

# Workers' Compensation Basics

What Employees Need to Know



Presented by:

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# What is Workers' Compensation Insurance?

1. Required by Law
2. Benefit to Employees in the event of a work-related injury

Benefits include:

- Medical treatment
- Possible Temporary Disability
- Possible Permanent Disability
- Death benefits

## 4 common workers' comp benefits



### Medical benefits

Pay for injury-related medical bills



### Rehabilitation benefits

Cover job training and placement



### Disability benefits

Replace partial lost wages



### Death benefits

Help with burial expenses and lost income

# Definition of a Work-Related Injury

- Arising Out of Employment AND in the Course of Employment
- The injury occurred because of your employment
- The injury occurred during the course of your employment



# Steps To Follow When You are Injured On the Job

1. Notify your supervisor
2. Call Company Nurse
3. Go to clinic (if necessary)
4. Provide follow-up information



# Notify Your Supervisor

**Employees must notify their supervisor immediately**

- Within 24 Hours of incident
- If it is an emergency call 911 & have co-worker/family member contact supervisor



# Call Company Nurse



**Call the Company Nurse 24/7 Injury Hotline within 24 hours of injury**

- **Hotline Number : 1-877-518-6702**
- WVM.edu website:  
<https://www.wvm.edu/services/hr/leave/Pages/default.aspx#Tab1>
- Supervisor may need to call Company Nurse if employee is unable
- Co. Nurse will gather injury details & direct you to nearest Concentra clinic if treatment is needed



# Go to a Clinic (if necessary)

Company Nurse will direct you to nearest Concentra clinic if treatment is needed

- 26 North Bay, East Bay and South Bay locations
- Can go to own doctor if pre-designated form on file prior to injury
- <https://www.wvm.edu/services/hr/leave/Pages/default.aspx#Tab2>

## Concentra

### Bay Area Locations



#### North Bay

- 1. Rohnert Park**  
6174 State Farm Dr  
Rohnert Park, CA 94928  
Mon-Fri: 8 am - 5 pm  
Ph: 707.586.4320  
Fx: 707.586.4328
- 2. Santa Rosa**  
1221 N Dutton Ave  
Santa Rosa, CA 95401  
Mon-Fri: 8 am - 5 pm  
Ph: 707.543.8360  
Fx: 707.543.8361

#### East Bay

- 3. Berkeley**  
2850 Seventh St, Ste 100  
Berkeley, CA 94710  
Mon-Fri: 8 am - 5 pm  
Ph: 510.845.5170  
Fx: 510.845.5173
- 4. Brentwood**  
3140 Balfour Rd, Ste C  
Brentwood, CA 94513  
Mon-Fri: 8:30 am - 5 pm  
Ph: 925.626.3801  
Fx: 925.626.3850
- 5. Concord Gateway**  
1855 Gateway Blvd, Ste 100  
Concord, CA 94520  
Mon-Fri: 8 am - 6 pm  
Sat: 9 am - 2 pm  
Ph: 925.685.7744  
Fx: 925.685.0462
- 6. Oakland**  
384 Embarcadero W  
1st Floor  
Oakland, CA 94607  
Mon-Fri: 8 am - 5 pm  
Ph: 510.465.9565  
Fx: 510.465.3840
- 7. Oakland Alpert**  
333 Hegenberger Rd, Ste 100  
Oakland, CA 94621  
Mon-Fri: 7 am - 5 pm  
Ph: 510.638.0701  
Fx: 510.638.1209
- 8. Pleasanton**  
5635 W Las Positas Blvd, Ste 401  
Pleasanton, CA 94588  
Mon-Fri: 8 am - 5 pm  
Ph: 925.520.0055  
Fx: 925.520.0099
- 9. Richmond**  
2970 Hilltop Mall Rd, Ste 203  
Richmond, CA 94806  
Mon-Fri: 8 am - 5 pm  
Ph: 510.222.8000  
Fx: 510.222.2690
- 10. San Leandro**  
2587 Merced St  
San Leandro, CA 94577  
Mon-Fri: 7 am - 5 pm  
Ph: 510.351.3553  
Fx: 510.351.3585
- 11. San Leandro East**  
13939 E. 14th St, Ste 150  
San Leandro, CA 94578  
Mon-Fri: 8 am - 5 pm  
Ph: 510.343.8300  
Fx: 510.343.8301
- 12. Union City**  
33560 Alvarado Niles Rd  
Union City, CA 94587  
Mon-Fri: 8 am - 5 pm  
Ph: 510.489.8700  
Fx: 510.489.2643
- 13. Walnut Creek**  
1981 N Broadway, Ste 190  
Walnut Creek, CA 94596  
Mon-Fri: 8 am - 5 pm  
Ph: 925.932.7715  
Fx: 925.932.0603

#### South Bay

- 14. Gilroy**  
190 Leavesley Rd, Ste 102  
Gilroy, CA 95020  
Mon-Fri: 8 am - 5 pm  
Ph: 408.848.0444  
Fx: 408.848.0443
- 15. Milpitas**  
1717 S Main St  
Milpitas, CA 95035  
Mon-Fri: 8 am - 5 pm  
Ph: 408.957.5700  
Fx: 408.946.5476
- 16. Milpitas Abbott**  
315 South Abbott Ave  
Milpitas, CA 95035  
Mon-Fri: 7 am - 7 pm  
Ph: 408.790.2900  
Fx: 408.790.2912
- 17. San Carlos**  
125 Shoreway Rd, Ste A  
San Carlos, CA 94070  
Mon-Fri: 8 am - 5 pm  
Ph: 650.556.9420  
Fx: 661.678.2779
- 18. San Francisco Airport**  
3 South Linden Ave  
South San Francisco, CA 94080  
Mon-Fri: 8 am - 5 pm  
Ph: 650.238.1500  
Fx: 650.238.0508
- 19. San Francisco Downtown**  
26 California St  
San Francisco, CA 94111  
Mon-Fri: 7 am - 5 pm  
Ph: 415.781.7077  
Fx: 415.781.7099
- 20. San Francisco Potrero Hill**  
2 Connecticut St  
San Francisco, CA 94107  
Mon-Fri: 7 am - 5 pm  
Sat: 9 am - 3 pm  
Ph: 415.621.5055  
Fx: 415.621.0611
- 21. San Jose**  
1887 Monterey Rd, Ste 200  
San Jose, CA 95112  
Mon-Fri: 7 am - 7 pm  
Sat: 9 am - 4 pm  
Ph: 408.288.3800  
Fx: 408.288.3812
- 22. San Jose Stauffer**  
1901 Monterey Rd, Ste 100  
San Jose, CA 95112  
Mon-Fri: 7 am - 7 pm  
Ph: 408.477.8080  
Fx: 408.477.8081
- 23. Santa Clara**  
988 Walsh Ave  
Santa Clara, CA 95050  
Mon-Fri: 8 am - 5 pm  
Ph: 408.988.6868  
Fx: 408.492.9825
- 24. Santa Clara Central Expressway**  
2737 Walsh Ave  
Santa Clara, CA 95051  
Mon-Fri: 7 am - 7 pm  
Ph: 408.228.8400  
Fx: 408.228.8401
- 25. South San Francisco**  
192 Beacon St  
South San Francisco, CA 94080  
Mon-Fri: 8 am - 5 pm  
Ph: 650.589.6500  
Fx: 661.678.4564
- 26. Sunnyvale**  
1197 E Argus Ave  
Sunnyvale, CA 94085  
Mon-Fri: 7 am - 5 pm  
Ph: 408.773.9000  
Fx: 408.732.2906

# Provide follow-up information to HR

1. HR will receive incident report from Company Nurse and initiate the claim process with our workers comp. carrier, Keenan
2. HR will provide supervisor & employee required forms to complete and establish a return-to-work plan if needed
  - Employee must provide work status report to supervisor & HR after clinic visit: required for returning to work
  - Communicate & respond timely to injury/claim inquires: Additional information may be needed by supervisor/employee by WC carrier, Keenan.





# Why Do Employees Need to Report Injuries in a Timely Manner?

1. District obligated to provide WC information & paperwork to ensure appropriate claims handling and processing
  - Provide claim form within 1 day of injury
  - Inform WC carrier of claims within 5 days of incident reported
2. Reporting promptly helps prevent problems and delays in receiving benefits, including medical care you may need
3. Identify root causes of accidents & Improve safety awareness



# Why Do Employees Need to Report Injuries in a Timely Manner?

4. If you are not able to return to work, you may be able to receive Ed. Code Industrial Accident Leave & salary continuation benefits
  - 60 days of industrial leave allowance which TDB payment paid to the district while you are on leave
  - After 60 days, TDB can be integrated w/Sick/Vacation accruals for salary continuation
5. If you have medical restrictions, initiate process to explore accommodation options for transitioning back to work



# WC Paperwork You Can Expect From HR

## Letter outlining your WC rights & benefits

- Includes: DWC & Absence Reporting Form, Medical Provider Network (MPN) Info., EAP Info.

Human Resources Department  
14000 Fruitvale Avenue  
Saratoga, California 95070



April 22, 2022

Re: Worker's Compensation Incident

Dear Employee,

**Please complete and sign the "Employee" portion on the "Worker's compensation Claim (DWC 1)" form, paying special attention to "section 6". If you need to make any changes to this, please contact me right away. When the form has been completed, please return to me as soon as possible in the enclosed envelope. Once I receive your form, I will complete the "Employer" section and send you a copy for your records.**

The Education Code provides up to 60 working days of paid Industrial Leave per accident in any fiscal year or up to 60 days per accident if the leave overlaps into a new fiscal year. In the event these benefits have been exhausted, workers who remain unable to work shall utilize their sick leave or vacation hours.

Completed absence reports are required for any time off work in connection with a work incurred injury/illness and sent to Human Resources. Leave will be charged to sick leave during the interim period when the District's Workers' Compensation carrier, Keenan and Associates, makes their determination. If your claim is accepted, your sick leave will be reinstated. Supervisors may complete absence forms on your behalf for leaves of extended length to ensure accurate records are maintained.

For employees who need time off for medical appointments in connection with their work-related injury/illness, each appointment will be counted as one day and applied toward the above mentioned 60 working days of leave. Time off in excess of the 60 day provision is applied toward sick leave or vacation benefits. Doctor's verification of the appointment is required to be attached to the absence report.

# WC Paperwork You Can Expect From HR

## Workers' Compensation Claim Form (DWC 1) Form:

- Must be provided to injured employee within one working day of knowledge of the injury
- Complete #6, sign & return to me (Quyen) within five business days, failure to do so may delay benefits.

State of California  
Department of Industrial Relations  
DIVISION OF WORKERS' COMPENSATION

WORKERS' COMPENSATION CLAIM FORM (DWC 1)

**Employee:** Complete the "Employee" section and give this form to your employer. Keep a copy and mark it "Employee's Temporary Receipt" until you receive the signed and dated copy from your employer. You may call the Division of Workers' Compensation and hear recorded information at (800) 736-7461. An explanation of workers' compensation benefits is included in the Notice of Potential Eligibility, which is the cover sheet of this form. Detach and save this notice for future reference.

You should also have received a pamphlet from your employer describing workers' compensation benefits and the procedure to obtain them. You may receive written notices from your employer or its claims administrator about your claim. If your claims administrator offers to send you notices electronically, and you agree to receive these notices only by email, please provide your email address below and check the appropriate box. If you later decide you want to receive the notices by mail, you must inform your employer in writing.

Estado de California  
Departamento de Relaciones Industriales  
DIVISION DE COMPENSACION AL TRABAJADOR

PETITION DEL EMPLEADO PARA DE COMPENSACION DEL TRABAJADOR (DWC 1)

**Empleado:** Complete la sección "Empleado" y entregue la forma a su empleador. Quédese con la copia designada "Recibo Temporal del Empleado" hasta que Ud. reciba la copia firmada y fechada de su empleador. Ud. puede llamar a la División de Compensación al Trabajador al (800) 736-7461 para otr información grabada. Una explicación de los beneficios de compensación de trabajadores está incluido en la Notificación de Posible Elegibilidad, que es la hoja de portada de esta forma. Separe y guarde esta notificación como referencia para el futuro.

Ud. también debería haber recibido de su empleador un folleto describiendo los beneficios de compensación al trabajador lesionado y los procedimientos para obtenerlos. Es posible que reciba notificaciones escritas de su empleador o de su administrador de reclamos sobre su reclamo. Si su administrador de reclamos ofrece enviarte notificaciones electrónicamente, y usted acepta recibir estas notificaciones solo por correo electrónico, por favor proporcione su dirección de correo electrónico abajo y marque la caja apropiada. Si usted decide después que quiere recibir las notificaciones por correo, usted debe de informar a su empleador por escrito.

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.

Toda aquella persona que a propósito haga o cause que se produzca cualquier declaración o representación material falsa o fraudulenta con el fin de obtener o negar beneficios o pagos de compensación a trabajadores lesionados es culpable de un crimen mayor "falsedad".

**Employee—complete this section and see note above. Empleado—complete esta sección y note la notación arriba.**

1. Name. Nombre. Today's Date. Fecha de Hoy.

2. Home Address. Dirección Residencial

3. City. Ciudad. State. Estado. Zip. Código Postal

4. Date of Injury. Fecha de la lesión (accidente). Time of Injury. Hora en que ocurrió. a.m. p.m.

5. Address and description of where injury happened. Dirección/lugar donde ocurrió el accidente.

6. Describe injury and part of body affected. Describe la lesión y parte del cuerpo afectada.

7. Social Security Number. Número de Seguro Social del Empleado.

8.  Check if you agree to receive notices about your claim by email only.  Marque si usted acepta recibir notificaciones sobre su reclamo solo por correo electrónico Employee's e-mail. Correo electrónico del empleado.

You will receive benefit notices by regular mail if you do not choose, or your claims administrator does not offer, an electronic service option. Usted recibirá notificaciones de beneficios por correo ordinario si usted no elige, o su administrador de reclamos no le ofrece, una opción de servicio electrónico.

9. Signature of employee. Firma del empleado.

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**Employer—complete this section and see note below. Empleador—complete esta sección y note la notación abajo.**

10. Name of employer. Nombre del empleador.

11. Address. Dirección.

12. Date employer first knew of injury. Fecha en que el empleador supo por primera vez de la lesión o accidente.

13. Date claim form was provided to employee. Fecha en que se le entregó al empleado la petición.

14. Date employer received claim form. Fecha en que el empleado devolvió la petición al empleador.

15. Name and address of insurance carrier or adjusting agency. Nombre y dirección de la compañía de seguros o agencia administradora de seguros.

16. Insurance Policy Number. El número de la póliza de Seguro.

17. Signature of employer representative. Firma del representante del empleador.

18. Title. Título. 19. Telephone. Teléfono.

**Employer:** You are required to date this form and provide copies to your insurer or claims administrator and to the employee, dependent or representative who filed the claim within one working day of receipt of the form from the employee.

**EMPLOYEE'S SIGNATURE:** SIGNING THIS FORM IS NOT AN ADMISSION OF LIABILITY

Employee copy/Copia del Empleado  Employee copy/Copia del Empleado  Claims Administrator/Administrador de Reclamos  Temporary Receipt/Recibo del Empleado

**Empleador:** Se requiere que Ud. feche esta forma y que proporcione copias a su compañía de seguros, administrador de reclamos, o dependiente/representante de reclamos y al empleado que haya presentado esta petición dentro del plazo de un día hábil desde el momento de haber sido recibida la forma del empleado.

**EL FIRMAR ESTA FORMA NO SIGNIFICA ADMISION DE RESPONSABILIDAD**

Rev. 1/1/2016

# WC Paperwork You Can Expect From HR

## Medical Provider Network (MPN) Information

- WC physician network administered by Harbor Health Systems
- Concentra clinics are part of the MPN



### Important Information about Medical Care if you have a Work-Related Injury or Illness

Complete Written Employee Notification regarding Medical Provider Network (Title 8, California Code of Regulations, Section 9767.12)

California law requires your employer to provide and pay for medical treatment if you are injured at work. Your employer has chosen to provide this medical care by using a Workers' Compensation physician network called a Medical Provider Network (MPN). This MPN is administered by Harbor Health Systems.

This notification tells you what you need to know about the MPN program and describes your rights in choosing medical care for work-related injuries and illnesses.

- **What happens if I get injured at work?**

In case of an emergency, you should call 911 or go to the closest emergency room.

If you are injured at work, notify your employer as soon as possible. Your employer will provide you with a claim form. When you notify your employer that you have had a work-related injury, your employer or insurer will make an initial appointment with a doctor in the MPN.

- **What is an MPN?**

A Medical Provider Network (MPN) is a group of health care providers (physicians and other medical providers) used by YOUR EMPLOYER to treat workers injured on the job. MPNs must allow employees to have a choice of provider(s). Each MPN must include a mix of doctors specializing in work-related injuries and doctors with expertise in general areas of medicine.

- **What MPN is used by my employer?**

Your employer is using the PRIME Advantage MPN Powered by Harbor Health Systems MPN with the identification number 2358. You must refer to the MPN name and the MPN identification number whenever you have questions or requests about the MPN.

- **Who can I contact if I have questions about my MPN?**

The MPN Contact listed in this notification will be able to answer your questions about the use of the MPN and will address any complaints regarding the MPN.

The contact for your MPN is:

Name: Harbor Health Systems MPN Contact  
Title: MPN Contact  
Address: P.O. Box 11779, Newport Beach, CA 92658-5041  
Telephone Number: (888) 626-1737  
Email address: [MPNcontact@harcorsys.com](mailto:MPNcontact@harcorsys.com)

General information regarding the MPN can also be found at the following website: [www.harcorsys.com/Keenan](http://www.harcorsys.com/Keenan)

- **What if I need help finding and making an appointment with a doctor?**

The MPN's Medical Access Assistant will help you find available MPN physicians of your choice and can assist you with scheduling and confirming physician appointments. The Medical Access Assistant is available to assist you Monday through Saturday from 7am-8pm (Pacific) and schedule medical appointments during doctors' normal business hours. Assistance is available in English and in Spanish.

Who To Contact...

Please Contact:

Le Quyen (Quyen) Lenshoek  
XT 2128 or 408-741-2128

[Lequyen.lenshoek@wvm.edu](mailto:Lequyen.lenshoek@wvm.edu)

