

# Processing Claims - Employer Procedures

**When an employee is injured on the job and seeks medical treatment, the following actions should be taken.**

You may be directed by your Claims Analyst to complete additional forms. Please call if you have any questions about which forms you need to complete. For online forms, please contact our Member Services Advisor, for login and password at 360-464-9418.

**Always keep a copy of all forms for your file. Send all copies to Retail Services.**

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, or, if late, the following day.

2

**Investigate the incident.**

- Have employee complete the **Sworn Statement of Incident Report** form.
- Have witnesses complete the **Witness Statement of Incident** form.
- Have the Supervisor complete the **Supervisor's Safety/Investigation Report** form.
- If you question the validity of the claim, please complete the **Employer's Protest of Claim Validity & 3rd Party Recovery Information** form.

**\*\*Please Note:** Not reporting the accident to the employer is not a valid reason for rejection of a claim by **Labor and Industries (LNI)** standards.

**Send these forms to Retail Services as soon as possible.** We can determine the validity of the claim or safety issues that need to be addressed.

**\*\*WAC 296-800-32005:** Employers must call their local LNI office or DOSH at 1-800-423-7233, option 1 within 8 hours to report any fatalities, in-patient hospitalizations, or within 24 hours of a non-hospitalized amputation or loss of an eye of any employee.

3

**Connect with your Claims Analyst.**

Claims are established at LNI when LNI receives the Report of Accident (ROA) is submitted by the employee or their doctor. Typically, we receive notification within 24 hours of the employer assignment. Your Claims Analyst will contact you shortly via email with any questions or concerns. We will email an electronic **EROA (Employer's Report of Accident)** form for you to complete. It is important you fill out this form, as it outlines the details of injury, validity, and wages that are necessary. We will submit all information to LNI on your behalf.

4

**Use our templates for your return to work forms.** See **Provider's letter** or **Fax sheet** and **Job Offer Letter with Employee's Job Description**.

The valid written offer is required for LNI to terminate time loss benefits should the worker decline the written offer. This is required for LNI to terminate time loss benefits should the worker decline the written offer.

**\*You must mail job offers via certified (with return signature) and regular mail for documentation.** Please remember to send Retail Association Services, Inc. all completed copies in order to document the claim file.

If a doctor has indicated your worker will be off work for more than 3 days, call our office immediately at (360) 943-9198 for assistance with light duty return to work process.

**Please complete the Employer's REPORT OF ACCIDENT (EROA) Form for each injury.**