Employer Handbook

Are You Online With Chesapeake Employers’ Instant e-Services* Access? www.ceiwc.com

- View Invoices Online
- Pay Your Premium Online
- Print Certificates of Insurance
- Report Injuries Online 24/7*

*Please Note: The Employer’s First Report of Injury (FROI) is not available as an instant e-Service and must still be requested and approved by your company’s primary contact/officer due to business protocols and privacy concerns. See e-services at ceiwc.com for details.

Injury Reporting Hotline 24/7
1-888-410-1400

Main Phone Number.................................410-494-2000
Customer Service.................................1-800-264-4943
Fraud Reporting Hotline .......................1-888-268-4372
Chesapeake Employers’ Call Center

**EXPRESS Service**

Call center **Express Service** numbers can be accessed during regular business hours when calling these Chesapeake Employers’ phone numbers:

- 1-800-264-4943
- 1-888-410-1400
- 410-494-2000

Fast & Easy

To provide a short cut to faster phone service for customer requests and to reduce the amount of time you may be holding for service, Chesapeake Employers wants you to be aware of our Call Center **Express Service**. Call Center **Express Service** offers customers a short cut to the appropriate expert service representative. When you call Chesapeake Employers, simply select the shortcut from the menu that describes your request. After you enter the express numbers, you are automatically linked to the next available call representative who specializes in that type of service.

**Example:** Question about your premium invoice - you would call 410-494-2000 (335) or 1-800-264-4943 (335)

Calling to report an injury........................................... press 3 1

Pre-certification of medical procedures .......... press 3 2 1

Medical Bill or Explanation of Benefits question .. press 3 2 3

Benefit check status information ....................... press 3 2 4

All other claim inquiries ..................................... press 3 2 5

New policy application request ......................... press 3 3 1

Certificate of insurance or a loss run request ... press 3 3 2

Pay policy premium by VISA/Mastercard/Discover press 3 3 4

Question about your policy premium invoice .... press 3 3 5

All other policy inquiries .................................... press 3 3 6

Injury Reporting Hotline ....1-888-410-1400

24 hours a day, 7 days a week

Main Number .................................................. 410-494-2000

Outside the Baltimore Area ................. 1-800-264-4943

Fraud Hotline .................................................. 1-888-268-4372

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

www.ceiwc.com
Answers to Basic Questions About Your Policy

What Does Your Policy Provide?

Your policy provides protection against liability arising under the Maryland workers’ compensation law. Chesapeake Employers will notify the Workers’ Compensation Commission of Maryland that we are your insurer.

When Does Your Policy Take Effect?

When your application is approved, coverage begins at 12:01 a.m. on the day after the postmark date on the envelope containing your application and down payment. If you deliver this material to Chesapeake Employers in person, your policy takes effect at 12:01 a.m. the day after you deliver it. Upon request, Chesapeake Employers will honor an effective date that is later than the postmark date.

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

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 expenses, lost wages, vocational rehabilitation, and financial benefits for disabilities or death.

- Payment for Medical Expenses

The Maryland Workers’ Compensation Commission sets a fee schedule for payments of medical expenses for work-related injuries and occupational disease. We pay these expenses when they are related to a compensable workplace injury.
Financial Benefits for Disabilities 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.

Temporary Total Disability (T.T.D.) – This is applicable to the healing or rehabilitation period during which an injured employee is wholly disabled and unable to work. The employee is entitled to receive two-thirds of his/her average weekly wage, subject to certain maximum limits.

Temporary Partial Disability (T.P.D.) – This benefit is provided if the injured worker is required to work part time temporarily due to medical restrictions resulting from an accident. In Maryland, the amount paid is 50% of the difference between the average weekly wage and the return to work earnings, subject to a maximum limit. This benefit offers an incentive for early return to work in a modified job.

Permanent Partial, Permanent Total – These benefits are determined on a case-by-case basis, and are awarded when there is a permanent injury to the body. The extent of the injury and the impact on the ability to return to work determine the type of permanent benefit awarded.

Death – When an employee dies in a work-related accident, that employee’s dependents may be eligible to receive compensation. The nature of this compensation varies by case.

Payment for Vocational Rehabilitation

When an injured employee is unable to return to his/her previous job, he/she may be eligible for vocational rehabilitation services. The goal of this service is to return the employee to suitable, gainful employment.

What Claims are Covered by Your Policy?

Your policy covers all claims filed at the Maryland 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 3 of this handbook regarding other states coverage, or contact your underwriter for additional information.

What if company officers or employees want to exclude themselves from coverage?

Under Maryland law, (1) any officer of a close corporation whether incorporated in Maryland or elsewhere; (2) certain members of an LLC; (3) certain members of a P.A.; or (4) up to five officers of any other corporation, can elect to exclude themselves from Workers’ Compensation coverage. Sole Proprietors and Partners are automatically excluded and must elect to include themselves.

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 the subcontractors have workers’ compensation insurance for their 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.

How Can You Get Certificates/Proof of Insurance?

Policyholders with a Chesapeake Employers’ e-Services authorization can obtain Certificates of Insurance online at www.ceiwc.com. You can also call our Customer Service Call Center at 1-800-264-4943 if you need three or fewer Certificates of Insurance. Fax your request for four or more certificates to (410) 494-2209. 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?

United States Longshore and Harborworkers Act (USL&H)

Chesapeake Employers can provide workers’ compensation coverage under the USL&H Act. Call our Underwriting 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 the Customer Service Call Center for further information on this coverage.

Does Chesapeake Employers Offer Other States Coverage?

Coverage for Maryland employers with known or incidental workers’ compensation exposures in states other than Maryland may be available through Chesapeake Employers.

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 the policyholder.

Changes to a renewal should be coordinated with the agent if appropriate and the underwriter. The initial premium payment is required prior to the expiration date of the policy.

Your policy may be cancelled due to nonpayment of premiums, 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.

Premiums

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.

Your premium – the price you pay for workers compensation insurance – is determined by multiplying the rate (per $100 of gross payroll) for a business classification by the amount of payroll in that classification. If you have several classifications, your premium is the sum of the totals for all classifications.

What is Experience Rating?

The experience rating is a safety incentive factor that is directly related to the losses incurred during prior policy terms. 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.

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 are available. NOTE: The installment fee is $7 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 VISA, MasterCard and the Discover card for greater premium payment convenience.

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.
Important Information About Your Premium Audit

What is a Premium Audit?
A workers’ compensation premium audit is simply a means of reviewing a policyholder’s records and operations to ensure that the coverage information is accurate. The goal of the audit is to assess and collect premium that accurately represents the proper risk exposure – no more and no less.

Why is a Premium Audit Necessary?
Your premium is calculated based on the projected payroll information we receive from you at the inception of each policy term. To ensure that your premium is priced accurately and fairly, a Chesapeake Employers’ auditor will compare the payroll that you projected at the inception of your policy to the actual payroll at the end of your term.

Note: Some policies may not require an annual audit at all, based on guidelines that are set by the Chesapeake Employers’ Underwriting and Premium Audit departments.

Types of Premium Audits
Chesapeake Employers conducts four types of audits. We reserve the right to determine the method/frequency of audits.

1. Field Audit – Conducted on site with the policyholder and Chesapeake Employers auditor. Audits are scheduled at the expiration or cancellation of the policy.

2. Mail Audit – A policyholder is mailed the payroll audit forms and instructions at the expiration or cancellation of the policy term.

3. Preliminary Audit – Conducted on site with a new policyholder and Chesapeake Employers auditor at the inception of the policy (usually within 90 days of the policy issuance). This type of audit is used to ensure the business operations and/or payroll are accurate.

4. Interim Audit – Conducted on site with the policyholder and our auditor during the course of the term policy (i.e., quarterly or semi-annually). Interim audits are used to adjust a policy to reflect significant changes in business operations and/or payroll during the policy term.

How Do I Prepare for a Premium Audit?
Please see Your Premium Audit Checklist below for a complete itemization of records needed during an audit.

Your Premium Audit Checklist
Please make available all records for the policy term. For a preliminary audit, please provide records from the previous calendar year, or, if the business is fewer than nine months old, from the inception of the business.

These records include:
- Payroll Records
- Payroll Breakdowns
  - Overtime / By Classification / By State
- Individual Earnings Cards / Reports
- 941s and Form 940
- W-2s and Form W-3
- Profit and Loss Statement
- Cash Disbursements
- Certified Payrolls on OCIP/CCIP Jobs
- Sales Journal / Cash Receipts
- Certificates of Insurance for Subcontractors
- List of Officers and Clerical Employees
- 1099s and Form 1096
- Job Cost Records, Contracts, and Invoices
- General Ledger and Check Register
- Federal Income Tax Returns; and
- Maryland Quarterly Unemployment Reports

How Should My Payroll Records Be Organized for an Audit?
To collect the specific payroll information needed to conduct an accurate premium audit, please have your payroll records organized as follows:

- **Policy term.** Present records that reflect payroll for the policy term, beginning with the effective date of your policy.
- **Classification.** List each type of job separately, i.e., clerical, sales, etc.
- **Jurisdiction.** Record the geographical areas in which your employees worked.
- **Overtime.** Record overtime paid to employees during the policy term.
What is Considered Payroll/Remuneration?
Payroll is the total amount of money paid to employees during a given time. Remuneration is the payment for goods received, services rendered, or losses incurred. Both payroll and remuneration records are requested during a premium audit. They include:
- Employee Wages
- Overtime (Straight Time Rate)
- Commissions, Bonuses, Holiday, Vacation, Sick Pay
- Tax-deferred Payments (Cafeteria or 401K plans)
- Rental Value of an Apartment or House furnished by the Employer
- Car or Tool Allowances
  (other than Reimbursements)
- Insured Sole Proprietors/Partners/Officers
- Uninsured Subcontractors
- Actual Expenses and Miscellaneous Labor

What If My Employees Work in More than One Classification?
In general, Chesapeake Employers assigns one basic classification that best describes your business. However, certain classes, known as standard exceptions, may be broken out, such as: clerical, sales, and drivers.

In the construction trade, Chesapeake Employers allows (based on the NCCI Scopes phraseologies and Basic Manual rules) a breakout for payroll between the various trades. For example, a commercial construction contractor may qualify to break out payroll between framing, drywall, and plumbing. The breakout must be verifiable and traceable to the company sales documents, contracts, and payroll records, such as timecards and job cost records. Percentage breakdowns are not allowed.

It is the policyholder’s responsibility to keep detailed and summary payroll records on a time and dollar basis, and to be sure that the hours and wages in each classification are accurately noted. This method requires additional record keeping but is advantageous, as all payroll is not charged to the higher rated classification. In either case, these records should be kept for auditing purposes.

If the policyholder does not maintain a payroll breakout, our auditor will assign all earnings to the higher rated classification.

How is a Subcontractor’s Payroll Handled?
If you hire a subcontractor who does not have workers’ compensation insurance (or is not deemed to be an independent contractor), you will be assessed premium based on the amounts paid to the subcontractor. The amounts assessed will not be less than:
- 50% of the contract price when the contract specifically requires the subcontractor to provide all the material and labor to complete the entire job;
- 100% of the contract price where labor only is provided;
- 33 1/3% of the contract price where mobile equipment with operators is provided;
- 100% of the amount paid to the subcontractor will be considered as labor if no contract is provided.

If a subcontractor claims to be insured, get an original version of the Workers’ Compensation Certificate of Insurance. A written statement from the subcontractor is not adequate proof of coverage. Keep original Certificates of Insurance (not photocopies) on file as we will review them during the audit. Be sure that the period of coverage on the certificate matches the period when the work was performed, as closely as possible.

Chesapeake Employers Guidelines for Validating Independent Contractor Status

We recommend that you, as the hiring contractor, gather and retain the following documents for each individual presented as an Independent Contractor:
- Certificate of Insurance for General Liability Coverage
- A copy of the Independent Contractor’s Business License
- Written Subcontract in place for each job conducted by the Individual Contract Laborer, per Section 9-508 of the Maryland Workers’ Compensation Statute.
- A Signed Copy of the “Sole Proprietor’s Status as a Covered Employee” form

Even if all four items are provided, the individual in question could still be considered an uninsured subcontractor if he or she performs work that is normally considered a “crew” activity (for example, framing, siding, roofing, drywall, or concrete work).
If you answer “yes” to any of the following questions, the individual contract laborer is likely an employee:

- Is the person paid hourly (or by the piece/day/week)?
- Does the person perform work that regular employees of your business perform?
- Is all or a majority of the work that is the general nature of your business performed by contract labor?
- Do you provide the material for the job(s)?

In all cases, if the individual/contractor (without workers’ compensation coverage) hires labor to help perform the work, the individual would be considered an uninsured contractor and the amounts he or she was paid would rightfully be included with payroll/wages on your audit.

Please see chart/page titled "Guidelines: Employee or Independent Contractor or Sole Proprietor or Subcontractor" for additional assistance.

In Maryland, the burden rests with the employer to establish that the individual is an independent contractor and not an employee.

Chesapeake Employers Guidelines for EXCLUDING Hired Outside Truckers

If you have hired or plan to hire a trucking company to perform services for your business, Chesapeake Employers requires the following documentation to exclude them as employees and as part of the payroll included on your workers’ compensation audit.

If the trucker has workers: The trucker must furnish you with proof of workers’ compensation insurance before the service is performed. Note: A binder number is not proof that a workers’ compensation policy has been obtained. Verification of actual Maryland coverage in place can be confirmed through the Maryland Workers’ Compensation Commission at http://www.wcc.state.md.us/.

If the trucker does not have workers: You must obtain the following:

- Commercial Auto Liability Certificates of Insurance from Point of Hire through Termination. The Certificates must list the vehicles insured as well as driver(s).
- Sole Proprietors must sign the “Sole Proprietor’s Status as a Covered Employee” form and file it with the Maryland Workers’ Compensation Commission before the service is performed.
- LLC Members and Officers who are eligible to be excluded from coverage under the Maryland Workers’ Compensation Act must sign the “Exclusion” form (Form C-16R) and file it with the Maryland Workers’ Compensation Commission before the service is performed.

If you are a licensed motor carrier that is hiring truckers that do not have any workers: You may enter into an agreement with the truckers in accordance with LE 9-218, whereby:

- There is a written permanent agreement or trip lease in place for each specific trucker;
- The agreement between the parties reflects that there is no intent to create an employer-employee relationship; and
- The trucker is paid rental commission.

In addition, you must provide Commercial Auto Liability Certificates of Insurance from Point of Hire through Termination for each Trucker presented as an Owner/Operator. The Certificates must list the vehicles insured as well as the driver(s).

Exceptions:

- If the hired trucker sublets any portion of his or her work from your company to another trucker, then the trucker directly hired by your company would be required to carry his or her own workers’ compensation policy and provide proof of such coverage.

- The “Sole Proprietor’s Status as a Covered Employee” form and “Exclusion” form (C-16R) for officers and members are used to allow exclusions of specified individuals in accordance with Maryland law for Maryland-based exposures.

The exclusion allowed under Maryland law may not protect your company from a claim filed outside the State of Maryland. Therefore, if your hired truckers were required to travel outside the State of Maryland, they may be required to carry their own workers’ compensation policies. Please check with your insurance agent/broker for answers to your particular circumstance.

Note: Chesapeake Employers may also employ additional resources to verify that the hired trucker is an “Independent Contractor.” This may include, but is not limited to:

- SAFER – Federal Motor Carrier Safety Administration Database
- Dun & Bradstreet – U.S. Business Credit Information
- LexisNexis – International Database
- State Fuel Tax Reports – All States

If, upon review of other resources, it appears that the trucker in question has any form of workers, he or she may be included on your audit.
## Guidelines: Employee or Independent Contractor or Sole Proprietor or Subcontractor

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Employee</th>
<th>Subcontractor</th>
<th>Independent Contractor</th>
<th>Sole Proprietor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under the <strong>direction</strong> and <strong>control</strong> of the insured</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>* Are they supervised by someone from the insured?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Are they told where to go, when to be there, what to do?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Are they given deadlines?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Are they free to complete the work according to their own methods, on their own timetable?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Are they free from any control other than the final product?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Power of Dismissal</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Can terminate employment; job application; personnel file</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work being performed is a part of the regular business of the insured</td>
<td>Yes</td>
<td>Not Normally</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Anything showing business description - D&amp;B; Hoover’s; Accurint; SDAT; webpage</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paid by the Hour / Week / Salary</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>MD Quarterlies; Federal 941s</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paid by the Job</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Copy of contract ; invoices</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are multiple individuals hired directly by the insured to perform the same trade/task/work at the same job location?</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Ex. drywall, siding, roofing , landscaping, etc. (crew activities)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintains their own business</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Indicia of business; business card; business phone; billing mechanism, company website</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Works for others - makes services available to the general public</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Yellow pages listing; business cards; Schedule C, company website</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has a business license</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Copy of license</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insured/Employer sets work hours</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Time cards</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Worker devotes substantially full time to the company</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>1) time cards 2) 1099’s from other customers/clients</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has taxes, etc withheld</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Federal tax return</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Receives W2 or 1099</td>
<td>W2</td>
<td>1099</td>
<td>1099</td>
<td>1099</td>
</tr>
<tr>
<td>W2s; W3; 1096; 1099s</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has an investment in their company - opportunity for profit or loss</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>SDAT information</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Submits invoices for payment</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Invoices - review content of invoices</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Works under contract</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Copy of contract</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provides tools, materials and/or equipment</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Invoices, contracts and proposals</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is provided training</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Safety training, internal training program</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can have others perform the work; brings their own employees</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Maintains their own workers’ compensation insurance</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Certificate of insurance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintains General Liability insurance</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Certificate of insurance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Files a signed Sole Proprietor’s Exclusion form</td>
<td>No</td>
<td>No</td>
<td>May</td>
<td>Yes</td>
</tr>
<tr>
<td>Sole Proprietor Form</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the worker required to complete a job or project before they can quit or get paid?</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Copy contract agreement, AIA Agreement, release of liens</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**This information is to serve as a guideline only.** These are the factors that Chesapeake Employers utilizes to determine whether to include amounts paid to an individual or company in the premium basis for an insured. The list is not meant to be all inclusive and some factors carry more weight than others. We suggest that you contact your underwriter, agent or auditor in the event that you have a question.
IMPORTANT: When obtaining certificates of insurance from subcontractors:

1. Ensure that the certificate came directly from the producer or insurer. This will:
   (a) Allow the certificate holder to potentially receive a notice of cancellation, if in fact the policy were to be cancelled; and
   (b) Prevent anyone from altering the policy information reflected on the certificate.

2. Ensure that the policy provides coverage in Maryland or within the state in which the subcontractor is working. You as the hiring contractor can specifically request that the coverage information be reflected on the certificate.

3. Ensure that the insured named on the certificate is in fact the business or individual that you are making payment to. For example, if you are paying John Doe, verify that John Doe is the name listed as the insured party on the certificate.

4. Ensure that the number listed on the certificate under “policy number” is in fact a policy number and not a “binder number.” A binder number reflects the named insured’s intent to purchase a policy. However, if payment is not made in a timely manner, or if the check made for deposit bounces, the policy never actually goes into effect. If coverage is actually bound, the policy will appear on the Maryland Workers’ Compensation Commission’s (WCC’s) website, www.wcc.state.md.us/Public Online Services / Employer Coverage Verification, within three days of the policy “in force” date.

5. Additionally, if the certificate indicates that the named insured has a non-Maryland address, please confirm in writing through the agent/producer or insurer that this jurisdiction is actually covered under the policy. Some policies are state-specific. For example, Virginia residents cannot always obtain coverage that extends into Maryland.

What If I 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. Please complete the "Premium Audit Dispute Requirements Form." Forms are available from the Chesapeake Employers’ website. The written dispute must clearly identify the reason(s) for the dispute along with supporting documentation. Send the letter to:

Audit Dispute Resolution
Chesapeake Employers' Insurance Company
8722 Loch Raven Blvd., Towson, MD 21286
Or, fax your form letter to: 410-494-2497

REMINDER
Even if a dispute has been filed, payment for the current term’s premium MUST CONTINUE TO BE PAID in order to maintain coverage and prevent cancellation.

The accurate and timely reporting of your payroll is paramount to correct premium calculation. An employer may not, with fraudulent intent, misrepresent the wages on which a premium is based. It is a fraudulent insurance act for a person to knowingly or willfully make any false or fraudulent statement or representation in or with reference to any application for insurance.
Program Development and Evaluation

Chesapeake Employers offers loss control 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, down time, overtime, additional hires, and decrease in production. Our guidance may also help eliminate potential hazards that may be cited during a regulatory compliance inspection. Safety Management Consultants provide services designed to create a “safety culture,” which impacts an organization’s profitability:

- Consultations with Top Management
- Customized Management Plan
- Program Development and Evaluation
- Safety and Health Assessments
- Education and Training
- Risk Analysis and Loss Review
- Industrial Hygiene
- Ergonomics

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

Management Plan

Chesapeake Employers’ Safety Management Consultants are available to assist policyholders in establishing management 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 management 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.

Industrial Hygiene

In many workplaces, chemical, physical, and biological factors exist that reduce the quality of work environments. Using state-of-the-art equipment, a certified industrial hygienist will help you pinpoint and improve these conditions. Industrial hygiene services include: worksite analyses, exposure evaluations, air quality investigations, and noise surveys.

Ergonomics

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

Safety Materials & Resources Available from the Online Chesapeake Employers’ Safety University

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

Visit www.ceiwc.com and use the drop down menus to select:

Forms and Publications
- Forms PDFs - accident investigation forms
- Posters - 11” x17” color posters on different workplace safety topics. Some available in Spanish.

Publications and PDF Forms
- Safety Tip and Training Sheets

Loss Prevention Services
- Safety Flicks Online Safety Videos
Chesapeake Employers, through an outside vendor, offers a library of hundreds of current safety videos that are available as DVDs or for online streaming to our policyholders.

“Ask Pete” Workplace Safety Question
Now you can email your safety and risk management questions to “Ask Pete.” One of Chesapeake Employers’ Safety Management professionals will answer your question by email or phone.
1. Create a workplace safety culture
It starts with a commitment to safety from senior management. This is the first and most important step you can take to reduce accidents and lower your workers’ comp insurance premiums.

2. Implement a safety program
Your safety program should be comprehensive, involving risk assessment surveys, hazard analysis for your type of business, loss reviews and, most importantly, ongoing safety training sessions for all employees.

3. Employ good hiring practices
Attracting qualified employees is important for any business. A well-managed recruitment and hiring process will ensure a better fit for you and your employees, and it will take you one step closer to your goal of hiring an all-star employee, not your next work comp claim.

4. Establish a drug-free workplace
Adopt a written substance abuse policy and have it reviewed by your HR and legal counsel. Make job offers contingent on passing a pre-employment drug test, and arrange for random drug testing of all employees and post-accident drug testing after an injury.

5. Supervisor training and accountability for safety
Supervisors should be accountable for safe work behavior on the job and ensure employees adhere to all company safety rules and regulations. Supervisors can also ensure that regular safety training is provided so employees have the equipment and knowledge to perform their jobs safely.

6. Schedule ongoing safety trainings
Ongoing safety training is an important step to preventing work-related injuries. When properly trained, employees will know how to prevent accidents by following proper workplace safety procedures. Remember to document all safety training sessions.

7. Create an effective safety committee
Include representatives from the major operations area of your business. Your safety committee should meet regularly to evaluate safety conditions and recommend changes that address the potential causes of workplace injuries.

8. Reinforce a prompt injury reporting policy and procedures
Prompt injury reporting can help control the cost and duration of your workers’ comp injury claim. The sooner we know about the injury, the faster we can review the claim for compensability determination and provide benefits to the injured worker. Remember you can report injuries 24/7 by phone or online at ceiwc.com.

9. Designate someone to coordinate all work comp claims reported
Establishing a central contact person(s) for all work comp claims gives you greater oversight on the claim. It could be someone in HR or Finance. The claim coordinator is then the primary communications contact with us on the status of the claim.

10. Establish a return-to-work program
An effective return-to-work program minimizes lost time injury duration and helps to lower medical and indemnity costs, which can help with savings on your workers’ comp insurance costs.

Chesapeake Employers’ Safety Management Consultants can help you implement these proven safety and work comp best practices.
Attention Supervisors

When An Injury Occurs:

Step 1  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. A statewide list of medical providers is available @www.ceiwc.com.

It’s Important to plan ahead.

Please make sure all supervisory personnel know where your selected medical providers are located.

Provider Name __________________________________
Address ________________________________________
_______________________________________________
Phone Number ___________________________________

Step 2  Call the Chesapeake Employers’ Injury Reporting Hotline Promptly

1-888-410-1400 Available 24 Hours a Day
7 Days a Week

- A Chesapeake Employers’ representative can take all necessary information and complete the Employer’s First Report of Injury over the phone.
- Included on the reverse side is a list of the questions that will be asked when the call is made.
- The representative can also assist in choosing a medical provider in your area and issue a prescription authorization number.
- You can also report the injury online. Registered policyholders with an e-Services pin# can also file the Employer’s First Report of Injury online at www.ceiwc.com.

This completes your initial reporting responsibility and assures the timely review of the claim, as well as appropriate payment of benefits and medical bills.

Step 3  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 Report of Accident Investigation Form.”
- You the employer/supervisor must complete the “14 Week Statement of Wage Information Form.”
- Return all completed forms by mail or by fax to the Chesapeake Employers’ Claims Adjuster assigned to the injury claim.

Please make and keep copies of all completed forms for your records.

Step 4  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, at no additional cost to you.

Step 5  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.
- Work with the claims adjuster and nurse case manager so the employee can return to work as soon as possible.
- Utilize modified duty positions. For information regarding the importance of modified duty in the workplace, contact a Chesapeake Employers’ Safety Services professional.

Please copy this reminder form as needed. 
Post and make available for all supervisory personnel.
Chesapeake Employers’ Injury Reporting Work Sheet

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.

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: ___________________________________________________________________________

Injured Employee Information

8. 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: ________________________________
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: ________________________________

Note: This list of information is not all inclusive, and the questions asked may not necessarily be asked in the same order listed below. This worksheet is for gathering information only and cannot be submitted as an actual Employer’s First Report of Injury. Mandatory information is highlighted in bold print.
Claims Process

Employer’s First Report of Injury

After you have reported an accident, you will receive, by mail, a copy of the Employer’s First Report of Injury for your records. A copy is also sent to the Maryland Workers’ Compensation Commission and to the Division of Labor and Industry.

NOTE: See previous page for a helpful worksheet that can be used for gathering injury information before you report the injury.

Serious or Fatal Accidents

Call the Chesapeake Employers’ Injury Reporting Hotline immediately at 1-888-410-1400 if an employee is involved in a serious or fatal accident. A catastrophic team consisting of a Nurse Case Manager and Claims Adjuster will be assigned to help.

Document and Investigate the Details of an Accident

Document the details of an accident or injury while it is fresh in people’s minds. Also correct work practices or remove hazards that may have contributed to the accident.

Tips for documenting the accident and completing the accident investigation forms:

• Interview the injured worker and take a written Employee Report of Injury Statement.

• When possible, at the site of the accident, recount the event step-by-step.

• Have the supervisor fill out a Supervisor’s Report of Injury Form.

• Make detailed notes of the who, what, how, where, when, and why of the event.

• Document names, addresses, and phone numbers of all witnesses.

• Talk to witnesses (in private), take notes, and get a signed witness statement. If a witness refuses to give or sign a written statement, the investigator should include that fact in the report.

If you suspect claimant fraud, please call our Fraud Hotline at 1-888-ANTI-FRAUD.

Be Aware of the Employee’s Claim Process

Your injured employee may ask you what to do in order to get insurance payments for medical treatment or other workers’ compensation benefits:

• If an employee has a compensable work-related injury, medical bills may be covered automatically if Chesapeake Employers has a record of your Employer’s First Report of Injury.

• If the employee loses more than three days of work or has an injury which may result in a long-term disability, a Chesapeake Employers’ Claim Adjuster will send that employee a claim form to fill out.

• For further information about benefits due in a particular case, call the Customer Service Call Center at 1-800-264-4943.

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 Claim Form
3. A Copy of the Temporary Total Compensation Award
4. A Notice of Hearing

These documents are explained on the following pages.

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 assist us in processing your medical bills, please include the employee’s proper name, current address, social security number, and date of injury on the bill. To inquire about a bill, please call the Customer Service Call Center at 1-800-264-4943.
2. A Copy of the Employee’s Claim Form

Incorrect information on the employee’s claim form could result in higher premiums, so please review the form carefully. Call the Customer Service Call Center at 1-800-264-4943 to correct errors. Or contact the Claim Adjuster assigned to the claim.

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

This award is issued by the Workers’ Compensation Commission 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.

5. 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.

Third-Party Claims/Subrogation

If your employee is injured in an accident, the Chesapeake Employers’ Subrogation Unit may file a third-party claim.

The most common third-party claims involve defective products (a worker is hurt when a machine does not function as it should), or negligent acts of others (the driver of your truck is hit by another company’s vehicle).

Chesapeake Employers’ Subrogation Department takes an aggressive approach to pursuing negligent third parties involved in workers’ compensation-related claims. The Subrogation Department also recovers monies paid to claimants for injuries caused by a third party.

Recoveries by the Subrogation Department can be cash returns or credit against future claim payments. All recoveries result in savings to policyholders by keeping rates competitive and experience modifications low.

What is the Workers’ Compensation Commission?

The Workers’ Compensation Commission is the regulatory agency that resolves conflicts between the insured and the injured employee. 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

Maryland Workers’ Compensation Commission
10 East Baltimore Street
Baltimore, MD 21202-1641
Baltimore area phone number, 410-864-5100
Outside the Baltimore area, 1-800-492-0479
www.wcc.state.md.us

For more Claims Management information including a helpful webinar on the topic, Visit ceiwc.com
- I Am an Employer
- Claims Management Services
Types of Workers’ Compensation FRAUD

• 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:
- Deliberate injury
- Faked injury
- Multiple claims (aliases)
- Non work-related injury
- Misrepresentation of wage loss
- Working while collecting Temporary Total benefits

• Premium Avoidance Fraud

This type of fraud involves misrepresentation of any of the following:
- Job classifications
- Payroll amounts
- Geographic locations of operation
- 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
- Extending disability without medical basis
- Avoiding procedures that would clearly diagnose condition

TIPS on Combatting Workers’ Compensation 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 our Fraud Hotline are handled in strict confidence. 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.
- Pay particular attention to employees who are unhappy, i.e., facing layoff.
- Keep your eyes and ears open. Listen to rumors, document them and any observations.
- 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.

Chesapeake Employers has a ZERO tolerance policy for workers’ comp fraud. We strive to keep workers’ comp costs down by aggressively investigating and prosecuting fraud perpetrators.

REMEMBER:
“Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an application for insurance is guilty of a crime and maybe subject to fines and confinement in prison.”
How to use these important TOOLS

Includes:

- Employee’s Report of Injury Form
- Accident Witness Statement Form
- Supervisor’s Accident Investigation Form

Accident investigation forms/statements should be filled out by the injured employee, supervisor and any witness to the accident. Train your supervisors to conduct the preliminary investigation as soon as possible.

IMPORTANT - Care must be taken to assure the investigation is fact finding, not fault finding. Obtaining signed statements as soon as possible following an accident insures that you, the employer, 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.

After I have these forms completed, what do I do with them?
Please send the completed forms to your Claims Adjuster and keep a copy for your files. These completed 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.

What if my injured employee is physically unable to fill out the Employee’s Report of Injury?
Use common sense and good judgement. If the injury is severe, remember, 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 my employee refuses to fill out or sign an Employee’s Report of Injury?
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 set the record straight and to help prevent the accident from happening again. Also, still obtain the supervisor’s report as well as any witness statements.

What if my Employee has retained an attorney? Can I still ask the injured employee to fill out an Employee’s Report of Injury?
Yes. You, the employer, as part of your company’s accident management plan, can still ask the employee to fill out the report form.

Forms may be copied as needed. Forms are also available for printing in pdf format online at www.ceiwc.com.

Need Help? If you would like assistance in setting up supervisory training on how to use these forms, please contact your Chesapeake Claims Adjuster or Safety Management Consultant at 1-800-264-4943.

Chesapeake Employers Insurance Company • 8722 Loch Raven Boulevard, Towson, MD 21286-2235 • www.ceiwc.com
Employee's name: ___________________________________________ Male __ Female__

Date of birth: ____/____/____ Home 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 here: __________

Social Security No.: _______-______-_______ Weekly salary: ________________________________

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

Date of accident: __________________________ Time of accident: __________________

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

_______________________________________________________________________________________
_______________________________________________________________________________________

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

_______________________________________________________________________________________
_______________________________________________________________________________________

Recommendation on how to prevent this accident from recurring: _________________________________

Name of supervisor: ____________________________________ Phone #_______________________

Name(s) of witness(es): __________________________________ Phone #_______________________

(Attach witness(es) report(s))

When did you report the accident to your supervisor? __________________________________________

To whom did you report the injury? __________________________________________________________

Do you require medical attention? Yes:_______ No:_______ Maybe:__________

Name of your treating physician: __________________________ Phone #_______________________

Signature of employee: __________________________ Date: ________________
Injured employee's name: ________________________________________

Name of witness: ____________________________________________ Ph# ____________

Job title of witness: __________________________________________ How long employed here? ______

Home address of witness: _____________________________________

City: __________________________ State: ______ Zip Code: __________

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

Location of accident: _________________________________________

Address/name of building; area (bathroom, etc.)

Date of accident: __________________________ Time of accident: __________

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

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

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

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

Recommendation on how to prevent this accident from recurring: ________________________________

_______________________________________________________________________________________

Name of Witness’ Supervisor: ____________________________ Ph # ____________________

Last                                      First                            Middle

Signature of Witness: ____________________________ Date: ____________________________
**Supervisor's Accident Investigation Form**

(To be completed by the employee's supervisor or other responsible administrative official.)

<table>
<thead>
<tr>
<th>Location where accident occurred</th>
<th>Employer's Premises: Yes ☐ No ☐</th>
<th>Date of accident or illness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who was injured?</td>
<td>Employee ☐ Non-employee ☐</td>
<td>Time of accident a.m. ☐</td>
</tr>
<tr>
<td>Job site: Yes ☐ No ☐</td>
<td>Job title or occupation</td>
<td>p.m. ☐</td>
</tr>
<tr>
<td>Length of time with firm</td>
<td>Name of dept. normally assigned to</td>
<td>How long has employee worked at job where injury or illness occurred?</td>
</tr>
<tr>
<td>What property/equipment was damaged?</td>
<td>Property/equipment owned by:</td>
<td></td>
</tr>
<tr>
<td>What was employee doing when injury/illness occurred?</td>
<td>What machine or tool was being used?</td>
<td>What type of operation?</td>
</tr>
<tr>
<td>How did injury/illness occur?</td>
<td>List all objects and substances involved.</td>
<td></td>
</tr>
<tr>
<td>Was the accident the result of another party's negligence? If so, name of the negligent party:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Part of body affected/injured?</td>
<td>Any prior physical conditions? If so, what?</td>
<td></td>
</tr>
<tr>
<td>Nature and extent of injury/illness and property damaged (be specific)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have any concerns about this alleged accident or injury? If so, please specify:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PLEASE INDICATE ALL OF THE FOLLOWING WHICH CONTRIBUTED TO THE INJURY OR ILLNESS**

<table>
<thead>
<tr>
<th>Failure to lockout</th>
<th>Improper maintenance</th>
<th>Poor housekeeping</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to secure</td>
<td>Improper protective equipment</td>
<td>Poor ventilation</td>
</tr>
<tr>
<td>Horseplay</td>
<td>Inoperative safety device</td>
<td>Unsafe arrangement or process</td>
</tr>
<tr>
<td>Improper dress</td>
<td>Lack of training or skill</td>
<td>Unsafe equipment</td>
</tr>
<tr>
<td>Improper guarding</td>
<td>Operating without authority</td>
<td>Unsafe position</td>
</tr>
<tr>
<td>Improper instruction</td>
<td>Physical or mental impairment</td>
<td>Other ____________________</td>
</tr>
</tbody>
</table>

Supervisor's corrective action to ensure this type of accident does not recur: ________________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

Was employee trained in the appropriate use of Personal Protective Equipment/proper safety procedures? ...Yes ☐ No ☐

Was employee using the appropriate Personal Protective Equipment/proper safety procedures at the time?...Yes ☐ No ☐

Did employee promptly report the injury/illness? .................................................................Yes ☐ No ☐

Is there modified duty available? .................................................................................................Yes ☐ No ☐

<table>
<thead>
<tr>
<th>Supervisor's name</th>
<th>Supervisor's signature</th>
<th>Phone#</th>
<th>Date</th>
</tr>
</thead>
</table>

---

Chesapeake Employers' Insurance Company • 8722 Loch Raven Boulevard, Towson, MD 21286-2235 • www.ceiwc.com

08/2013
DO NOT WRITE IN CLAIM NUMBER BOX

NEW EMPLOYEE CLAIM FORM

If your injured worker misses more than 3 days of work, your IWIF claims adjuster will send this official 3 page Employee Claim form along with helpful instructions to the injured worker.

PERSONAL INFORMATION
1. Claimant First Name  
2. Middle Initial  
3. Claimant Last Name 

John W Smith

4. Phone Number

5. Street Address

10 Maple Avenue

6. City

Anytown

7. County

8. State

9. Zip Code

210 02 2

10. Social Security Number

M

11. Sex

M

01 05 19 85

12. Date of Birth

13. Marital Status

14. Gross Wages Per Week

15. Paid Full Wages for Day?

Yes

16. What is Your Regular Work

Carpentry & Drywall

17. What Was Your Work When Injured?

Hanging Drywall

EMPLOYER INFORMATION
18. Full and Correct Business Name of your Employer

19. Employer Phone Number

20. Complete Address

21. City

22. State

23. Zip Code

24. Notice of Injury Given?

Yes

25. Nature of Employer’s Business

26. Location Where Accident Occurred

27. Whom Did you Notify of the Accident?

28. First Day Not Worked

29. Occupational Disease?

Yes

30. Date of Accident/Occupational Disease Disablement

31. Describe How Accidental Injury Occurred

OR

32. Describe How Occupational Disease Occurred

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 THE DIRECTIONS ON PAGE 3 MAY RESULT IN THE CLAIM BEING REJECTED. TO EXPEDITE YOUR CLAIM, YOU MAY SEND A COPY OF THE COMPLETED FORM TO YOUR EMPLOYER.

CLAIM INFORMATION
33. What Member of Your Body was Injured?

34. Amputation Required?

Yes

35. Employer Requested to Provide Medical Care?

Yes

36. Medical Care Provided?

Yes

37. Date Returned to Work

38. Attending Physician Name

39. Street Address

40. Apt. / Suite

41. City

42. State

43. Zip Code

44. If You were in a Hospital – Hospital Name

45. Street Address

46. Apt. / Suite

47. City

48. State

49. Zip Code

50. 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.

CLAIMANT’S SIGNATURE

DATE

DO NOT WRITE IN SPACE BELOW

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

Recognition Ready Form SAMPLE ONLY
WCC Form C1 3 pages (Rev 7/07)
Page 1. Employee Claim Form
Page 2. Authorization For Disclosure of Health Information
Page 3. Employee Claim Filing Instructions
MARYLAND WORKERS’ 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 payment, treatment or services to me or on my behalf to disclose my protected health information consistent with this directive.

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, and my employer’s workers’ compensation insurer.

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 as indicated on the claim application form. (see box 33)

2. The description of how the accidental injury occurred as indicated on the claim application form. (see box 31)

3. The description of how the occupational disease occurred as indicated on the claim application form. (see box 32)

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 redisclosure 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.

SAMPLE Recognition Ready Form
WCC Form C1 (Rev. 7/07)
Workers’ Compensation Insurance Temporary Prescription Services ID

To the Injured Worker

• On your first visit, please give this notice to any pharmacy listed below to expedite the processing of your approved workers’ compensation prescriptions. (Based on the established parameters by your employer.)
• Questions or need assistance locating a participating pharmacy: Call the Express Scripts Contact Center at 800-945-5951.

Atencion Trabajador Lesionado:
• Este formulario de identificacion para servicios temporales de prescripcion de recetas por compensacion del trabajador DEBERA SER PRESENTADO a su farmaceutico al surtir su(s) receta(s) inicial(es).
• Si tiene cualquier duda o necesita localizar una farmacia participante, por favor contacte al area de Atencion a Clientes de Express Scripts, en el telefono 800-945-5951.

To the Supervisor: Please complete the following information for the injured worker.

Express Scripts

ID#: SSN to be presented to the pharmacy at the time prescription is filled  ______________________________

Date of Injury: ______/_____/______

Group#: IWI01800 (For an injured worker whose employer is insured by Chesapeake Employers’ Insurance Co.)

Employee Date of Birth: ______/_____/______

To the Pharmacist

• Express Scripts administers this workers’ compensation prescription program. Follow the steps below to submit a claim.
• For assistance, call the Express Scripts Contact Center at 888-786-9640.

<table>
<thead>
<tr>
<th>Pharmacy Processing Steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1 Enter bin number 003858</td>
</tr>
<tr>
<td>Step 2 Enter processor control A4</td>
</tr>
<tr>
<td>Step 3 Enter the group number as it appears above</td>
</tr>
<tr>
<td>Step 4 Enter the injured worker’s 9 digit ID#</td>
</tr>
<tr>
<td>Step 5 Enter first name &amp; last name</td>
</tr>
<tr>
<td>Step 6 Enter the injured worker’s date of injury (enter in PA field in the format ccyymmdd)</td>
</tr>
</tbody>
</table>

Participating Pharmacy Chains

A&P  Cash Wise  Farmer Jack  Longs Drug Store  Publix  Sun Mart
Acme Pharmacy  Coborn’s  Food City  Major Value  Quality Markets  Super Fresh
Albertson’s  Costco  Food Lion  Marsh Drugs  Raley’s  Super Rx
Albertson’s / Acme  Cub  Fred’s  Medic Discount  Randall’s  Target
Albertson’s / Osco  CVS  Gemmel  Medicap  Rite Aid  Texas Oncology Srvs
Albertson’s / Sav-On  D&W  Giant  Medistat  Rosauers  The Pharm
Americource  Dahl’s  Giant Eagle  Meijer  Rx Express  Thrifty White
Bergen  Dierbergs  Giant Foods  Minyard  R XD  Times
Anchor Pharmacies  Discount Drugmart  Hannaford  NCS HealthCare  Safeway  Tom Thumb
Arrow  Doc’s Drugs  Harris Teeter  Neighborscare  Sam’s Club  Tops
Aurora  Dominicks  H-E-B  Network  Sav-On  Ukrop’s
Bartell Drugs  Drug Emporium  Hi-School Pharmacy  Pharmaceuticals  Save Mart  United Drugs
Bigg’s  Drug Fair  Hy-Vee  Northeast Pharmacy  Schnucks  United Supermarkets
Bi-Lo  Drug Town  Jewel/Osco  Services  Scolari’s  Vons
Bi-Mart  Drug World  Kash n Karry  Osco  Sedano  Waldbaums
BJ's Wholesale Club  Eckerd  Keltch  P & C Food Markets  Shaw's  Walgreens
Brooks  Econofoods  Kerr  Pamiida  Shop ‘N Save  Wal-Mart
Brookshire Brothers  EPIC Pharmacy  Kmart  Park Nicollet  Shopko  Wegmans
Brookshire Grocery  Network  Knight Drugs  Pathmark  Shop Rite  Weiss
Bruno  Family Meds  Kroger  Pavilions  Snyder  Winn Dixie
Carrs  Farm Fresh  LeaderNet (PSAO)  Price Chopper  Stop & Shop

NOTE: This form is not valid in the state of Ohio. For all other states, liability of a workers’ compensation claim is not assumed based on the dispensing of medication(s) to a patient.

© 2011 Express Scripts, Inc. All Rights Reserved  TEMPCARD 9 2010
**Prescription Benefits Questions and Answers**

### What is Express Scripts?
Express Scripts is a pharmacy benefit management company experienced with workers’ compensation prescriptions. Express Scripts allows you to fill a compensable (work-related injury) prescription at a participating pharmacy location. You may use the pre-authorized Temporary Prescription Services ID form until you receive a permanent card. A Pharmacy Benefit Program handbook and a long-term card will be sent to you once compensability has been determined.

### How much does this card cost?
The card is issued at no-cost and covers approved work-related injury prescriptions.

### Can I use the Temporary Prescription Services ID right away?
Yes, as long as your employer has reported your injury to Chesapeake Employers, you may use it at any participating pharmacy. Just take your prescription and Temporary Prescription Services ID to the pharmacy you select to obtain your medication. To locate a pharmacy in your neighborhood, call Express Scripts at (800) 945-5951.

### What if I have already filled and paid for a prescription?
Send the receipt and a copy of the prescription to your Chesapeake Employers’ Claims Adjuster.

### When does the Temporary Prescription Services ID expire?
You may use the pre-authorized Temporary Prescription Services ID form for your initial prescription within the first two weeks. A Pharmacy Benefit Program handbook and a long-term card will be sent to you at the discretion of your claims representative. The long-term card expires when your claim representative notifies Express Scripts to discontinue the Express Scripts service.

### May I get additional prescriptions after the long-term card expires?
If the card expires and your treating physician provides a new prescription, contact your claim representative to reactivate the card.

### What if I run out of the medication before the refill date?
Call your treating physician.

### Do I have to stay with the same pharmacy location?
No, you may go to any pharmacy participating in the Express Scripts Perx Select Pharmacy Network.

### Will this program limit the pharmacies I can use?
As long as you use a pharmacy that participates in the Express Scripts Perx Select network, you will experience the benefits of the program. At this time, 96% of all pharmacies in the United States participate in the network.

### What if I lose my Temporary Prescription Services ID?
If you already had a prescription filled using your Temporary Prescription Services ID, and you are using the same pharmacy, you will need another Temporary Prescription Services ID. At the discretion of your claims representative, a long-term card may be sent to you.

### Who can provide me with more information?
Please call Express Scripts Customer Service toll-free at (800) 945-5951 for assistance with any additional questions or concerns regarding this program.
# Statement of Wage Information

Employer:  | Date Prepared: | Injured Employee’s Name:  
--- | --- | ---  

Injured Employee’s SSN:  | Date of Injury: | Chesapeake Employers’ Claim Number:  
--- | --- | ---

Please list the employee’s **weekly gross earnings** for each of the 14 **weeks immediately prior to the date / week of the accident**.

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

If this claimant 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 form to your claims representative via fax at **410-494-2122**. Please call your Chesapeake Employers’ claims representative if you have any questions. 1-800-264-4943. Thank you.