



## Employer's Procedures for Processing Worker's Compensation Claims:

### THE EMPLOYER'S REPORT OF ACCIDENT (EROA) FORM IS REQUIRED FOR EACH NEW INJURY (step 3):

Other forms may be used based on the fact pattern in each individual claim. Not all forms need to be completed on every claim. If your firm has equivalent forms (i.e. Job descriptions & incident reports) that serve the same purpose, please feel free to use them instead. Please call if you have any questions about what forms you need to complete. Forms are available online [www.waretailservices.com](http://www.waretailservices.com). Call Chris Palazzo for login & password @ 360-943-9198 ext. 122.

**Keep a copy of all forms for your file.**

### CLAIMS PROCEDURES BEST PRACTICES

When an employee is injured on the job and seeks medical treatment, the following action should be taken:

1. Provide the worker with a **Return to Work Authorization** form to take with them to the physician. Advise your employee to return the form and any other information (i.e. claim number, work restrictions) from the doctor to you immediately after their visit to the doctor.
2. Investigate the incident.
  - Have the employee complete their portion of the **Sworn Statement of Incident Report** form.
  - Have any witnesses complete the **Witness Statement of Incident** form.
  - Have the Supervisor complete the **Supervisor's Safety/Investigation Report**.
  - If you question the validity of the claim please complete the **Employer's Protest of Claim Validity**. *\*Not reporting the accident to the employer is not a valid reason for rejection of a claim by LNI standards.*
3. Send these forms to Retail Association Services, Inc as soon as possible so that our claims and safety staff can determine if there are any concerns about the validity of the claim or if there are safety issues that need to be addressed. *\*\*WAC 296-800-32005: Employers must call their local LNI office or OSHA 1-800-321-6742 to report any fatalities or in-patient hospitalizations within 8 hours of the accident.*
4. When L&I receives the Report of Accident submitted by the employee and doctor, they will send a Claim Notification Report to us. We will forward that on to you. We will also send an electronic **EROA (Employer's Report of Accident)** form for completion and return to our office. We will submit these to L&I on your behalf.
5. We have enclosed a blank **Provider's letter, Job Analysis** (and space for providers' response) to be faxed or mailed, along with a sample **Job Offer Letter** for use in getting a worker back to work. These forms are essential in documenting a physician's approval of a light duty position and the employer's formal offer of the light duty position. This is required for L&I to terminate time loss benefits should the worker decline the written offer. *\*We highly recommend mailing job offers via certified and regular mail for documentation.* Please send Retail Association Services, Inc. all completed copies.

**If the doctor has indicated your worker will be off work for more than 3 days, please call our office immediately at (360) 943-9198 and speak with either a Claims Manager or the Director of Member Services for assistance with the above light duty return to work process.**



#### **SAFETY – LOSS PREVENTION**

**Prevention of accidents is the most effective way to reduce claim costs. Be sure your posters and manuals are current, with all the necessary information included and posted. If you need assistance with these materials, please see our website, [www.waretailservices.com](http://www.waretailservices.com), or contact Rick Means so we may help you maintain up to date records.**

General Safety: <http://www.lni.wa.gov/Safety/default.asp>

Core Rules: <http://www.lni.wa.gov/wisha/rules/corerules/>

#### **LIGHT DUTY RETURN TO WORK MAKES “CENTS”, and SAVES \$\$\$:**

By providing light duty work to your employee within the first 3 days they are off work, **You Can Avoid A “Time Loss Claim”**. Time Loss Claims increase your reserves, which raises your premiums and reduces potential refunds to all retrospective rating members. Also ask us about **KOS** (kept on salary), when light duty isn't available.

As a part of the retrospective rating group, it is your responsibility to provide light duty work whenever possible. Please remember, it affects everyone in the group. Please call your claims managers, **Nancy Barnes ext. 117, Michele Whinery ext. 114, Kim Kendall ext. 116, or Brigitte Le Vie ext 120** at Retail Association Services, Inc. for early return to work assistance and preparation of a light duty job analysis, at **360-943-9198**.

Labor and Industries has a new program that encourages employers to bring their injured workers back to light-duty quickly and safely by helping to cover your initial costs. For more information please see Stay at Work FAQs attachment. Please contact us for assistance in qualifying and applying for Stay at Work reimbursements.

#### **THIRD PARTY ACCIDENTS - SOMEONE OR SOMETHING CAUSED THE INJURY:**

When an employee has been injured due to the actions of someone who doesn't work for you, or by failure of a product or machinery, a Third Party Action may be warranted and investigated for potential recovery for damages. If you feel your employee's injuries were due to a Third Party, please provide our office with as much information as possible on whom or what may be responsible for the injury.

As soon as L&I has made a determination that there is a reasonable potential of recovery from a Third Party Action, the claim will be flagged for potential recovery and you will receive a 50% reduction of rating values and on all costs that are associated with the claim. As soon as a settlement has been received from the liable party you could be awarded up to 100% reduction, or -0- liability for the claim.

#### **IF A PERSON WHO IS NOT EMPLOYED BY YOU CAUSED THE INJURY, PLEASE GATHER AND SUBMIT THE FOLLOWING INFORMATION:**

- Name, address, telephone number, and driver's license number of the responsible party.
- Insurance information – Policy number, Insurance Company name and address.
- Description of vehicle, and license number.
- Copy of police report, if/when completed.
- Written statement from any witnesses.



RETAIL  
ASSOCIATION  
SERVICES Inc.

**IF A PRODUCT FAILURE OR DEFECTIVE MACHINERY CAUSED THE INJURY, PLEASE GATHER AND SUBMIT THE FOLLOWING INFORMATION: *\*\*WAC 296-800-32010: Make sure that any equipment involved in an accident isn't moved, unless you need to remove any victims or to prevent further injuries.***

- Name of product or machinery, Serial number and Company/Manufacturer who built it.
- Where product or machinery was purchased.
- Age of product or machinery, (This is extremely important, please give an approximation).
- Photographs of the product or machinery in question.
- Written statements from any witnesses

We here at Retail Association Services, Inc. will submit all documentation to Labor & Industries on your behalf and will diligently provide ongoing follow up to assist in furthering the potential for recovery and resolution.