

INSTRUCTIONS FOR COMPLETING A WORKERS' COMPENSATION CLAIM

HEYWORTH COMMUNITY UNIT SCHOOL DISTRICT #4

The injured employee needs to report his/her work related accident/injury/illness **right away** to their immediate supervisor. The Unit Office also needs to be notified as soon as possible.

The attached forms are to be completed even when there is no hospital or doctor visit involved. A problem could arise at a later date. We have to have the paperwork done when the problem starts.

When you are injured at work:

- 1) **Notify your supervisor** immediately & get a **Workers Comp Packet**.
- 2) Look at the Liberty Mutual list of **Approved Treatment Locations** and get a **Form D – Referral for Treatment Form**, and **Employee Responsibilities for Work Related Injuries**
- 3) Complete **Form A – First Aid Log** ****If First Aide Administered in School District***
- 4) Supervisor needs to complete **Form B – Administrative Investigation Report**, making sure to sign and date at the bottom.
- 5) The injured employee complete **Form C – Authorization for Medical Records Release** and **Form E – IL Form 45 – Employees First Report of Injury** forms.
- 6) All forms are to be sent to the UNIT OFFICE as soon as possible to submit to insurance co.

Make sure to tell the hospital and/or physician it is a Workers' Compensation injury.

They can call the unit office to confirm and get claim/ billing information.
Call 309/473-3727; and ask for Amy.

Workers Compensation Company:

Liberty Mutual Insurance Corp.
Claims Management
175 Berkeley St
Boston, MA 02116

Phone: 800-362-0000

Fax: 800-969-3062

E-Mail: clclaimreports@LibertyMutual.com