

Workers' Compensation 101

NYSIF[®]

HANDBOOK FOR EMPLOYERS AND HUMAN RESOURCES PROFESSIONALS



Contacting NYSIF

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About Workers' Compensation

Workers' compensation insurance protects employers from liability for on-the-job injuries resulting in employee disability or death, providing injured workers with monetary relief and medical benefits, or, in the case of death, survivor benefits to their dependents.

The New York Workers' Compensation Law took effect on July 1, 1914. With few exceptions, most private and public employers of at least one person must carry coverage for their employees.

Employers must demonstrate compliance with this compulsory law by prominently posting form C-105, "Notice of Compliance," at each place of business. **You can print your C-105 Notice of Compliance at nysif.com by registering for a NYSIF Online account.**

Employers in New York State may meet their workers' compensation obligation by one of three ways:

- Insuring with the New York State Insurance Fund (NYSIF);
- Insuring with a private insurance carrier;
- By self-insuring, or as a member of a self-insured trust.

About NYSIF

NYSIF, a self-sustaining, not-for-profit New York State agency, is the largest writer of workers' compensation insurance in New York State. NYSIF is a competitive insurance carrier available to any business with employees in New York State. NYSIF sells workers' compensation, disability benefits, volunteer firefighters' and volunteer ambulance workers' insurance.

By law, NYSIF is required to set workers' compensation premiums at the lowest possible cost sufficient to maintain solvency. NYSIF also offers one of the lowest rates in the industry for both statutory and enriched disability benefits insurance, which provides temporary cash benefits for off-the-job injuries and illnesses sustained by employees, including disabilities arising from pregnancies.

Both workers' compensation insurance and disability benefits insurance are mandatory for most employers in New York State.



Injury and Illness Prevention Program

Employers should institute and maintain an Injury and Illness Prevention Program that provides systematic policies, procedures and practices to identify, evaluate, prevent or control injury and illness to protect employees from, and allow them to recognize, general, specific and potential workplace hazards.

Management commitment is essential. One of management's primary objectives should be to promote an enthusiastic interest among its employees to prevent accidents and occupational diseases. An accident prevented is a claim unborn.

- **BEST PRACTICE:** The best way to control workers' compensation costs is to prevent injuries in the workplace. Fewer injuries mean less lost time, increased productivity and fewer costly workers' compensation claims to manage.

Effective Injury and Illness Prevention Programs include the following elements:

Management Commitment and Employee Involvement

Management commitment and consistency in the enforcement of safety rules are the foundation of an effective safety program. The chief executive, business owner and other highly visible leaders must maintain a positive attitude toward safety to inspire this attitude in supervisors and employees down the line. Managers and supervisors reflect the image of upper management. A worker's attitude is usually the same as that of his or her supervisor. This principle applies equally to all businesses and institutions, no matter how large or small.

Management commitment and employee involvement are complementary. Management motivates and provides resources for organizing and sustaining the program. Employee involvement provides the means to encourage workers to develop and express their commitment to the program.

Creating a Safety Culture: The Safety Policy

Top management sets the tone for the entire safety program. Foremost in both large companies and small businesses top management must make safety a priority by effectively expressing its concern and commitment to the health, safety and well-being of employees. Creating a culture of safety begins with developing a written safety policy. State your commitment to safety in a clear, simple safety policy to all employees. The safety policy should be conspicuously posted, delivered to individual workers and become part of employee orientation training.

Elements of a Written Safety Policy

A good safety policy begins with stating that the safety, health and well-being of employees are a continuing responsibility of all executive and supervisory personnel. It further states that this will be demonstrated by eliminating hazards and providing proper training in safe work practices to all employees.

- **BEST PRACTICE:** Make clear that established rules will be enforced to ensure maintenance of a healthy and safe workplace. It is imperative to follow through on all of the items outlined in the safety policy. (See **Appendix A** – Sample Safety Policy.)
- Clearly state company policy on safe and healthy work and working conditions so that all personnel fully understand injury and illness prevention is an organization priority.
- Establish, define and communicate a clear goal for the Injury and Illness Prevention Program so that all personnel fully understand the desired results and measures planned for achieving them.

Safety Committees

Businesses with successful Injury and Illness Prevention Programs usually have an effective safety committee comprised of management, supervisors and front line workers. Safety committees discuss and recommend initiatives regarding accidents, safety inspections, hazards and unsafe acts in the workplace. NYSIF can help you establish a new safety committee or reactivate one that is dormant.

- **BEST PRACTICE:** Form a safety committee comprised of designated managers, employees and, where appropriate, union representatives to meet regularly to address safety issues.
- Provide *visible* top management involvement in implementing the program.
- Encourage employee involvement in the program's structure, operation and decisions that affect safety and health.
- Assign responsibility and hold managers, supervisors and employees accountable. Provide adequate authority and resources so responsibilities can be met.
- Review and evaluate program operations at least annually. Identify program deficiencies and revise goals to meet the objectives of effective safety and health protection.

Visit nysif.com/safetycommittees for more information.

Worksite Analysis, Accident Investigation

Analysis of the work environment involves a variety of worksite examinations to identify hazards, potential hazards and working conditions that may cause an injury or illness. Recommended measures include:

- Conduct a baseline injury/illness prevention survey by designated managers and employees.
- Analyze facilities, processes, materials, equipment and routine job hazards, including ergonomics applications to workers' tasks.
- Provide a reporting system for employees to notify management about conditions that appear hazardous. Provide timely response and follow up. Document all inquiries and responses.
- Conduct regular site inspections to identify new or overlooked hazards and failures in controls.
- Analyze injury and illness trends to identify patterns and take steps to prevent recurrence.

- **BEST PRACTICE:** Investigate all accidents and “near miss” incidents to identify causes, and develop and implement preventative measures. Hold scheduled safety committee meetings to review accident, incident and site inspection reports for corrective action. This also is an opportunity to identify best practices.

Hazard Prevention and Control

Effective job site or job design prevents workplace hazards. If it is not feasible to eliminate hazards, use controls to reduce unsafe and unhealthful exposure. Elimination or control must be accomplished in a timely manner once a hazard or potential hazard is recognized. Recommended measures include:

- Establish safe work practices and procedures that are understood by all affected parties. Understanding and compliance comes from training, positive reinforcement and corrective actions.
- Use engineering controls where feasible. Provide personal protective equipment when engineering controls are not feasible.
- Use administrative controls, such as reducing the duration of exposure.
- Verify that all controls are implemented and effective.
- Maintain the facility and equipment to prevent breakdowns.
- Conduct training and drills to plan and prepare for emergencies and medical response procedures.

Safety Training

The backbone of loss prevention is the reduction of unsafe conditions and behaviors on a daily basis. Safe conditions and safety training combined produce a safe operation.

Communication is vital. Safe work habits are the result of education, training, continuous observation and feedback. Teach new workers the safe way to perform their duties. Provide remedial training for experienced workers when necessary. It is not enough simply to tell workers what to do. There must be follow-up and feedback to ensure workers understand and follow through on safe work practices.

- **BEST PRACTICE:** Constant reinforcement emphasizing safe work practices is an effective way to change unsafe employee behavior. The first line supervisor is most effective in this area. Identify injury and illness prevention responsibilities of on-site management and employees. Incorporate safety training into job training or performance requirements.

Employee Training

At a minimum, train all employees at the time they are hired to be aware of hazards they may be exposed to and the proper methods for avoiding such hazards, including:

- Procedures for reporting injuries, illnesses, and safety and health concerns;
- How to recognize hazards;
- Ways to eliminate, control or reduce hazards.

Hold scheduled follow-up training after accidents, or operational/procedural changes. Use web-based training modules for hazards associated with many types of employment. General topics include:

- Slips, Trips and Falls;
- Lifting and Back Safety;
- Conflict Resolution Training.

Supervisory Training

Train supervisors to understand their key role in job site safety and Injury and Illness Prevention Program responsibilities. Effective program implementation includes analyzing the work under their supervision to anticipate and identify potential hazards, and maintaining hazard protections in work areas at all times.

NYSIF has a large selection of free safety training resources available on dozens of subjects including material handling, lifting, driving, and use of personal protective equipment, as well as industry-specific injury and illness prevention materials for construction, health care, restaurants and more.

Visit nysif.com/safetyresources, or contact your NYSIF loss prevention specialist for more information.

Program Evaluation and Improvement

Following these suggestions may help you develop an effective Injury and Illness Prevention Program:

- Conduct periodic review and assessment to determine if the program has been implemented as designed and is making progress toward achieving its goals.
- Modify the program as necessary to correct deficiencies.

Complete on-the-job training includes accident prevention techniques, as well as what to do when an accident occurs.

- Adapt training to the operations or tasks being taught.
- Emphasize the need for constant awareness, even when performing automated operations.
- Be sure all employees know when and how to use appropriate personal protective equipment where needed.
- Post signs outlining operating procedures and hazard warnings.
- Instruct employees in the use of portable fire extinguishers. Make sure that each employee is familiar with your fire safety plan, evacuation procedures and any other disaster plan.
- Have at least one person, preferably more, trained in first aid on each shift.
- Be sure workers using motorized equipment are thoroughly instructed in its operation and potential hazards.
- Promote good housekeeping to reduce accidents and to develop a sense of employee pride in work site surroundings.
- Teach safe lifting practices.
- Document all training.

Visit nysif.com/safetychecklists for available industry-specific checklists.

Even with the most active safety program, sometimes accidents happen. Once an accident occurs, it is critical that the employer, the insurance carrier and the medical provider all work together to get the injured worker the medical attention needed to facilitate a medically approved return to work. From inception of the claim to its closure, NYSIF needs your cooperation to help effectively manage the claim, just as we need your cooperation as a partner to help you manage risk and promote safety.



Employer's Role in the Claims Process

A key player on the claims team, the employer is responsible for initiating a claim with a timely first report of injury, providing details of the accident and verifying the injured worker's account of the incident or illness.

- **BEST PRACTICE:** Have an internal incident/accident report and implement a reporting procedure that requires immediate notification. (See **Appendix B** for sample internal report forms).

When to File a Report of Injury or Illness

The employer must file a Report of Work-Related Injury/Illness with NYSIF and the New York State Workers' Compensation Board (WCB) immediately upon becoming aware of a work-related injury and no later than 10 days after the employer's knowledge of a work-related injury, provided:

- the injury has caused or will cause the injured employee's loss of time from regular duties of one day beyond the workday or shift during which the accident occurred;
- or has required or will require medical treatment beyond ordinary first aid, or more than two treatments by a person rendering first aid.

Note: Employees have 30 days to notify employers in writing of an injury and two years to file a report of injury or illness. *The WCB enforces strict penalties payable by the employer for failure to file.*

First Aid Option

The first aid option allows employers to avoid having the claim impact their claims history by paying for medical services rendered for accidents that are not reportable. (See **When to File a Report of Injury or illness**). The policyholder should advise NYSIF, the claimant and medical providers to send medical bills to the policyholder for prompt payment.

If the policyholder chooses the first aid option, but the injury escalates to a lost time case, or more than two medical treatments are rendered, the policyholder must file a Report of Work-Related Injury/Illness with NYSIF and the WCB immediately.

Important Information About eClaims

The WCB has implemented mandatory electronic claims reporting (*eClaims*), in accordance with the national standard International Association of Industrial Accident Boards and Commissions' (IAIABC) Claims Electronic Data Interchange (EDI), for claim administrators to submit workers' compensation claims data electronically.

The WCB no longer accepts forms C-2, C-669, C-7 and C-8/C-8.6. The information in these forms must be submitted electronically as First Report of Injury (FROI) and Subsequent Report of Injury (SROI) reports.

- **BEST PRACTICE:** Notify NYSIF as soon as possible by filing claims electronically using NYSIF eFROI® at [nysif.com/Report Injury](https://nysif.com/Report%20Injury) to help control claim costs and conveniently fulfill electronic reporting requirements mandated by the WCB.

Note: The WCB monitoring unit measures payer compliance. Scheduled for fourth quarter 2015 implementation, the unit will monitor timeliness of First Report of Injury filing and timeliness of Initial Payment of Compensation, among other measures.

Reporting Injuries Using NYSIF eFROI®

Once you have determined when to file a report of injury or illness, early filing can help lower claim costs by allowing NYSIF to actively manage the claim as soon as possible. (See **When to File a Report of Injury or Illness, Page 7**). File a First Report of Injury electronically with NYSIF and the WCB 24/7 by using NYSIF eFROI®, Access NYSIF eFROI® at [nysif.com/Report Injury](https://nysif.com/Report%20Injury).

NYSIF eFROI® allows you to initiate an electronic First Report of Injury and save the partially-created eFROI transaction if you do not have all the required information available when initiating the transaction.

- **BEST PRACTICE:** NYSIF allows saving a partially-created eFROI® transaction, but we recommend that you complete the eFROI transaction and submit the FROI-00 report to NYSIF and the WCB in one session. See **Appendix C** (eClaims worksheet) for information you will need when submitting a first report of injury using NYSIF eFROI®.

Note: *If necessary, contact NYSIF for language guidance in reporting questionable claims.* Statements made when filing claims can be held binding by the WCB. If reporting questionable claims preface the accident description with phrases such as, "It is alleged that," or "The employee claims that..." Immediately notify NYSIF of any new developments/information regarding a case after filing.

Claimant Information Packet

The employer must provide an injured worker with a Claimant Information Packet before filing a claim. Visit nysif.com/forms to find the Claimant Information Packet in several languages.

The packet contains an explanation of the injured worker's right and responsibilities. It also contains forms for completion by the injured worker.

One of the forms is Form C-3.1, "Notice of Right to Select a Workers' Compensation Board Authorized Health Care Provider." The injured worker should sign and return the form to the employer. The employer should maintain the signed original C-3.1 with a record of receipt of the form. Policyholders participating in the Recommendation of Care Program should follow-up to obtain the signed C-3.1 if the injured worker fails to return the form. All attempts to obtain the signed C-3.1 form (letters, phone calls, etc.) should be clearly documented.

Receipt or non-receipt of the signed C-3.1 form must not hinder any injured employee in securing timely, appropriate treatment for a work-related injury/illness.

- **BEST PRACTICE:** Ensure all medical providers have accurate information regarding insurance carrier name, address and policy number. This facilitates timely submission of medical reports to the insurance carrier and helps expedite the management of the claim.

Record Keeping

The law requires employers to maintain records of all accidents, including first aid cases, for at least 18 years, whether filing a claim or not. An Employers' Report of Work-Related Injury or Illness need not be filed with NYSIF or the WCB if the injury does not result in a claim (See **When to File a Report of Injury or Illness, Page 7**). A Report of Work-Related Injury or Illness should be kept on file by the employer for all accidents in case an accident that is not reportable later becomes a claim.

NYSIF eFROI® retains a permanent report of injury, retrievable on our website with your claim number or transaction number, policy number and the last four digits of the claimant's social security number. This is a convenient method of meeting record keeping requirements. Failure to comply with record keeping requirements could result in fines and penalties, as well as escalate claim costs.

Early Intervention

Early intervention involves three-point contact to gather information from the employer, claimant and primary physician early in a lost time claim to achieve the best possible resolution. The goal of the case manager is to expedite required medical services for the injured worker and to help facilitate a return to work when medically approved.

- **BEST PRACTICE:** File claim forms promptly to avoid penalties that may affect your premium and help NYSIF manage the case effectively to control claim costs.

What to Expect From NYSIF

Employer Contact: NYSIF's case manager contacts the employer to provide information beyond what is contained in the First Report of Injury. This allows the case manager to establish rapport with the policyholder, ascertain special concerns relevant to the claim, claimant, prior conditions or work problems, establish strategy for bringing the claim to timely resolution, and discuss possible light duty options that may be available or created for the claimant in a medically approved return-to-work program.

Claimant Contact: NYSIF's case manager or investigator contacts the claimant as close as possible to the time of the accident to ascertain events leading up to the injury, ask follow-up questions, determine the nature of the injury and specific body parts injured, establish a positive working relationship, and explain requirements necessary to expedite payment of the claim.

Medical Provider Contact: Depending on injury severity, a NYSIF case manager or NYSIF nurse contacts the primary physician to obtain an assessment, diagnosis and prognosis of the injury. In doing so, the case manager or nurse also will obtain information regarding prior injuries impacting treatment decisions or potential relief under state-administered special funds, discuss the anticipated treatment plan, confirm and expedite proper treatment for the specific type of injury, and discuss estimated length of disability and possible return to work.

Claims Investigations

Claims investigation is one tool to help reduce workers' compensation costs. *However, we need the employer's help.* Information provided by our policyholders is critical in processing the claim. Types of claims investigations:

Telephone Investigation

Conducted when our first notification of an injury is the result of an activity of an injured worker, without contact by the employer or when information provided by the employer requires clarification or detail.

Field Investigation

Initiated when telephone contact is unsuccessful or insufficient to secure signed statements and other documents, including payroll records, medical records, police reports, etc.

Field Activity Check

Visit is made to three properly identified and verifiable adult sources. An activity check is used to gauge a claimant's degree of disability and activities by speaking with the claimant and neighborhood sources.

Wage Verification

A review of the employers' records used to verify average weekly wage and reduced earnings.

Permanent Disability and Beneficiary Field Reviews

An in-person visit to verify if the claimant or beneficiary is alive, residing at the address of record, receiving payments, is working, or to determine marital and dependent status. Neighborhood sources may be contacted in these investigations.

Surveillance

Used for claims referred to NYSIF's Division of Confidential Investigations in cases of suspected fraud to verify a claimant's activities are consistent with the reported disability.

Hearings

If NYSIF requests the employer to appear at a hearing to testify it is critical for the employer to appear.

In controverted cases, or claims with disputed issues, the employer's role is important in the production of testimony from witnesses and documentary evidence. If the claimant contradicts information provided by the employer, and the judge directs the employer to testify, the employer must appear to testify at the hearing.



Return To Work

Establishing a Return-to-Work (RTW) program is a key part of a comprehensive risk management program, along with an active safety program, ongoing review of workplace design and process, and proactive claims management. RTW helps reduce costs by providing the opportunity for injured workers to be productive members of the work force while they recover from their injuries.

RTW uses transitional, modified work assignments during the recovery process, depending on the physical capability of the injured worker. Our case managers, medical care representatives, vocational counselors and safety specialists work together with the employer and medical provider to develop a program that allows an injured worker to re-enter the workplace while recovering. Each program is tailored specifically to meet the needs of the injured worker and the employer.

Why Have an RTW Program?

A transitional job, designed through an RTW program, can be the first step in a successful return to full duty. With RTW, employers can save money, retain valuable employees, and help maintain employee morale and loyalty.

- Injured workers recover faster when involved in a transitional RTW assignment.
- Companies that have provided RTW opportunities have realized a 20% to 40% savings in workers' compensation costs.
- Reintroducing injured workers to the workplace not only lowers workers' compensation costs but also costs associated with hiring and training replacement workers.
- Studies show that the longer an injured worker remains out of work, the less likely he or she will return to legitimate, gainful employment.

How Do I Get My Employees Back to Work?

Employers can do several things to assist in the rehabilitation of their injured workers.

- For reportable accidents, notify NYSIF and the WCB promptly by using NYSIF eFROI®.
- Communicate frequently with your NYSIF case manager to request medical or vocational assistance for an employee.
- Be proactive by identifying light duty assignments or workplace modifications to enable injured workers to return to work as soon as they are medically approved.

Training and Communication

Training supervisory staff in the principles and procedures of a RTW program should include:

- Accident reporting and investigation;
- Need for early and ongoing communication;
- Job modifications and alternative assignments;
- Methods of documentation.

Communication with the injured worker, medical team and co-workers is necessary to identify limitations and address them for a successful return-to-work experience. This improves workplace morale and productivity.

NYSIF's case management team offers support and direction in setting up a RTW program. NYSIF nurses, vocational case managers and loss control representatives are available to assist your organization in developing transitional work assignments and implementing your program.

Keys to a Successful RTW Program

To be successful, RTW must include all of the following:

- Administrative commitment and support as part of a fully-integrated risk management program;
- Clear communication throughout the organization to include development of clear goals, outcomes and policies for the program;
- Identification of an RTW coordinator or facilitator (NYSIF may help you identify coordinator responsibilities);
- Prompt filing of a **Form C-11 (Employer's Report of Injured Employee's Change in Employment Status Resulting From Injury)** for any injured worker participating in an RTW program;
- Focus on a worker's skills and abilities, not his or her disabilities.

Return-to-Work Templates

NYSIF has a complete set of sample Return-to-Work templates that you can adapt for your organization's Return-to-Work program. Visit nysif.com/returntowork for all RTW templates. (See **Appendix D** – sample Return-to-Work templates)



Reporting Fraud

NYSIF needs your help to fight workers' compensation fraud. Workers' compensation fraud is a felony in New York State. Go to nysif.com/reportfraud or call 1-877-WCNYSIF if you have information regarding any type of fraud against NYSIF. NYSIF investigates workers' compensation fraud only for NYSIF policies and claims. All fraud reporting is confidential.

Recognizing Possible Fraud

The mechanisms of fraud used by claimants or medical providers include:

- Creating a fact pattern to fit a fictitious claim;
- Not reporting, or under-reporting, work activities;
- Magnification or invention of physical symptoms;
- Filing a false document designed to obtain benefits;
- Billing for services not rendered.

An industry leader in the fight against workers' compensation fraud, NYSIF encourages policyholders to be aware of common red flags that may signal potential claimant fraud. Red flags are not of equal importance or weight. Nor do they prove anything taken separately. As a rule, if you find clusters of red flags, the claim should be examined to determine if the claimant has lied about any material fact regarding the claim.

Common Red Flags

Employee Behavior

Injury reported after a serious problem on the job, such as disciplinary action, demotion, being passed over for a promotion, or notified of a layoff. Worker is a new hire, or has a prior history of multiple personal injury or workers' compensation claims.

Personal History

Injury reported soon after purchase of private disability insurance. Worker engages in high-risk leisure activities. Worker experiencing financial difficulties or domestic problems at time of injury.

Circumstances of Accident

Accident occurs early Monday, on day of return from vacation, or was not immediately reported. Worker's description of accident has inconsistencies or is not believable. Accident is not witnessed, or witnesses' descriptions contradict injured worker's account. Injury is inconsistent with activity at the time of injury.

Claimant Behavior

Claimant difficult to contact during working hours, uses an answering machine to screen calls, or a post office box as a residential address.



Preparing For A Premium Audit

The New York Compensation Insurance Rating Board requires insurance carriers to audit payroll records of employers. This determines the total payroll subject to a premium charge, as well as whether the classification codes applied to your premium and the divisions of payroll for each classification are correct. NYSIF helps you set up accurate records and classification codes to pay the lowest possible premium.

Policyholders receive advance notice in writing or by telephone of a scheduled audit within two weeks of the audit date. Notify NYSIF if you prefer an alternate date, and of the location and availability of records necessary to perform the audit.

Required Records

Please make the following required records available to the auditor:

- Payroll records (showing totals and division of payroll by type of work performed);
- Checkbook;
- Cashbook (disbursements and receipts);
- General ledger;
- Contracts (construction);
- Tax returns including quarterly payroll taxes;
- Original workers' compensation certificates of insurance for covered subcontractors.

Proper Record Keeping

Proper record keeping can help control workers' compensation costs. Visit nysif.com/AboutAuditing for helpful record-keeping tips on the following:

- Payroll Separation;
- Overtime;
- Construction;
- Uninsured Subcontractors;
- Certificate Validation;
- About Owners/Executive Officers.

Avoid Estimated Audits

Make every attempt to keep your audit appointment. Missed appointments and late filings of audit reports lead to estimated audits, which may create a larger premium debit than an actual audit. Likewise, changes in ownership, covered entities, locations, size, payroll and the nature of operations may greatly affect audit billing. To avoid audit surprises, notify NYSIF immediately of any material changes to your operations.

APPENDICES

APPENDIX A

SAMPLE SAFETY POLICY STATEMENT

The health and safety of all [company name] employees is of paramount importance to this company, and is a continuing responsibility of all its managers and supervisors. A top priority of this business is to maintain an effective injury and illness prevention program by maintaining an enthusiastic interest among our employees in the prevention of workplace accidents and occupational diseases.

To achieve that end, [company name] will continually demonstrate its commitment to a safe and healthy workplace by eliminating identified hazards from the work environment and providing all employees with proper training in safe work practices and safe work behaviors.

Accordingly, this company will enforce established rules to ensure that all managers, supervisors and employees maintain a safe and healthy work environment.

The effectiveness of our injury and illness prevention program depends heavily on the extent of your commitment and cooperation. Therefore, we expect all employees to show the same commitment to their health and well-being and to the health and well-being of their co-workers as shown by this company, and we anticipate your full cooperation in applying the training you have received regarding safe work practices and safe work behaviors at all times.

With your help, we hope to sustain an accident and illness prevention program that keeps you on the job, healthy and working safe, and returns you safely home to your loved ones each day after every shift.

APPENDIX B

EMPLOYEE'S INTERNAL REPORT OF INJURY/ILLNESS

(To be completed by the employee only)

Employee's name: _____ Male ___Female___
Last First Middle

Date of birth: ____/____/____ Home telephone (____) _____ Cell (____) _____

Home address: _____

City: _____ State: _____ Zip code _____

Present classification: _____ How long employed here: _____ Weekly salary _____

Location of accident: _____
_____ Address _____ Area (loading dock, bathroom, etc.) _____

Date of accident: _____ Time of accident: _____

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

Describe job function or task being performed at the time of the incident:

Equipment or vehicles being used at the time of the incident: _____

Describe lighting conditions (if outdoors, describe weather conditions): _____

Pre-existing physical conditions: _____

Describe bodily injury sustained (specify body part(s) affected): _____

Recommendation to prevent accident from recurring: _____

Name of supervisor: _____ Phone _____
Last First

(For internal use only)

Name(s) of witness (es): _____

Attach witness statement(s)

When did you report the accident to your supervisor? _____

Was the incident reported prior to leaving the work location? _____

To whom did you report the injury? _____

Do you require medical attention? Yes ____ No ____ Maybe: _____

Was medical treatment provided at the location of the incident? _____

Name of your treating physician: _____ Phone _____

Name of hospital, if applicable? _____

Describe the medical treatment received: _____

Diagnosis: _____

Recommended future treatment: _____

Signature of Employee: _____

Date: _____

ACCIDENT WITNESS STATEMENT

(To be completed by accident witness)

Injured employee's name: _____
Last First Middle

Name of witness: _____ Phone _____
Last First Middle

Job title of witness: _____ How long employed here: _____

Home address of witness: _____

City: _____ State: _____ Zip code _____

Location of accident: _____
Address Area (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 (specify body part(s) affected): _____

Recommendation to prevent this accident from recurring: _____

Name of witness' supervisor: _____ Phone _____
Last First

Signature of witness: _____ Date: _____

(For internal use only)

SUPERVISOR'S ACCIDENT REPORT

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

Name and address of Agency			Employer's Premises: Yes No Job site: Yes No		Date of accident or illness Did the injured person stop working? If so when? Has the injured person returned to work? If so when? Did the injury/illness result in the employee's death?
Name and address of Entity					
Location where accident occurred (include address, be specific)					
Who was injured?			Employee Non-Employee <i>(circle one)</i>		Time of accident
Date hired	Job title or occupation	Name of dept. normally assigned		How long has employee worked at job where injury or illness occurred?	
What property/equipment was damaged?				Property/equipment owned by:	
Did the accident occur at the employee's normal work location? Y or N					
Did the accident occur during employee's normal work hours/shift? Y or N If No please explain and be specific.					
What was employee doing when injury/illness occurred? What machine or tool was being used? What type of operation?					
Was the injury the result of the use or operation of a motor vehicle? Y or N If the accident involves the employer's motor vehicle, all automobile insurance information is required.					
How did injury/illness occur? List all objects and substances involved.					
Part of body affected/injured.			Any prior physical conditions? If so, what?		
Nature and extent of injury/illness and property damaged (be specific).					
Did employee notify supervisor of the injury? Y or N If so, when?					
Did employee receive medical care? Y or N If so, names and addresses of medical providers/ambulance service /hospital from whom employee received treatment.					

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

<input type="checkbox"/> Failure to lockout	<input type="checkbox"/> Improper maintenance	<input type="checkbox"/> Poor housekeeping
<input type="checkbox"/> Failure to secure	<input type="checkbox"/> Improper protective equipment	<input type="checkbox"/> Poor ventilation
<input type="checkbox"/> Horseplay	<input type="checkbox"/> Inoperative safety device	<input type="checkbox"/> Unsafe arrangement/process
<input type="checkbox"/> Improper dress	<input type="checkbox"/> Lack of training or skill	<input type="checkbox"/> Unsafe equipment
<input type="checkbox"/> Improper guarding	<input type="checkbox"/> Operating without authority	<input type="checkbox"/> Unsafe position
<input type="checkbox"/> Improper instruction	<input type="checkbox"/> Physical or mental impairment	Other _____

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

Was there an apparent breach of the facilities rules or policies?

Was there an inspection of the incident site? _____ Date: _____ Time: _____

Any previous reports of unsafe conditions? _____

Medical treatment provided at the facility the date of the incident? _____ By Whom?

Was employee trained in appropriate use of Personal Protective Equipment/proper safety procedures?

Yes ___ No ___

Was employee cautioned for failure to use Personal Protective Equipment/proper safety procedures?

Yes ___ No ___

Did employee promptly report injury/illness? Yes ___ No ___ Is modified duty available? Yes ___ No ___

Supervisor's name

Supervisor's signature

Phone _____ Date _____

(For internal use only)

APPENDIX C

eFROI (FROI-00) Worksheet (December 2013)	
Policyholder Information:	
* Policy number has to be active on Date of Accident being reported	
* Policy mailing address and other contact information	
* email address of eFROI Initiator	
Broker/Safety Group Manager's email (optional)	
* Policy entity and policy work location(s)	
* Industry Type Code	
Injured Worker/Employee/Claimant Information	
* Claimant's First and Last Name	
Social Security Number (optional)	
Personal information, such as * Date of Birth and * Gender	
* Claimant's address including zip code and telephone number	
* Did employee give notice of accident/illness? If so, to whom?	
Injured employee's supervisor's name	
Employment information:	
Date of Hire	
* The claimant's gross average weekly wage	
Job Title	
* Claimant's usual days worked	
Time claimant started work on day of accident	
* Date claimant stopped working (due to injury)	
* Last day paid, if lost time case. (Provide the last calendar day the employee earned wages.)	
* Is employer continuing to pay claimant while out?	
Return To Work (RTW) information, date claimant RTW	
* If claimant RTW, with or without any restrictions?	
* Has employer provided the Claimant Information Packet and when?	
Accident/Illness and Injury Information:	
* Date of the accident/illness or injury	
* What was employee doing at the time of injury?	
* How did the accident occur?	
* Where did the accident/illness happen?	
* Is the accident location the same as the policy location? If not, address location is required.	
* Did accident occur where the employee normally worked? If not, why was he/she there?	
* Nature of the injury (such as "Laceration" or "Fracture")	
* Body part(s) injured (up to six body parts may be selected)	
* Cause of injury	
* Type of Loss	
To your knowledge, did the employee have another work-related injury to the same body part or similar illness while working for you?	
Did the injury/illness result in the employee's death?	

APPENDIX C

(continued)

eFROI (FROI-00) Worksheet <i>(December 2013)</i>	
* Was an object involved in the injury/illness?	
Was the injury the result of the use or operation of a licensed motor vehicle?	
If accident involves the employer's motor vehicle, all automobile insurance information is required.	
* Did the claimant's supervisor see the injury?	
Any witnesses? If so, who?	
* What was the claimant doing when injured?	
Names, addresses, contact information for medical providers and/or hospitals from whom the injured worker received treatment	
If employee received medical care, on what date?	
WCB number also known as a JCN and if applicable, the OSHA accident number	
* Who is reporting this loss?	
* eFROI Initiator, Broker/Safety Group Mgr and Submitter's email addresses	

APPENDIX D

(Return to Work templates)

Company name or letterhead
Street address
City, State, Zip code

RETURN-TO-WORK POLICY STATEMENT

To all employees:

It is the policy of this organization to maintain and support a Return-to-Work Program. This program is designed to minimize the disruption and uncertainty that can accompany an on-the-job injury for both the company and our employees.

It is our goal to maintain a safe workplace for our employees. When an injury does occur, our Return-to-Work Program helps make the process of returning to work as smooth and efficient as possible. This process includes the employee, doctor and supervisor to ensure your health and recovery is always given top priority.

When an on-the-job injury occurs, you can expect prompt medical attention. If the injury results in a prolonged absence from work, you may be a candidate for our Return-to-Work Program. This program offers a medically approved light-duty transitional assignment in anticipation of a return to full duty, or vocational rehabilitation, if necessary.

The success of this program is the responsibility of everyone in the company from top management to every employee. Only by working together can we provide a safe and secure work environment.

Everyone should be alert for potential accidents and strive to eliminate them. If you are aware of an unsafe act or condition, it should be reported immediately to your supervisor to be addressed. This action may prevent an injury from occurring. If an injury does occur, the injury must be reported immediately to a supervisor.

Thank you for your cooperation and assistance.

Signature

[type your name]

[type your title]

[Date]

Company name or letterhead
Street address
City, State, Zip code

NOTICE TO NYSIF OF A POTENTIAL CASE FOR RETURN TO WORK

The following injured employee has been identified by our company as a possible participant in our Return to Work program:

Claim details:

Claimant Name _____

NYSIF Claim Number _____

Date of Accident _____

Name, address and telephone number of treating physician:

Doctor's Name _____

Doctor's Address _____

Doctor's Phone _____

RTW coordinator:

Coordinator Name _____ Date _____

Address _____

Phone _____ E-mail _____

Enclosures:

1. Job Demands Analysis Form (copy NYSIF and treating physician)
2. Doctor Notification Letter completed by doctor (copy NYSIF upon receipt)
3. Physical Capabilities Worksheet completed by doctor (copy NYSIF upon receipt)
4. Return-to-Work Availability Letter (Copy NYSIF when issued to employee)

Company name or letterhead
Street address
City, State, Zip code

JOB DEMANDS ANALYSIS

To the physician: We are presenting this summary of our employee's current job demands to assist you in your assessment of this patient's physical capabilities for possible participation in our Return-to-Work Program.

Employee Name _____

Job Description _____

Typical Work Environment/Conditions _____

Essential Tasks/Physical Requirements _____

Equipment Used _____

Check marks indicate the extent to which the employee performs the following:

(N = Never, O = Occasionally, F = Frequently, C = Continuously)

Lifting/Carrying	N	O	F	C	Activity	N	O	F	C
10 lbs. or less					Bend				
11 - 20 lbs.					Squat				
21 - 40 lbs.					Kneel				
41 - 60 lbs.					Twist/Turn				
61 - 100 lbs.					Climb				
Pushing/Pulling					Crawl				
13 - 25 lbs.					Reach Above Shoulder				
26 - 40 lbs.					Type/Keyboard				
41 - 60 lbs.					Driving				
61 - 100 lbs.					Automatic				
100+ lbs.					Standard				

Comments [type all other physical requirements here including sitting, standing, walking and levels of fine manipulation.]

cc: New York State Insurance Fund
[type NYSIF office]
[type NYSIF claim number]

Company name or letterhead
Street address
City, State, Zip code

DOCTOR NOTIFICATION LETTER

[Date]

Dear Doctor:

You are treating a valuable employee of our company. We have developed a Return-to- Work Program to help in the recovery and rehabilitation of this individual and to assist your patient in the transition to a return to full duty employment.

We would like to work with you and your patient to find a transitional position that will assure your patient's safe return to work. You have our assurance that we will fully respect the limitations you set forth for this patient. You are invited to visit our company to actively participate in the approval of suitable transitional work for this employee, if you so desire. In many instances, employees want to go back to work as soon as medically appropriate to aid in the recovery process.

We ask that you complete the bottom of this form plus the attached Physical Capabilities Worksheet to assist us in fully understanding your patient's limitations and restrictions. Enclosed you also will find a Job Demands Analysis of the employee's duties prior to injury.

This information is required for our workers' compensation carrier, New York State Insurance Fund. The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rules allow disclosure of a patient's protected health information to workers' compensation insurers, without patient authorization, in compliance with NYS Workers' Compensation Law.

RTW Physician's Response

Patient Name _____ Exam Date _____

NYSIF Claim Number _____ Injury Date _____

Based upon my examination (history, physical evaluation and tests, if any), it is the opinion of this physician that the patient:

☐ May resume full duty immediately.

☐ Can return to full duty on: _____

☐ May resume work immediately
with the following limitations:

☐ Should return for treatment on: _____

Comments

Signature of examining physician

Date

cc: New York State Insurance

Company name or letterhead
Street address
City, State, Zip code

RETURN-TO-WORK AVAILABILITY LETTER

[Date]

Dear [type employee's name],

Based on limitations and restrictions provided by Dr. [type doctor's name], we have developed a transitional duty position for you to assist in your recovery and eventual return to full duty. We will continue to work closely with you and your doctor to insure that this position adheres to your physical limitations. We designed this program to work as part of your rehabilitation and to ease your transition into full duty.

We ask that you contact [type point of contact name, phone number, e-mail] no later than [type date - normally one week] to make necessary arrangements. You will need to report to [type RTW Coordinator's name] to review your new job duties and restrictions before you begin work.

Please note: failure to return to work by this date may result in a suspension of your workers' compensation benefits.

If you have any questions, please do not hesitate to call.

Sincerely,

RTW Coordinator's name _____

cc: New York State Insurance Fund
[type NYSIF office]
[type NYSIF claim number]

Company name or letterhead
 Street address
 City, State, Zip code

PHYSICAL CAPABILITIES WORKSHEET

To the physician: Please complete this form after your examination of the patient. Indicate the patient's restrictions, if any, including modified hours, duties, environmental factors and other information pertinent to this employee's healthy recovery and possible return to work.

Patient Name _____ NYSIF Claim No. _____ Injury Date _____

Medical Diagnosis _____

In an eight-hour workday, how many hours can this employee:

Sit [] 1 [] 2 [] 3 [] 4 [] 5 [] 6 [] 7 [] 8 [] **Continuously** [] **With Rests**

Stand [] 1 [] 2 [] 3 [] 4 [] 5 [] 6 [] 7 [] 8 [] **Continuously** [] **With Rests**

Walk [] 1 [] 2 [] 3 [] 4 [] 5 [] 6 [] 7 [] 8 [] **Continuously** [] **With Rests**

In a given day, how many total hours can this employee work? _____

Upper Extremities

Which hand is dominant? [] Right [] Left

Can employee perform these repetitive actions?

	Yes	No
Simple grasping	[] R [] L	[] R [] L
Pushing and pulling	[] R [] L	[] R [] L
Fine manipulation	[] R [] L	[] R [] L

Lower Extremities

Can employee perform repetitive actions to operate foot controls or motor vehicles?

Yes	No	Simultaneous
[] R [] L	[] R [] L	[] Yes [] No

Please indicate the extent to which the employee can perform the following:

(N = Never, O = Occasionally, F = Frequently, C = Continuously)

<i>Lifting/Carrying</i>	N	O	F	C	<i>Activity</i>	N	O	F	C
10 lbs. or less					Bend				
11 - 20 lbs.					Squat				
21 - 40 lbs.					Kneel				
41 - 60 lbs.					Twist/Turn				
61 - 100 lbs.					Climb				
<i>Pushing/Pulling</i>					Crawl				
100+ lbs.					Standard				
13 - 25 lbs.					Reach Above Shoulder				
26 - 40 lbs.					Type/Keyboard				
41 - 60 lbs.					Driving				
61 - 100 lbs.					Automatic				
Comments									

Physician Name _____ **[Date]** _____

Physician Signature _____

Physician Telephone _____

CC: [type NYSIF claim number]
 [type NYSIF office]

Please Fax this form to:
 [type company name]
 [type company address]
 [type city, state, zip code]
 Fax: [type Fax number]
 Attn: RTW Coordinator



nysif.com

New York State Insurance Fund

Governor Andrew M. Cuomo
Chairman Kenneth R. Theobalds
Executive Director Eric Madoff