



State of Washington
Department of
Labor and Industries

FILING CLAIMS

A TEAM EFFORT

Published by the Washington State Department of Labor and Industries • Olympia, Washington 98504-4000

Reporting accidents/filing claims is a partnership

Everyone benefits when industrial insurance accidents are reported in a timely manner — injured worker, employer, medical provider and L&I. Delays are eliminated and claims are processed with correct information. The employer portion of the report of accident form is a key element in the claims processing sequence for injured workers.

IT PROVIDES your opportunity to give us important information about your injured worker so we can accurately process the claim.

The employer portion allows you to express concerns about any circumstances that pertain to the claim. If we don't receive a completed employer portion in a timely manner, our initial claim processing is done without verification of vital information.

THIS IS IMPORTANT to you because claims directly affect your premiums.

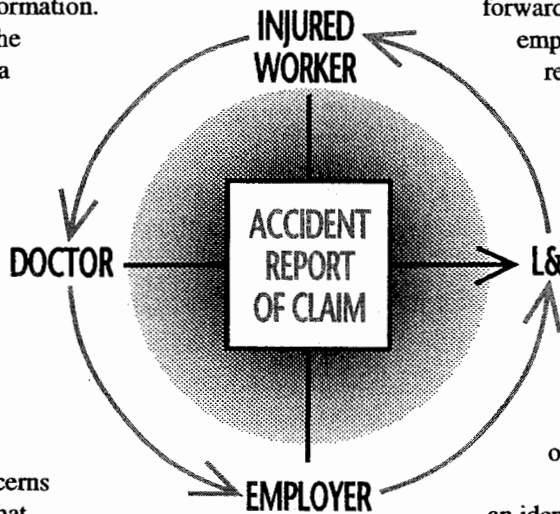
Medical providers have told us that workers often do not know the legal name and business mailing address of their employer. In such cases, it is difficult for the medical provider to forward the employer portion to the employer for completion. This results in delays.

IN RESPONSE TO these concerns, we are providing a tool for your use. The back side of this notice is a letter that you can complete, sign, photocopy and give to your workers.

It explains how they can help in the initial filing of a claim.

The bottom of the letter is an identification card. The letter asks workers to print their name on the card and keep it in their wallets and purses.

THEN IF THEY are injured, they will have this important information readily available when they first seek medical treatment and must complete an accident report.



'The back side of this notice is a letter that you can complete, sign, photocopy and give to your workers. The bottom of the letter is an identification card.'

This will help us help you help your workers

Our studies and tests have shown that initial delays in the processing of injured workers' claims can be shortened and eliminated when medical providers are given the correct name and address of your business.

You can help us achieve this goal, and it will only require minutes of your time. All you have to do is:

- Fill out the employer information on the identification card provided.
- Have the appropriate person in your company sign the letter to your employees.
- Provide a photocopy of the letter and completed identification to each of your employees. A heavier paper would provide a sturdier card, or regular paper could be laminated.
- Keep the original to make photocopies for new employees.

Important information for employees

Dear Employee:

We all strive for workplace safety, and hopefully you never will be injured at work. However, if you are injured, it is important for you to know about the insurance coverage we have. As an employee of this company, you are covered under the Department of Labor and Industries State Fund for any on-the-job injury or occupational disease.

When you seek medical treatment for an injury or disease that you indicate happened at work, your doctor or the office staff will assist you in completing an accident report form. A key information requirement is the legal business name and address of this company. At times of stress and trauma, it is sometimes difficult for employees to accurately recall this information.

Listing this information accurately will help ensure that we get the employer portion of the accident report promptly. As your employer, we also have a section to complete and forward to the state. When the State Fund has a completed form, the claim is processed faster and with greater accuracy. This benefits both you and us.

Below is an identification card. We recommend and encourage you to print your name on the "worker's name" line, cut along the top line and fold along the dotted lines. The card will fit in your wallet or purse. Hopefully, you will never have to use it. But if you are injured at work, it will help both of us.

Thank you for your cooperation.

(Cut along line)

**Washington
State Fund**

Industrial Insurance Identification Card

Worker's Name:

Employer's Legal Business Name:
Seattle Institute for Biomedical
and Clinical Research
Employer's Business Mailing Address:
1660 S. Columbian Way, VAMC 151F
Seattle, WA 98108
Employer's Telephone:
(206) 764 2730

(Fold this line second)

(Fold this line first)

This card is valid identification for workers' compensation claims that occur only during the period the worker is an employee of the employer listed.



P212-030-000 (8/10/93)