing within 30 days of the invoice date. You must complete the "Premium Audit Dispute Requirements Form," which can be found on our website at <https://www.ceiwc.com/policy-and-coverage/manage-your-policy/premium-audit-process> and also under the "Forms & Publications" website section. The written dispute must clearly identify the reason(s) for the dispute along with supporting documentation. Send to:

Chesapeake Employers' Insurance Co.
Attn: Audit Dispute Resolution
8722 Loch Raven Blvd., Towson, MD 21286

You may also email the Audit Dispute Form, detailed reason for the dispute, and all supporting documents to Auditdisputes@ceiwc.com, or fax to 888-361-0579.

For a more comprehensive overview of our Premium Audit process, please refer to "Your Premium Audit Guide" publication, in English & Spanish or the online PDF version available on our [website](#).



El proceso de auditoría de primas

¿En qué consiste una auditoría de primas y por qué es necesaria?

Una auditoría de primas del seguro de accidentes de trabajo analiza los registros y las operaciones de su empresa para verificar que la información de la cobertura sea fidedigna. Es una parte habitual del proceso de cobertura del seguro de accidentes de trabajo. Cuando se emite la póliza, la prima se calcula en función de la información que usted nos suministra sobre el tipo de trabajo que realiza (códigos de categorías) y la nómina prevista para cada código de categoría. Una auditoría de primas es una revisión de la nómina y las operaciones de su empresa que se efectúa al finalizar la vigencia de la póliza. Por lo general, se realiza una vez al año al momento del vencimiento (o cancelación) para garantizar que le hemos cobrado el importe exacto por su seguro de accidentes de trabajo; ni de más, ni de menos.

Todos los asegurados deben cumplir con esta auditoría una vez al año o al final de cada período de vigencia de la póliza y deben completarla en los plazos previstos. Si en la auditoría se determina que es necesario modificar la prima, es posible que usted adeude un importe mayor, que le reembolsen parte del importe abonado o que la prima no sufra ningún cambio.

¿Existen normas específicas para los subcontratistas?

Maryland cuenta con normas específicas que regulan el uso de subcontratistas. En virtud de la legislación de Maryland, el contratista principal es responsable en caso de lesiones sufridas por un subcontratista no asegurado y sus empleados y empleadas. Le recomendamos encarecidamente que solicite un certificado de seguro para todos los subcontratistas que contrate, donde se acredite la cobertura del seguro de accidentes de trabajo correspondiente al período trabajado. El sistema en línea de verificación de seguros de la Comisión de accidentes de trabajo de Maryland cuenta con una herramienta en línea con la que puede verificar la cobertura del seguro.

Sin embargo, la consulta de esta información en línea no sustituye la obligación de obtener una copia del certificado de seguro de cada subcontratista.

¿Qué registros de nóminas y documentación necesita Chesapeake Employers para llevar a cabo una auditoría de primas?

Es su responsabilidad llevar un registro detallado y preciso de la nómina. Estos registros deben conservarse y estar disponibles para las auditorías. Para llevar a cabo una auditoría precisa de las primas, solicitamos cierta documentación sobre cómo debe estar organizada la nómina, por ejemplo:

- **Período de vigencia de la póliza:** Registros que reflejen los montos de la nómina correspondientes al período de vigencia de la póliza auditada, desde la fecha de entrada en vigencia de su póliza.
- **Clasificación:** Cada tipo de trabajo por separado, por ejemplo, administración, ventas, etc.
- **Jurisdicción:** Las zonas geográficas en las que sus empleados trabajan o han trabajado.
- **Horas extras:** Registros de las horas extras pagadas a los empleados durante el período de vigencia de la póliza.
- Algunos otros documentos solicitados: Informes trimestrales de impuestos federales y estatales, libros contables y estados financieros. (Es posible que se soliciten otros registros).

¿Cuáles son los motivos más frecuentes por los que una auditoría de primas puede determinar que adeudo una prima adicional?

- Los registros de su nómina indican que hubo pagos y remuneraciones adicionales durante la vigencia de la póliza.
- Contrató a más empleados durante la vigencia de la póliza, lo que incrementó la nómina.

Piense en la auditoría de las primas del seguro de accidentes de trabajo como una revisión anual de la cobertura para garantizar que Chesapeake Employers cuenta con información actualizada de las clasificaciones y la nómina de sus empleados.

Continuó el proceso de auditoría de primas

- Es posible que sus empleados hayan sido clasificados con un código de categoría incorrecto con una tarifa inferior.
- Los subcontratistas no cuentan con un certificado de seguro, o tienen un certificado incompleto o desactualizado para acreditar la cobertura del seguro de accidentes de trabajo.

¿Se puede presentar la documentación de la auditoría de primas en línea?

La presentación de documentación en línea solo está disponible para las auditorías por correo postal.

¿Qué sucede si no está de acuerdo con el resultado de la auditoría de primas?

Si no está de acuerdo con los resultados de la auditoría, puede impugnarla formalmente por escrito en un plazo de 30 días a partir de la fecha de la factura. Debe completar el «Formulario de solicitud de impugnación de auditoría de primas» disponible en nuestro sitio web en <https://www.ceiwc.com/policy-and-coverage/manage-your-policy/premium-audit-process> y también en la sección del sitio web «Formularios y publicaciones». La impugnación por escrito debe indicar claramente el motivo o los motivos de la impugnación, junto con la documentación probatoria. Debe enviarlo a:

Chesapeake Employers' Insurance Co.
Attn: Audit Dispute Resolution
8722 Loch Raven Blvd., Towson, MD 21286

También puede enviar el formulario de impugnación de la auditoría, el motivo detallado de la impugnación y toda la documentación probatoria por correo electrónico a Auditdisputes@ceiwc.com, o por fax al 888-361-0579.

Para tener una idea más completa de nuestro proceso de auditoría de primas, consulte la publicación «Su guía de auditoría de primas», en inglés y español, o la versión en PDF disponible en nuestro sitio web.

RECUERDE

Aunque se haya presentado una impugnación, DEBE PAGAR la prima del período actual a fin de mantener la cobertura y evitar su cancelación.

Safety Services

Chesapeake Employers offers workplace safety consultation to help insured employers recognize the value of management commitment and accountability in controlling the health and safety risks in their work environments.

Our Safety Management Consultants are available to identify and evaluate health and safety risks at your place of business. Our goal is to assist you in lowering the frequency and severity of workplace accidents and injuries. By reducing frequency and severity, you also reduce the “hidden costs” of a workers’ compensation claim. Hidden costs include material and equipment losses, downtime, overtime, additional hires, and decreased productivity. Our guidance may also help eliminate potential hazards that may be cited during a regulatory compliance inspection. Safety Management Consultants provide services designed to help you create a “safety culture,” which impacts an organization’s profitability:

- Program development
- Risk assessment surveys
- Risk analysis and loss reviews
- Training sessions including webinars
- Ergonomic assessments
- Provision of educational materials

Your business will realize the benefits of our safety services through your most important asset – your employees. A good safety record equals a favorable experience rating, which may ultimately reduce your annual premium.

Safety Plans

Chesapeake Employers’ Safety Management Consultants are available to assist policyholders in establishing plans to reduce the frequency of accidents, and subsequently, their loss ratios. These objectives are accomplished most effectively through the consultants’ understanding of the business and by tailoring a Safety Plan to fit the individual needs of a company.

Education and Training

Chesapeake Employers offers training programs in workplace safety and health through its Safety Services Department. Our consultants will train your employees on relevant health and safety issues at your worksite. We also have an online Learning Management System for our policyholders to help you keep your employees up-to-date on training relevant to job tasks in certain industries.

Ergonomics

“Over-use” injuries such as tendinitis, back injuries, and carpal tunnel syndrome are some of the costliest issues facing employers today. Safety Services provides ergonomic services which focus on minimizing the risk of injury.

Chesapeake Employers’ Online Safety Resources

As a value-added service to our customers and their employees, Chesapeake Employers’ policyholders can order safety posters and download safety tip and training sheets at **no additional cost**, right from our [website](#).

Ask Your Chesapeake Employers’ Safety Management Consultant About Our New Ergonomic and Virtual Reality Safety Training Tools.

- Our new ergonomic risk assessment tool helps to improve safety and to identify and reduce musculoskeletal disorders and injury.
- Our new virtual reality safety tools, including a ladder safety training program, use an interactive experience to teach safety best practices.



Value-Added



Online Safety Resources

- Safety Center, an online safety resource microsite featuring a comprehensive library of workplace safety resources offered through Zywave, a third-party partner;
- A Learning Management System for online training
- An OSHA Recordkeeping Tool
- Safety Posters
- Safety Tip Sheets and
- Safety Training Topics

Workplace Safety Webinar Topics

Chesapeake Employers offers online seminars and safety training classes. Visit our website for upcoming topics and dates.



Our focus

on controlling medical and claims costs without sacrificing quality outcomes

Our doctors

are experienced in treating occupational injuries and providing medical advice on treatment interventions and cost containment opportunities. This includes monitoring high-cost pharmacy claims and recommendations for alternative generic lower-cost prescriptions with equivalent results.

Our nurses

Our nurses provide case management and medical services utilization review to ensure the medical treatment that the injured worker may need is appropriate and administered timely.

Our medical billing specialists

Our billing specialists thoroughly review medical bills for accuracy to then make prompt payment. Our medical department helps manage costs by negotiating lower hospital fees and working with Preferred Medical Provider Organizations (PPO).

Claim and Health Services

A worker's compensation injury claim consists of two financial cost components: partial salary payments for lost time from work (indemnity benefits), and the cost of all medical treatment and related expenses.

Once a workplace injury occurs and is reported, Chesapeake Employers is committed to handling the claim quickly. Our team of experienced claims adjusters, in-house doctors, nurses and medical specialists work side-by-side to ensure that the medical treatment provided to injured workers is timely, reasonable and appropriate. The results are a quicker recovery for the injured worker, a faster return to work, and controlled costs for the employer.

What Should I do if I or My Injured Worker Receive(s) a Medical Bill?

When receiving treatment for related workers' compensation injuries, neither you nor your injured employee should be billed directly for medical expenses. Tell the medical facility/provider that this is a work-related injury.

**All medical bills should be directed to: Chesapeake Employers' Insurance Co.
P.O. Box 9899, Baltimore, MD 21284-9899**

You may want to give your employee an Injured Worker's Contact Card so he/she can present the card to the intake representative at the medical facility. The card contains all the billing information stated above. The tear off card can be found on the back of the Guide for the Injured Worker brochure and in the PDF version found on our website. You can also contact your Claims Adjuster or Chesapeake Employers' Customer Service Department at 410-494-2000 or 1-800-264-4943 to obtain Injured Worker's Contact Cards or if you need assistance with a medical bill issue.

Claim Process

What is the Process for Reporting an Injury to Chesapeake Employers?

The process begins when an injured worker notifies his/her supervisor of the accident or injury. The employer then has the responsibility to submit the First Report of Injury in a timely manner to Chesapeake Employers. The faster the injury is reported and medical attention is delivered, the better the outcome and the faster your employee may be able to return to work.

Injuries can be reported to us 24/7 in several ways:

- Online at www.ceiwc.com (must have eServices account to report online; see page 4);
- Call our 24-hour Injury Reporting Hotline 1-888-410-1400;
- Email FROI@ceiwc.com;
- Fax to 410-494-2002 or 410-339-6731; or
- U.S. Mail

Note: You must submit a completed [ACORD 4 form](#) if submitting by email, fax or mail. Visit our website "Forms" section for a fillable ACORD 4 form.

You will need some important information before reporting your injury to us: your name, your company or organization's name, the company or organization's policy number, the name of the injured worker, the injured worker's Social Security Number (we will keep this confidential) and the date and time of the accident/injury.

How are Serious or Fatal Accidents Handled?

Call the Chesapeake Employers' Injury Reporting Hotline immediately after calling 911 at 1-888-410-1400 if an employee is involved in a serious or fatal accident. Burns, broken bones, and head injuries are a few of the serious injuries that may be managed by our Catastrophic (CAT) Claim Team, which will be assigned to help ensure the appropriate medical care is provided to a seriously injured employee.

Six Steps to Effective Claims Management

Step 1 – Have an Injury Reporting Plan in Place

Every employer should have an injury reporting plan in place before an injury occurs. An injury reporting plan is typically a one-page, step-by-step guide explaining what to do in the event of a workplace accident. Make sure your supervisors know who your selected medical providers are and where they are located.

Step 2 – Take Care of Your Injured Worker

- In the event of an accident or injury to one of your employees, you must ensure prompt medical attention for your injured worker.
- In a life-threatening or emergency situation, call 911. For less severe injuries, basic first aid should be provided.
- You may also offer the employee a medical provider referral or transportation to the closest occupational medical provider for treatment.
- Give your injured worker a copy of our “Guide for the Injured Worker” brochure. Or find “Injured Workers’ Information” on our website.
- Keep in mind that the injured worker has an absolute right to seek treatment with his or her choice of medical provider.
- All medical bills must be sent to: Chesapeake Employers Insurance, Attention: Medical Payment Department, P.O. Box 9899, Baltimore, MD 21284-9899.

Step 3 – Report Injuries Promptly to Chesapeake Employers

Early intervention in a claim helps to ensure the best medical care for the injured employee. Prompt reporting of an injury has been shown to help reduce the overall cost of a claim. Reporting injuries early can also help reduce the potential for unnecessary litigation.

Step 4 – Investigate and Document the Accident

When an accident happens, take the time to investigate its cause and surrounding events. Obtaining signed accident investigation statements (see pages 28-30) early on helps to ensure the details of the incident are documented while still fresh in everyone’s mind.

Step 5 – Stay Involved During the Claim Process

Maintain regular contact with your injured employee while he or she is home recovering – at every opportunity, show your concern and provide encouragement. Also, work closely with your Claims Adjuster during the investigation and management of all open claims. Provide requested information in a timely manner, and notify your adjuster of all pertinent developments. Working together as a team can help make the claims process most cost effective.

Step 6 – Get Your Employee Back to Work

If possible, identify transitional duty activities to bring your injured employee back to work as soon as is medically possible, ensuring that any medical restrictions are met first. Communicate with the medical provider and explain your company’s intentions for early return-to-work. Share job descriptions with the provider, review procedures for the injured employee, and clarify the expectations of the Return-to-Work Program.

NOTE

After the injured employee has received prompt medical attention, it is a good idea for the individual reporting the injury or a supervisor to take photos or video of the accident scene at the time of the accident.

Accident Investigation

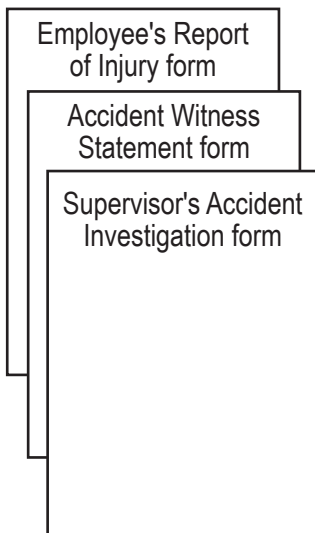
Why is it Important to Document and Investigate the Details of an Accident As Soon As Possible?

Documenting the details of an accident or injury while it is fresh in people's minds will help ensure an accurate account of the incident. Your investigation should include interviews of any employees who may have witnessed the incident. Also, be sure to correct work practices or remove hazards that may have contributed to, or may have been the source of, the accident, such as a lack of training, broken equipment, etc.

Care must be taken to ensure the investigation is fact finding, not fault finding. Obtaining signed statements as soon as possible following an accident ensures that you have an accurate account of how the injury occurred. These completed statements are important in helping to correct hazards and prevent the accident from recurring. They also help to spot possible third-party liability as well as possible fraudulent claims.

Steps for Documenting the Accident and Completing the Accident Investigation Forms:

- Interview the injured worker and take a written Employee's Report of Injury form (see page 28).
- When possible, at the site of the accident, recount the event step-by-step.
- Have the supervisor fill out a Supervisor's Accident Investigation form (see page 29).
- Make detailed notes of the who, what, when, where, why and how of the event.
- Document names, addresses, and phone numbers of all witnesses.
- Talk to witnesses (in private), take notes, and get a signed Accident Witness Statement (see page 30) from each witness. If a witness refuses to give or sign a written statement, the investigator should include that fact in the report.



Accident Investigation forms are found in this handbook and PDF fillable Accident Investigation forms in English and Spanish are available online at www.ceiwc.com under Claims Services / Report an Injury.

What if Your Injured Employee is Physically Unable to Fill Out the Employee's Report of Injury Form?

Use common sense and good judgment. If the injury is severe, remember that your employee's health and care are first and foremost. If possible, have the form filled out at a later, more appropriate time when the employee is physically able to document the accident.

What if Your Employee Refuses to Fill Out or Sign the Employee's Report of Injury Form?

Of course, you cannot make an employee fill out the document. You can, however, stress the importance of getting his or her account of the accident to help prevent the accident from happening again. It is important to obtain the supervisor's report as well as any witness statements, even if the employee does not complete the form.

What if Your Employee Has Retained an Attorney? Can You Still Ask the Injured Employee to Fill Out the Employee's Report of Injury Form?

Yes. You, the employer, as part of your company's accident management plan, can still ask the employee to fill out the form.

What if You Need Help Completing the Forms or Need Additional Forms?

Forms may be copied as needed. Forms are also available for downloading at www.ceiwc.com. If you would like assistance in setting up supervisory training on how to use these forms, please contact your Claims Adjuster or Safety Management Consultant at 1-800-264-4943.

What do You do With the Forms After Completing Them?

Return all completed and signed accident investigation forms by mail or fax to the Chesapeake Employers' Claims Adjuster assigned to the injury claim. Keep a copy for your files as well. These forms can provide valuable information in a claims investigation of an injury and for developing the defense in the event of a workers' comp hearing.

Claim Process, continued

What Happens After You Report the Claim to Chesapeake Employers?

After you have reported the injury, we will send you, by mail, a copy of the completed Employer's First Report of Injury for your records. A copy is also sent to the Workers' Compensation Commission (WCC).

After an injury is reported, the claim will be referred to our Claims Department for assessment. When a claim is assigned to a Claims Adjuster, he or she will contact you about the injury within 24 hours of the assignment. The adjuster will also contact the injured worker as well as the initial medical provider.

The adjuster will determine if the claim is compensable, administer benefits, if warranted, and monitor activity on the file. Timely and accurate compensability decisions are essential elements of effective claims handling. A nurse is always available to assist the adjuster with medical questions, especially in complex cases.

How are Replacement Wages Calculated?

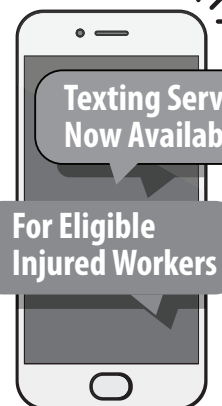
If the claim is determined to be compensable, you, the employer, may be asked to complete and provide an Average Weekly Wage (AWW) statement (see page 33), which will determine the lost wage payments that may be made to the injured worker. It is critical that this wage information is accurate, as it will impact the payment of any and all indemnity payments made.

What is the Process for Obtaining Medical and/or Disability Benefits?

If your injured employee has filed a claim with you, the employer, and/or with the WCC, and the injury has been determined to be compensable after the accident investigation process and/or claim review has been completed, then the following may apply:

- If an employee has a compensable work-related injury, medical bills may be covered automatically if we have a record of your Employer's First Report of Injury (FROI).
- If the employee loses more than three days of work, or has an injury which may result in a long-term disability, a Claims Adjuster will send the injured employee the (C1) Employee's Claim form (see page 31 for sample form) to complete.
- Temporary Total Disability benefits may begin.

NEW



- Ask your claims adjuster about our new texting service
- Provides faster communication and information
- Translation and interpretation in different languages
- Ability to quickly send links, documents, out-of-work slips, and forms by text

Claim Savings

What is Chesapeake Employers Doing About Potentially Costly Claims?

Early Intervention for potentially costly claims because they can often involve prolonged treatment, excessive medications and lengthy recovery times.

Our precertification team promptly reviews proposed medical treatments and surgical procedures to ensure they are reasonable and necessary, according to evidence-based industry treatment guidelines.

What are the Financial Payments Associated with Disability or Death?

Various degrees of disability may result from job-related injuries. Some workers are back on the job just days after an accident, while others may never be employed again. Workers' compensation benefits reflect these differences and are awarded in several categories according to the length and severity of injuries.

Here are the benefit categories that are available under workers' compensation coverage for covered employees:

- **Medical care** that is reasonably required to recover or relieve the employee of the effects of the injury or occupational disease. This includes, but is not limited to, first aid, emergency care, doctor visits, hospital care, surgery, physical therapy, pharmaceuticals, prosthetic devices, etc.
- **Temporary Total Disability (TTD)** benefits are paid while the employee is off work as indicated by his/her doctor, or is released to transitional duty, but whose employer is unable to accommodate him or her while recovering from the injury.
- **Temporary Partial Disability (TPD)** benefits are paid for a covered employee who is temporarily partially disabled. He or she may be working on a part-time basis, or earning less than in the pre-injury employment. TPD is paid until the employee returns to his/her regular job or has reached maximum medical improvement.
- **Permanent Partial Disability (PPD)** benefits are provided for an employee who sustains some permanent disability or disfigurement, but is able to work. PPD benefits are awarded by the WCC and are based on the complete or partial loss of a part of the body, the complete or partial loss of use of a body part, or the partial loss of use of the body as a whole.
- **Permanent Total Disability (PTD)** benefits are provided for a covered employee who is rendered permanently unable to work at any job.
- **Death benefits** – When an employee dies as a result of a work-related accident, that employee's dependents may be eligible to receive compensation. The nature of this compensation varies by case.

Is the Cost of Vocational Rehabilitation Covered?

Vocational rehabilitation benefits may be provided to an injured employee who is unable to work at his/her prior job because of the accidental injury or occupational disease.

What About the Cost of Prescriptions?

Prescriptions necessary for the treatment and recovery of your injured worker will be paid by Chesapeake Employers with no out-of-pocket cost to you or your employee. The Temporary Prescription ID card (page 34), which is accepted at more than 1,300 pharmacies in Maryland and at more than 65,000 pharmacies nationwide, can be used immediately upon injury.

Does Maryland Have a Fee Schedule for Medical Expenses?

The WCC sets a fee schedule for payment of medical expenses for work-related injuries and occupational disease. We pay these expenses when they are related to a compensable workplace injury.

Workers' Compensation Documents

Once you have reported the injury and your employee has submitted a claim, you may receive several documents:

1. Medical Bills
2. A Copy of the Employee's C1 Claim Form
3. A Copy of the Temporary Total Compensation Award
4. A Notice of Hearing

These documents are explained as follows:

- 1. Medical Bills:** All workers' compensation medical-related bills should be forwarded to the following:

Chesapeake Employers' Insurance Co.
P.O. Box 9899
Baltimore, MD 21284-9899

To inquire about a bill, please call our Customer Service Department at 1-800-264-4943.

- 2. A Copy of the Employee's C1 Claim Form**

Incorrect information on the C1 Employee's Claim form could result in delayed compensability decisions and improper payments. Call the Customer Service Department at 1-800-264-4943 to correct errors. Or contact the Claims Adjuster assigned to the claim.

- 3. A Copy of the Award of Compensation and Average Weekly Wage**

This award is issued by the WCC if a claim has not been contested. Employers should verify the award to be sure the following information is accurate:

1. Average weekly wage
2. Date of accident
3. The first date of disability

- 4. A Notice of Hearing**

The claims process may involve a hearing, i.e., when an employer disputes a claim, or when a worker has a temporary or permanent disability that is in dispute.

The purpose of this hearing varies, but in general, it involves determining whether an injury is actually work-related or whether an injured employee is entitled to a benefit. Chesapeake Employers' attorneys represent the employer, or policyholder, at this hearing. Generally, employers do not have to attend hearings unless they are specifically required to by subpoena.

Appeals

Both the employer and the injured worker have the right to appeal to the courts if they are not satisfied with the decision of the Workers' Compensation Commission.

Return-to-Work Program

Implementing a Return-to-Work Program has proven highly effective in containing and reducing claims costs for our policyholders. Chesapeake Employers' claims, nursing and safety professionals offer guidance and tools to help employers implement a program that helps injured workers transition back to productive work.

A Return-to-Work Program is a written, formalized policy that gives employers the flexibility to change parts of an employee's normal work duties to accommodate an employee's temporary physical limitations after a workplace injury has occurred.

With such a program, the employer has previously determined transitional work activities for the employee to do, once he or she has been cleared by the medical provider to return to work on a limited, temporary basis until full recovery is achieved.

Research shows that return-to-work programs are highly effective in reducing overall costs of workplace accidents. We also know that return-to-work benefits both employers and employees.

A Return-to-Work Program offers many advantages to employers:

- **Retain Experienced Workers:** Injured workers who remain at home for an extended period may become dispirited. They may eventually leave the firm. An employer can retain valued employees by returning them to the workplace as soon as they are physically able.
- **Reduce Turnover:** By returning injured employees to work, employers can avoid the cost of hiring and training replacement workers.
- **Better Employee Relations:** A Return-to-Work Program can improve employer-employee relations. By operating the program, the company demonstrates that it cares about employees' welfare.
- **Better Productivity:** Injured employees who return to the workplace will be more productive than they would have been had they remained at home.
- **Reduced Costs:** Even if they return to work only part-time, injured employees will collect fewer disability benefits than they would have if they remained at home. Thus, a Return-to-Work Program can help reduce your workers' compensation costs.

A Return-to-Work Program is more than just a cost-saving tool for employers. It also offers benefits to employees:

- **Better Morale:** Injured workers who remain at home can feel socially isolated. By returning to the job quickly, employees retain their social connections. They also regain a sense of purpose provided by a daily work routine.
- **Financial Security:** A Return-to-Work Program can ensure that an injured employee retains his/her position at the company.
- **Skill Retention:** When injured workers remain at home, their skills can deteriorate. A Return-to-Work Program can ensure their skills are retained.

Chesapeake Employers encourages all policyholders to embrace a Return-to-Work Program. For more information or assistance with a Return-to-Work Program for your company or organization, contact your Safety Management Consultant or Claims Adjuster, or call our Customer Service Department at 410-494-2000 or 1-800-264-4943.

Prescription Benefits

Prescriptions necessary for the treatment and recovery of your injured worker will be authorized through our Pharmacy Benefit Manager with no out-of-pocket cost to your employee.

When you report the injury to Chesapeake Employers, your injured employee will be able to get his or her prescription(s) quickly if you print a Temporary Prescription ID Card from our website at

<https://www.ceiwc.com/PDFs/Forms/My-Matrixx-Temporary-Rx-Form.pdf>

A copy of this form also appears on page 29 of this publication. The injured worker will be sent a long-term prescription ID card through the mail. This card can be used at more than 1,300 participating pharmacies in Maryland. A list of pharmacies is available at <https://mypassport.mymatrixx.com/pharmacyLocator/#/pharmacy-locator/workcomp/find-a-pharmacy>.

In the event that your injured worker pays for a prescription out-of-pocket, the receipt and a copy of the prescription should be mailed to the Claims Adjuster. The claim number and employer name should be included and sent to:

Chesapeake Employers Insurance
Attn: [Claims Adjuster's Name]
8722 Loch Raven Blvd., Towson, MD 21286

Can The Employee Use the Temporary Prescription ID Card Right Away?

Yes. As long as you have reported the injury to Chesapeake Employers, your injured worker may go to any pharmacy participating in our Pharmacy Network. Should the employee need any assistance, please contact our Pharmacy Services department at 410-494-2000.

When Does the Temporary Prescription ID Card Expire?

Your injured worker may use the Temporary Prescription ID Card for the initial prescription but will stop working once the claims decision is made. A Pharmacy Benefit Program handbook and a long-term card is sent for all claims that are accepted. The long-term card expires when the Claims Adjuster notifies the Pharmacy Benefit Manager to discontinue the prescription benefits.

What Should an Injured Employee do if They Need More Medication?

They should work with their prescriber to get the necessary prescriptions. If assistance is needed with pharmacy processing, please contact our Pharmacy Services or your Claims Adjuster at 410-494-2000.

Does the Employee Have to Continue to Use the Same Pharmacy Location?

No, he or she may go to any pharmacy they choose. We do encourage them to use a participating pharmacy in the pharmacy network.

What if The Employee Loses the Prescription ID Card?

Once the pharmacy has the processing information on file, the prescription ID card does not need to be retained. If the employee changes pharmacies or would like a copy of the card again, we can provide that at any time.

Who Can Provide More Information?

Please call the pharmacy benefits provider at (800) 945-5951 for assistance with any additional questions or concerns regarding our prescription benefits program.

\$ Rx Savings

How Does Chesapeake Employers Curb the Cost of Prescription Drugs?

Prescription drugs are one of the highest cost areas in workers' comp. Our on-site pharmacist works with our Pharmacy Benefit Manager to monitor drug utilization and prescriptions related to the work injury, while addressing any safety concerns associated with medications.

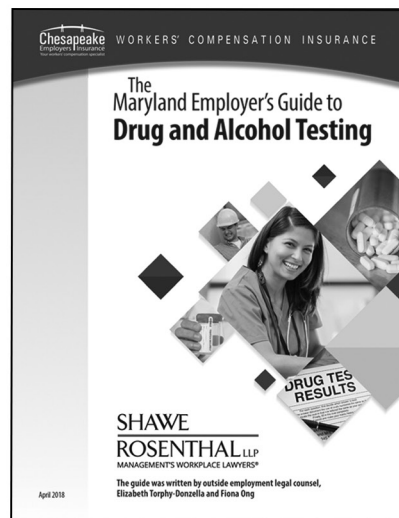
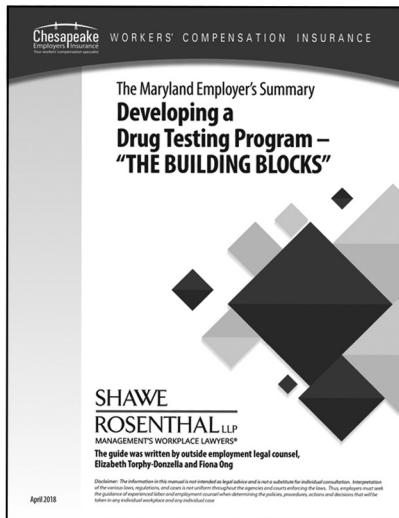
Our Pharmacy Services team has an array of innovative solutions to provide the best care at the right cost, right away. Making sure that medications are safe, used correctly, and working as intended is the first step in ensuring good care. Identifying therapeutic alternatives can provide better outcomes and significant cost savings. Streamlined processes allow for faster care, which results in a better experience and recovery.

Developing a Drug Testing Program

How Does Chesapeake Employers Help You Create a Drug-Free Workplace?

Chesapeake Employers retained Shawe Rosenthal LLP law firm to produce **“The Maryland Employer’s Guide to Drug and Alcohol Testing,”** based upon state and federal statutes and regulations. It assists employers in implementing policies and procedures to deter, detect and address use and abuse of drugs by employees. This publication was created solely for the education and use of our policyholders.

For easier reading, Chesapeake Employers generated a summary version entitled **“Developing a Drug Testing Program - THE BUILDING BLOCKS.”** Both documents, which include sample forms, notices, checklists, and policies to be downloaded, can be accessed by logging into the eServices section of our website or by contacting our Safety Services Department at 1-800-264-4943.



Workers' Compensation Fraud

What is Fraud?

Fraud is the intentional misrepresentation of a situation or fact. Examples of possible workers' compensation claimant fraud may include a false claim for benefits or working another job while collecting workers' compensation benefits.

What are the Types of Workers' Compensation Fraud?

There are several types of workers' compensation fraud, including:

Claimant Fraud

Claimant fraud is a claim for benefits based on intentional misrepresentation of material facts of an injury or treatment. Fraudulent claims arise from any of the following:

- Working while collecting Temporary Total benefits
- Deliberate injury
- Misrepresentation of wage loss
- Non-work-related injury
- Faked injury

Premium Avoidance Fraud

This type of fraud involves misrepresentation of any of the following:

- Job classifications
- Geographic locations of operation
- Payroll amounts
- History of past losses

Medical Care Provider Fraud

This type of fraud is characterized by the claimant using medical providers to embellish the claim of injury by:

- Providing medically unnecessary diagnostic tests or treatments
- Overstating the nature and/or extent of an injury
- Billing for services not rendered
- Falsifying the diagnosis

Tips on Combating Workers' Compensation Fraud

Here is a list of suggestions for controlling workers' compensation fraud:

- Properly train, supervise, and orient your staff on Chesapeake Employers' procedures for reporting occupational injuries.
- Always show honest concern for your employees.
- Retain a recent photo of each employee in his/her personnel file.
- Keep employees' addresses current.
- Have the employee immediately document how an accident happened in his/her own words using the "Employee's Report of Injury" form. The employee's explanation of how an accident occurred may change over time when the claim is fraudulent. Obtain an employee signature on the form.
- During a company meeting, describe your company's policy on fraud, and what happens to those who would perpetrate fraudulent practices.
- Inform employees that you and your insurance company (Chesapeake Employers) have zero tolerance for fraud and abuse of workers' compensation benefits.
- Participate in fraud investigations when asked.
- Conduct and document exit interviews.
- Limit discussion of and activities relative to suspicious filings.
- Let Chesapeake Employers' SIU conduct the fraud investigation.

Report Fraud

If you suspect a case of workers' compensation fraud, call Chesapeake Employers' Special Investigations Unit (SIU) at **1-888-ANTI FRAUD (1-888-268-4372)**.

All calls to the Fraud Hotline are handled in strict confidence.

Attention Supervisors - When an Injury Occurs

Provide Immediate Medical Attention

- In a life threatening or emergency situation call 911.
- For less severe injuries, provide first aid and refer or transport the injured employee to your closest occupational medical provider for treatment. These occupational medical providers are familiar with occupational injuries and workers' compensation issues. For a courtesy recommendation of quality medical providers in your area, please contact your Chesapeake Employers' claims representative.

IMPORTANT TO PLAN AHEAD. Please make sure all supervisory personnel know where your selected medical providers are located.

Medical Provider _____	Medical Provider _____
Address _____	Address _____
_____	_____
Phone Number _____	Phone Number _____

Promptly Report the Injury to Chesapeake Employers Online or by Phone 24/7

Injury Reporting Online

www.ceiwc.com

Available



Injury Reporting Hotline

1-888-410-1400

- Visit our website to set up your eServices account. Filing the Employer's First Report of Injury (FROI) is fast and easy online. Once you input the mandatory fields (10-minute process), you will receive immediate confirmation of the claim, a claim number, and a temporary prescription identification number for your injured employee. This prescription identification number allows the injured worker to obtain a prescription with no out of pocket cost. Included on the next page is a list of the questions that will be asked when you call or report the injury online.
- A Chesapeake Employers' representative can also take all necessary information and complete the Employer's First Report of Injury over the phone. The representative can also assist in choosing a medical provider in your area and issue a temporary prescription identification number.
- This completes your initial reporting responsibility and assures the timely review of the claim for compensability, payment of initial benefits and medical bills, if deemed appropriate.
- **IMPORTANT OSHA Requirement.** Maryland employers must call and report to OSHA/MOSH - ALL work-related fatalities within 8 hours and ALL work-related inpatient hospitalizations, amputations or loss of an eye within 24 hours. Please call MOSH at 1-888-257-6674 or OSHA at 1-800-321-6742.

Investigate and Document the Injury with these Steps/Forms

- Gather the facts. Preserve any evidence or damaged equipment.
- Have your injured employee fill out and sign an **"Employee's Report of Injury Form."**
- Obtain and complete **"Accident Witness Statement Forms."**
- Obtain and complete **"Supervisor's Accident Investigation Form."**
- You, the employer/supervisor, must complete the **"14 Week Statement of Wage Information Form."**
- Return all completed forms by U.S. mail, email or Fax to the claims adjuster assigned to the injury claim.

Take Corrective Action

- Correct unsafe conditions
- Ensure that unsafe behavior does not reoccur.
- Our Safety Services Dept. can assist you with a workplace safety analysis.

Communicate with Your Employee and Chesapeake Employers

- If the employee is unable to return to work for an extended time, management should call the employee weekly to inquire about his/her well being and medical improvement. Stay in touch and let the employee know that you care.
- Have a return-to-work program in place. Work with your claims adjuster and nurse case manager to review any medical restrictions as well as the injured worker's capabilities to develop a transitional duty position.

Brinde atención médica inmediata.

- En caso de una emergencia o situación de peligro para la vida, llame al 911.
- En caso de lesiones menos graves, proporcione primeros auxilios y derive o traslade al empleado lesionado al centro médico laboral más cercano para que reciba tratamiento. Estos profesionales de la medicina laboral están familiarizados con las lesiones laborales y las cuestiones relacionadas con el seguro de accidentes de trabajo. Para una recomendación de cortesía de proveedores médicos de calidad en su zona, póngase en contacto con su representante de reclamaciones de Chesapeake Employers.

IMPORTANTE PLANIFICAR CON ANTELACIÓN. Procure que todos los supervisores sepan dónde se encuentra el proveedor médico seleccionado.

Proveedor médico _____ Proveedor médico _____
Domicilio _____ Domicilio _____
Número de teléfono _____ Número de teléfono _____

Notifique inmediatamente la lesión o accidente a Chesapeake Employers en nuestro sitio web o telefónicamente 24/7:

Denuncia de lesiones en nuestro sitio web:

www.ceiwc.com



Denuncia de lesiones por teléfono:

1-888-410-1400

- Visite nuestro sitio web para configurar su cuenta de eServices. Presentar la Primera notificación de lesiones del empleador (FROI) es rápido y sencillo por Internet. Una vez completados los campos obligatorios, recibirá la confirmación inmediata del siniestro, un número de denuncia del siniestro y un número de identificación temporal de recetas para su empleado lesionado. Con este número de identificación de recetas, el trabajador lesionado puede adquirir un medicamento sin gastos de su bolsillo.
- Un representante de Chesapeake Employers' también puede tomar nota de todos los datos necesarios y completar la Primera notificación de lesiones del empleador por teléfono. El representante también puede ayudarle a elegir un proveedor médico en su zona y emitir un número de identificación temporal de recetas.
- Esto concluye su responsabilidad de notificación inicial y garantiza la oportuna revisión de la reclamación para determinar la indemnizabilidad, el pago de los beneficios iniciales y las facturas de atención médica, si correspondiera.
- Requisitos IMPORTANTES de OSHA. Los empleadores de Maryland deben llamar y denunciar a OSHA/MOSH TODAS las víctimas mortales por accidentes de trabajo en un plazo de 8 horas y TODAS las internaciones, amputaciones o pérdida de un ojo por accidentes de trabajo en un plazo de 24 horas. Llame a MOSH al 1-888-257-6674 o a OSHA al 1-800-321-6742.

Investigue y documente la lesión completando estos pasos y formularios

- Reúna los datos. Preserve las pruebas o el equipo dañado.
- Solicite al empleado lesionado que complete y firme un «Formulario de notificación de lesión del empleado».
- Obtenga y complete los «Formularios de declaración de testigos del accidente».
- Obtenga y complete el «Formulario de investigación de accidentes del supervisor»
- Usted, en su calidad de empleador/supervisor, debe completar el «Formulario de declaración de salario de las 14 semanas».
- Envíe todos los formularios completados por correo del servicio postal de Estados Unidos, correo electrónico o fax al liquidador de siniestros asignado a la reclamación por lesiones.

Adopte medidas correctivas

- Corrija las condiciones inseguras. • Garantice que no se repitan las conductas inseguras.
- Nuestro Departamento de Servicios de Seguridad le ofrece llevar a cabo un análisis de la seguridad en el lugar de trabajo.

Comuníquese con su empleado y con Chesapeake Employers

- Si el empleado no puede volver al trabajo durante un tiempo prolongado, la gerencia debe llamarlo semanalmente para interesarse por su bienestar y su evolución. Manténgase en contacto con el empleado y exprésele su preocupación.
- Elabore un programa de reincorporación al trabajo. Trabaje con su liquidador de siniestros y enfermero de coordinación asistencial para evaluar cualquier restricción médica, así como las capacidades del trabajador lesionado, para generar un puesto de tareas transitorias.

Chesapeake Employers' Injury Reporting Worksheet

When you call the Chesapeake Employers' Injury Reporting Hotline, or when you file online to report an occupational injury, this is the information you will be asked to provide so that the Employer's First Report of Injury can be completed. Please assemble and have ready as much of this information as possible. The employee's personnel file is a good source for this information.

Note: This list of information is not all inclusive, and the questions asked may not necessarily be asked in the same order listed below.

NOTE: This worksheet is for gathering information only and cannot be submitted as an Employer's First Report of Injury. Mandatory information to provide when reporting the injury is highlighted in bold print.

Caller/Employer's Information

1. **Caller's name:** _____
2. **Your telephone number:** _____
3. Employer's/Policyholder's Name: _____
4. **Policy Number:** _____
5. Employer's Address: _____
6. **Date of injury:** _____
7. Time of injury: _____

Injured Employee Information

8. **Last 4 digits of injured employee's Social Security Number:** _____
9. **Injured employee's name:** _____
10. Injured employee's job title: _____
11. Injured employee's home address: _____
12. Injured employee's phone number: _____
13. Marital status: _____
14. Number of children: _____
15. Gender: M ___ F ___
16. Injured employee's date of birth: _____

Injury/Occurrence Information

17. Was the injured employee performing their assigned regular duties? _____
18. On what date was the employer notified of the accident? _____
19. What is the name of the person that was notified about the injury? _____
20. Address of the accident location: _____
21. **Description of the accident:** _____
22. Specific activity/function engaged in when the accident occurred: _____
23. Location of the accident (Hallway, loading dock, stairwell etc.): _____
24. Was the injured employee treated in an emergency room? _____
25. Was the employee admitted to the hospital? _____
26. Name of the hospital and hospital phone number if known: _____
27. What is the doctor's name that treated the injured employee? _____
28. What is the doctor's phone number? _____
29. Was the injury the result of product or machine failure? _____
30. Did the accident involve a vehicle? _____
31. If known, please give a description of the injury? _____
32. **What part of the body was injured?** _____
33. What side of the body was injured? _____
34. Do you believe this to be a valid claim? Yes - No
35. Date of hire for the injured employee: _____
36. Did the employee return to work? _____
37. Date the employee returned to work: _____
38. Last day worked by the employee? _____
39. If fatal, date of the employee's death: _____
40. Did the employee receive full pay for the date of the injury? _____
41. Did salary continue? _____
42. State of hire: _____
43. Employee's employment status: _____
44. Employee's wage/rate: _____
45. Number of days employee works per week? _____
46. Time employee began work on the day of the injury? _____



Employee's Report of Injury

Policyholder: _____
Policy #: _____

(To be completed by the employee.)

Employee's name: _____ Male Female

Date of birth: ____/____/____ Last First Middle Telephone # (____) _____

Marital status: M / D / W / S Height/Weight: ____/____lbs. Right- or left-hand dominant

Home address: _____

City: _____ State: _____ Zip Code: _____

Current job position: _____ How long employed: _____

Weekly salary: _____ Hours scheduled to work: _____

Location of injury: _____
Address and location of accident (loading dock, bathroom, etc.)

Date of injury: _____ Time of injury: _____

Describe fully how the injury occurred (including events that occurred immediately before the injury):

Describe bodily injury sustained (be specific about body part(s) affected): _____

Recommendation(s) on how to prevent this injury from recurring: _____

Name(s) of witness(es): _____ Phone # _____
Attach witness(es) report(s)

When did you report the injury to your supervisor? _____

Name of supervisor: _____ Phone # _____

To whom did you report the injury? _____

Did you require medical attention? Yes No Waived medical attention

Name of medical provider: _____ Phone # _____

Name of Primary Care Physician: _____ Phone # _____

Name of other treating medical professional(s): _____

Signature of employee: _____ Date: _____

Note: Form must be signed by hand.



Witness Statement

Policyholder: _____
Policy #: _____

(To be completed by witness(es) to injury.)

Injured employee's name: _____
Last First Middle

Name of witness: _____ Phone# _____
Last First Middle

Job title of witness: _____ How long employed? _____

Home address of witness: _____

City: _____ State: _____ Zip Code: _____

Is witness any relation to the injured employee? Yes No If yes, what relation? _____

Location of injury: _____
Provide exact location (ex: parking lot, kitchen, etc.)

Date of injury: _____ Time of injury: _____

Describe fully the incident and how it occurred (including events that occurred immediately before the injury):

Any other parties present at the time of the injury? If so, please identify and provide contact information.

Describe bodily injury(ies) sustained (be specific about body part(s) affected): _____

Recommendation(s) on how to prevent this injury from recurring: _____

Name of witness' supervisor: _____ Phone# _____

Signature of witness: _____ Date: _____

Note: Form must be signed by hand.

EMPLOYEE'S CLAIM WORKERS' COMPENSATION COMMISSION

10 East Baltimore Street
 Baltimore, Maryland 21202-1641
 BALTIMORE PHONE 410-864-5100
 TOLL FREE 1-800-492-0479 IN MARYLAND
 TTY USERS CALL VIA MARYLAND RELAY

DO NOT WRITE IN CLAIM NUMBER BOX

CLAIM NUMBER

DATE STAMP

PERSONAL INFORMATION

1. Claimant First Name _____ 2. Middle Initial _____ 3. Claimant Last Name _____

4. Phone Number _____ 5. Street Address _____

6. City _____ 7. County _____ 8. State _____ 9. Zip Code _____

10. Email _____

11. Social Security Number _____ 12. Sex M F 13. Date of Birth M M D D Y Y Y Y 14. Marital Status M S 15. Gross Wages Per Week _____ 16. Paid full wages for day? YES NO

17. What Is Your Regular Work? _____ 18. What Was Your Work When Injured? _____

EMPLOYER INFORMATION

19. Full and correct business name of your employer _____

20. Employer Phone Number _____ 21. Complete Address _____

22. City _____ 23. State _____ 24. Zip Code _____ 25. Notice of Injury Given? YES NO

26. Nature of Employer's business _____ 27. Location where accident occurred _____

28. Whom did you notify of the accident _____ 29. First Day Not Worked M M D D Y Y Y Y 30. Occupant Disease? YES NO 31. Date of accident/occupational disease disablement M M D D Y Y Y Y Time AM PM

32. Describe how accidental injury occurred _____ OR 33. Describe how occupational disease occurred _____

SAMPLE

NOTE: Failure to disclose information or giving false information, including information regarding any work related activity or return to work either before or after an award of benefits, may subject you to fines, imprisonment, or both, and disqualify you from receiving benefits. A CLAIMANT'S FAILURE TO COMPLETE THIS FORM IN COMPLIANCE WITH COMAR 14.09.02 MAY RESULT IN THE CLAIM BEING REJECTED. TO EXPIDITE YOUR CLAIM, YOU MAY SEND A COPY OF THE COMPLETED FORM TO YOUR EMPLOYER.

ACCIDENT / OCCUPATIONAL DISEASE INFORMATION

34. What member of your body was injured? _____

35. Amputation Required? YES NO 36. Employer requested to provide medical care? YES NO 37. Medical care provided? YES NO 38. Date returned to Work M M D D Y Y Y Y

39. Attending Physician Name _____ 40. Street Address _____

41. Apt. / Suite _____ 42. City _____ 43. State _____ 44. Zip Code _____

45. If you were in a hospital - Hospital Name _____ 46. Street Address _____

47. Apt. / Suite _____ 48. City _____ 49. State _____ 50. Zip Code _____

51. If Health Insurance used, give name of Insurance Co. _____

I hereby make claim for compensation for an injury resulting in my disability due to an accident (or disease) arising out of and in the course of my employment, and in support of it make the foregoing statement of facts. I hereby certify that the information I have given is accurate and that I have read the information on this form.

SIGNATURE _____ DATE _____

DO NOT WRITE IN SPACE BELOW

INS. CO. _____ ATTY _____ INS. CO. 2 _____ ATTY _____ EMPLOYER _____ EMP. ATTY _____ CLMT. ATTY _____

MARYLAND WORKER'S COMPENSATION COMMISSION
AUTHORIZATION FOR DISCLOSURE OF HEALTH INFORMATION

Pursuant to Labor and Employment Article, §§ 9-709, 9-710, and 9-711, Annotated Code of Maryland, this authorization must be signed and filed with the Workers' Compensation Commission of Maryland in conjunction with any claim for workers' compensation benefits.

A. Person Covered by Authorization

This document authorizes the disclosure of protected health information regarding:

Name/Claimant

Date of Birth

B. Purpose of Disclosure

This document authorizes the disclosure of protected health information for the purpose of processing, adjudicating and resolving workers' compensation claims.

C. Entities Authorized to Make Disclosure

This document authorizes any health plan, physician, health care professional, dentist, hospital, clinic, laboratory, pharmacy, medical facility, or other health care provider that has provided patient treatment or services to me or on my behalf to disclose my protected health information consistent with this direction.

D. Entities Authorized to Receive Protected Health Information

This document authorizes the disclosure of my protected health information to the following entities and their agents: my attorney, my employer, my employer's workers' compensation insurer, and the Subsequent Injury Fund and/or Uninsured Employer's Fund.

E. Information to be Disclosed

This document authorizes the entities listed in C to disclose protected health information that is relevant to:

1. The member of the body that was injured
2. The description of how the accidental injury occurred
3. The description of how the occupational disease occurred

The protected health information that may be disclosed includes, but is not limited to: history, findings, office and patient charts, files, examination and progress notes, and physical evidence.

F. I understand that I may revoke this authorization by giving written notice to all parties to my claim for workers' compensation, except to the extent that this authorization has already been acted on prior to receipt of my revocation.

I understand that the information disclosed by this authorization may be subject to re-disclosure by the recipient to a medical manager, health care professional or registered rehabilitation practitioner, and others consistent with state and federal law.

By signing this form, I am authorizing the disclosure of my protected health information. This authorization is valid for one year from the date the claim is filed.

Patient/Claimant Signature

Date

A photocopy, facsimile or electronic transmission of this signed authorization form is valid.

Statement of Wage Information

Employer:	Injured Employee's Name:	
Chesapeake Employers' Claim Number:	Date of Injury:	WCC Claim Number (If known):

Please list the employee's **weekly gross earnings** for each of the **14 weeks immediately prior to the date/week of the accident**. Please do not include wages for the date of injury.

Week Number	Week Ending Month/Day/Year	Gross Salary (Include all overtime)	Additional Income (if applicable)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			

If this employee was given free rent, lodging, board, tips, or other allowances in addition to the above gross salary, please write the weekly value of that in the **"Additional Income"** column.

Name of person completing form Signature of person completing form Date completed

Please return this completed and signed form by email to the assigned claims adjuster's email if known. You can also fax the completed and signed form to your claims adjuster via fax at 410-494-2122. Please call your Chesapeake Employers' claims adjuster at 1-800-264-4943 if you have any questions. Thank you.

Workers' Compensation Temporary Prescription ID Card

To the Injured Worker:

- On your first visit, please give this notice to any pharmacy listed below to speed processing of your approved workers' compensation prescriptions (based on the guidelines established by your employer).
- Questions or need assistance locating a participating retail network pharmacy? Call the Express Scripts' Patient Care Contact Center at 800-945-5951 or check Express Scripts' [Pharmacy Locator link](#).

Atención Trabajador Lesionado:

- En su primera visita, por favor entregue esta notificación a cualquier farmacia enumerada al reverso para acelerar el procesamiento de sus recetas aprobadas de compensación para trabajadores (según las pautas establecidas por su empleador).
- Si tiene cualquier duda o necesita ayuda para localizar una farmacia de venta al por menor participante de la red, por favor llame al Centro de Contacto para Atención a Clientes de Express Scripts, al 800.945.5951.

To the Supervisor: Please complete this information for the injured worker. Note: Both the SSN & DOI are required to process medications.

Employee Information

First name Middle Last name

Mailing Address

Street address or PO Box

City State Zip Code

Employer Name

Express Scripts

ID #: _____
Your SSN is your temporary ID number; present to the pharmacy at the time prescription is filled. You will receive a new ID number shortly.

Date of Injury (DOI): ____/____/____
MM DD YY YY

Employee Date of Birth: ____/____/____
MM DD YY YY

Group #: IW101700 (For a State of Maryland Injured Employee)

Group #: IW101800 (For Injured Workers Whose Employer is Covered by the Chesapeake Employers' Insurance Co.)

Group #: IW1EXP (Chesapeake & IWIF - Exposure Only)

Please Note: Use Group IW1EXP for any needle stick, human/animal bite, or scratch injuries. Call Express Scripts with questions at 800-945-5951.



To the Pharmacist:

Express Scripts administers this workers' compensation prescription program. Please follow the steps below to submit a claim. Standard first fill shall not exceed a 14-day supply or cost of \$150. This form is valid for up to 30 days from date of injury (DOI). Limitations may vary. For assistance, call Express Scripts at 800-945-5951.

Pharmacy Processing Steps	
Step 1	Enter bin number 003858
Step 2	Enter processor control WC
Step 3	Enter the group number as it appears above
Step 4	Enter the injured worker's 9 digit ID # (SSN)
Step 5	Enter the injured worker's first name & last name
Step 6	Enter the injured worker's date of injury (enter in DOI field in the format YYYYMMDD)

Participating Retail Network Pharmacies

Thank you for using a participating retail network pharmacy. Even though there is no direct cost to you, it's important that we all do our part to help control the rising cost of healthcare.

A&P
Acme Pharmacy
Albertson's
Albertson's / Acme
Albertson's / Osco
Albertson's / Sav-On
Amerisource Bergen
Anchor Pharmacies
Arrow
Aurora
Bartell Drugs
Bigg's
Bi-Lo
BJ-Mart
BJ's Wholesale Club

Brooks
Brookshire Brothers
Brookshire Grocery
Bruno
Carrs
Cash Wise
Coborn's
Costco
Cub
CVS
D&W
Dahl's
Dierbergs
Discount Drugmart
Doc's Drugs
Dominicks
Drug Emporium
Drug Fair
Drug Town
Drug World
Eckerd
Econofoods
EPIC Pharmacy
Network

Family Meds
Farm Fresh
Farmer Jack
Food City
Food Lion
Fred's
Gemmell
Giant
Giant Eagle
Giant Foods
Hannaford
Harris Teeter
H-E-B
Hi-School Pharmacy
Hy-Vee
Jewel/Osco
Kash n Karry
Keltsch
Kerr
Kmart
Knight Drugs
Kroger
LeaderNet (PSAO)
Longs Drug Store

Major Value
Marsh Drugs
Medic Discount
Medicap
Medistat
Meijer
Minyard
NCS HealthCare
Neighborcare
Network
Pharmaceuticals
Northeast Pharmacy
Services
Osco
P & C Food Markets
Park Nicollet
Pathmark
Pavilions
Price Chopper
Publix
Quality Markets
Raley's
Randalls


Rite Aid
Rosauers
Rx Express
RXD
Safeway
Sam's Club
Sav-On
Save Mart
Schnucks
Scolari's
Sedano
Shaw's
Shop 'N Save
Shopko
Shop Rite
Pamida
Snyder
Stop & Shop
Sun Mart
Super Fresh
Super Rx
Target
Texas Oncology Srvs
The Pharm
Thrifty White


Times
Tom Thumb
Tops
Ukrop's
United Drugs
United Supermarkets
Vons
Waldbaums
Walgreens
Wal-Mart
Wegmans
Weis
Winn Dixie


Your 8 Basic Responsibilities as a Policyholder


Sus 8 responsabilidades básicas como asegurado


Once insured with **Chesapeake Employers**, the policyholder has eight basic responsibilities:


- 


1. It starts first with providing a safe and healthy workplace.
Todo empieza por ofrecer un lugar de trabajo seguro y saludable.
- 


2. Educate employees to report all workplace accidents & injuries immediately to their supervisor.
Eduque a los empleados para que notifiquen inmediatamente a su supervisor todos los accidentes y lesiones que se produzcan en el lugar de trabajo.
- 

3. Provide prompt medical attention for your injured worker.
Bríndele atención médica inmediata al trabajador lesionado.
- 

4. Report all work-related injuries immediately by calling **1-888-410-1400**. You can also report the injury on-line at our website www.ceiwc.com.
Notifique inmediatamente todas las lesiones laborales llamando al 1-888-410-1400. También puede notificar la lesión en línea visitando nuestro sitio web en www.ceiwc.com.
- 

5. Make premium payments on time to maintain your policy coverage.
Pague las primas para mantener vigente la cobertura de su póliza.
- 

6. Maintain accurate payroll records and make the payroll records available for your premium audit.
Lleve registros exactos de las nóminas y póngalos a disposición de la auditoría de primas.
- 

7. Please complete your premium audit in a timely manner.
Complete su auditoría de primas de manera oportuna.
- 

8. To ensure you receive your policy billing, audit mailings, and potential dividend payment, please tell your agent and Chesapeake Employers if your primary business mailing address changes from when the policy was issued.
Informe a su agente y a Chesapeake si los datos de contacto de su empresa o su dirección sufren modificaciones en el transcurso del año.



8722 Loch Raven Blvd. • Towson, MD 21286-2235

Main Phone Number: 410-494-2000

Customer Service Department: 1-800-264-4943

www.ceiwc.com