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COVERSHEET FOR WORK COMP PACKET

1. What To Do If an Injury Occurs
 - A. Call the Interlocal Office – **Kathy Davidson** – 620-235-3180
 - B. You will be asked to provide information about the injury during this call.
 - C. A designated medical facility will be provided to you at the time of your call.
 - D. Access all necessary forms referenced below by logging onto your PowerSchool/TalentEd system [HERE](#). Select “Available Forms” on the left side and select the appropriate folder(s) related to Workers Compensation.
2. Upon occurrence (or as soon as able) complete the “**Report by Injured Employee**” form located in the “Workers Compensation Injured Employee” Folder in PowerSchool/TalentEd. This form is automatically submitted to our office upon submitting.
3. Print off “**Authorization for Treatment**” form and take with you when you check in for a work comp injury. This form can be located at the top of the form referenced above.
4. Please have any eyewitnesses fill out the “**Eyewitness Report**” Form located at the top of the form referenced in step 2. This form can be downloaded and filled out electronically or printed and filled out. Please submit completed form to Kathy D.
5. If you are required to take medication, please print off the “**Pharmacy Benefits Card**” located in a separate/labeled folder in your “Available Forms”. You may also contact Kathy Davidson.
6. Fax or scan any medical reports, bills, or other information following your appointment to the Interlocal (620-235-3184) or scan to kathy@sekconnection.com
7. If you are absent from work due to your injury or associated doctor’s appointment; **please indicate WORK COMP on your timesheet for reason of absence.**
8. If you are scheduled for multiple treatments like physical therapy, contact Kathy Davidson for the Mileage Request Form (**mileage paid for round trip of 5 miles or more**)

INFORMATION FOR INJURED EMPLOYEES

K-WC 27-A (Rev. 7-19)

*** THIS NOTICE APPLIES TO ACCIDENTS ON OR AFTER APRIL 25, 2013 ***

Employers are required to provide this information to each injured worker

WHAT TO DO IF AN INJURY OCCURS ON THE JOB

If you have any questions about workers compensation benefits, contact the Division of Workers Compensation at the phone number at the bottom of the page. **Assistance in Spanish is available.**

(1) NOTIFY YOUR EMPLOYER IMMEDIATELY: Per K.S.A. 44-520, a claim may be denied if an employee fails to notify their employer within the earliest of the following dates: (A) 20 calendar days from the date of accident or the date of injury by repetitive trauma; (B) if the employee is working for the employer against whom benefits are being sought and such employee seeks medical treatment for any injury by accident or repetitive trauma, 20 calendar days from the date such medical treatment is sought; or (C) if the employee no longer works for the employer against whom benefits are being sought, 10 calendar days after the employee's last day of actual work for the employer.

Notice may be given orally or in writing. Where notice is provided orally, if the employer has designated an individual or department to whom notice must be given and such designation has been communicated in writing to the employee, notice to any other individual or department shall be insufficient under this section. If the employer has not designated an individual or department to whom notice must be given, notice must be provided to a supervisor or manager.

Where notice is provided in writing, notice must be sent to a supervisor or manager at the employee's principal location of employment.

The notice, whether provided orally or in writing, shall include the time, date, place, person injured and particulars of such injury. It must be apparent from the content of the notice that the employee is claiming benefits under the workers compensation act or has suffered a work-related injury.

(2) FOLLOW YOUR EMPLOYER'S INSTRUCTIONS for getting medical aid and follow the doctor's instructions.

(3) MEDICAL BENEFITS: An injured worker is entitled to all medical services reasonably necessary to cure and relieve the worker from the effects of the injury. The employer has the right to select the doctor who will treat the injury. A worker may seek the services of an unauthorized doctor up to a limit of \$500.00. A worker may apply to the Workers Compensation Director to change the authorized treating doctor. Reimbursement for travel to obtain medical treatment is payable at a rate set by law for trips that are five miles or more (round trip).

(4) WEEKLY BENEFITS: Benefits are paid by the employer's insurance carrier or self insurance program. Injured workers are not entitled to compensation for the first week they are off work unless they lose three consecutive weeks. The first compensation payment is normally due at the end of the 14th day of lost time. An injured employee is entitled to a weekly amount of 66 ⅔ percent of his/her average weekly wage up to a maximum of 75 percent of the state's average weekly wage. These benefits are subject to legislative changes. If the injury results in permanent disability, the Kansas Workers Compensation law provides for additional benefits.