



HOW TO REPORT NEW CLAIMS

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| Step 1 | Each Employee is responsible to immediately report to their Supervisor that they have injured themselves while working. |
| Step 2 | If an EMERGENCY DIAL 911 and get Employee treated. Call Company Nurse at 1(888)375-9779 and gives CODE “CSIG” AFTER treatment |
| Step 3 | If it is not an emergency Employee/Supervisor calls Company Nurse at 1(888)375-9779 and gives CODE “CSIG” BEFORE Employee leaves the premises. Then, Company Nurse will determine: A. First Aid Advice Only – The Nurse obtains information about the incident and will provide advice, which the Employee is to follow. The Employee may return full time to their regular position. If medical situation worsens or does not improve, the Employee is to call back Company Nurse for appropriate medical referral. B. Medical Referral – If the Nurse determines medical treatment is needed, they refer Employee to your district’s designated Medical Facility; Employee then goes to designated Medical Facility for treatment (unless they have pre-designated their personal physician prior to the injury). |
| Step 4 | Company Nurse transmits Report of Injury to District Claims Coordinator; District Claims Coordinator reviews and completes missing data (i.e. wages, occupation, etc.) and completes New Claims Additional Information Required fax and sends fax to CCCSIG |
| Step 5 | Employee returns copy of Work Status Slip provided to District Claims Coordinator: 1. Release to full duty 2. Released with Work Restrictions or limitations 3. No release to work – remain off work 4. If work restrictions apply , the District Claims Coordinator will work to either modify the Employee’s usual job or provide a Temporary Work Assignment , if possible, completing the Temporary Work Agreement for Work Related Injures . |
| Step 6 | CCCSIG will mail Employee a DWC-1 Workers’ Compensation Claim Form to complete immediately to begin the claim process. State law requires that this form be provided to you or a dependent within one (1) working day of receiving notice or knowledge of any injury being work-related. |
| Step 7 | For Safety Prevention Focus – For All Incidents: Supervisor completes an Accident Investigation Form to evaluate any potential safety conditions or hazards for prevention purposes and fax to your District Claims Coordinator and CCCSIG 925.692.1137. |