Ten Easy Steps for Claiming and Reporting Workers' Compensation Benefits

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County Risk Services, Inc.

STEP ONE

- Normally, all reasonable medical treatment at the direction of an approved physician (hospital, doctor, prescription, etc.), which occurs due to a compensable injury or occupational disease, is paid by the Fund.
- Workers' Compensation benefits begin after a three-day waiting period.
- Employees are paid 2/3 of their gross average weekly wage.
- The average weekly wage is based on the 52 weeks of wages immediately prior to the date of accident.

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Wage Statement – Alabama

Claimant: «This.Claimant» Date of Injury: _____

The following table shows the wages earned by: «This.Claimant» employed as a: _____

	Date	# of days Worked	Gross Wages		Date	# of days Worked	Gross Wages
1.				27.			
2.				28.			
3.				29.			
4.				30.			
5.				31.			
6.				32.			
7.				33.			
8.				34.			
9.				35.			
10.				36.			
11.				37.			
12.				38.			
13.				39.			
14.				40.			
15.				41.			
16.				42.			
17.				43.			
18.				44.			
19.				45.			
20.				46.			
21.				47.			
22.				48.			
23.				49.			
24.				50.			
25.				51.			
26.				52.			

Total (1-26)_____ **Total (27-52)** _____

Grand Total _____

**List the amount of the employer's portion of health, life or disability insurance premiums paid for this employee:

Benefits will be continued: ☐ Yes ☐ No

*Signed:*_____ *Title:*_____ *Date:* _____

Post Office Box 589, Montgomery, AL 36101-0589 | (334) 394-3232 Phone | (334) 394-3244 Fax
workerscompclaims@countyrisk.org

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STEP TWO

- The injured employee should immediately report the accident to his/her employer.
- The employee has five days from the date of accident to report an on-the-job injury.
- If the injury is not reported within five days, the employee will not be eligible for compensation or medical benefits until the injury is reported.
- NOTE: No benefits will be paid if the injury is not reported within 90 days.

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STEP THREE

- The employer is responsible for completing the *Employer's First Report of Injury f*orm.
- The *Employer's First Report of Injury* form should be completed by the supervisor or other appropriately designated personnel, and the form should include specific details concerning the parts of the body that were injured.
- The employee is NOT to complete the *Employer's First Report of Injury* form.

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THE USE OF THIS FORM IS REQUIRED UNDER THE PROVISIONS OF THE ALABAMA WORKMEN'S COMPENSATION LAW

WCC Form 2
Rev. 10/2012

STATE OF ALABAMA
EMPLOYER'S FIRST REPORT OF INJURY
OR OCCUPATIONAL DISEASE

CLAIM REFERENCE

1. Insured Report Number | 2. Filing Office Claim Number | 3. OSHA Log Case Number

EMPLOYER

4. Employer Business Name
5. Physical Address 1
6. Physical Address 2
7. City 8. State 9. Zip

ADDRESS, IF LOCATION DIFFERENT FROM BUSINESS ADDRESS
10. Mailing Address 1
11. Mailing Address 2
12. City 13. State 14. Zip

15. Federal ID Number | 16. U.C. Account Number | 17. NAICS

INSURER / FILING OFFICE

18. Insurer Name ASSOCIATION OF COUNTY COMMISSIONS OF AL SI FUND
19. Insurer Federal ID Number 63-0821025
20. Type Insurer Ins Co ☐ Self-Insurer ☐ Group Fund ☐

21. Filing Office Name COUNTY RISK SERVICES, INC.
22. Mailing Address 1 P.O. Box 589
23. Mailing Address 2 or Telephone Number (334) 394-3232
24. City Montgomery 25. State AL 26. Zip 36101-0589
27. Filing Office Federal ID Number 83-0814426

EMPLOYEE / WAGES

28. First Name
29. Middle Name
30. Last Name
31 Last Name Suffix (ie. Jr., Sr., III)

32. Employee ID Number
33. Type Employee ID Number
SSN ☐ Passport Number ☐ Green Card ☐
Employment Visa ☐ Assigned by Jurisdiction ☐

34. Mailing Address 1
35. Mailing Address 2
36. City 37. State 38. Zip 39. Phone

40. Gender
Male ☐
Female ☐

41. Date of Birth

42.Nbr of Dependents

43. Marital Status
Unmarried (Single or Divorced or Widowed) ☐ Married ☐ Separated ☐ Unknown ☐

44. Date Hired

45. Occupation Description

46. Number of Days Worked Per Week

47. Wages $
48. Hourly ☐ Daily ☐ Weekly ☐ Bi-weekly ☐ Monthly ☐

49. Received Full Pay For Day of Injury? Yes ☐ No ☐
50. Did Salary Continue? Yes ☐ No ☐

INJURY / TREATMENT

51. Date of Injury | 52. Time of Injury a.m. ☐ p.m. ☐ unk ☐ | 53. Time Employee Began Work a.m. ☐ p.m. ☐ | 54. Date Disability Began | 55. Date of Death

PLACE OF ACCIDENT, INJURY, OR EXPOSURE

56. Site Address
57. City 58. State 59. Zip
60. County

61. Injury Occurred on Employer's Premises?
Yes ☐ No ☐

62. Date Employer Notified

63. DESCRIBE WHAT THE EMPLOYEE WAS DOING JUST BEFORE THE INCIDENT AND HOW THE INJURY OCCURRED. (Ex. While climbing a ladder and carrying roofing materials, ladder slipped on wet floor causing worker to fall 20 feet.)

PROVIDE DESCRIPTION CODES to identify **Nature of Injury**, **Part of Body** that was affected, and **Cause of Injury**.
(FOR COMPLETE LIST OF CODES, GO TO HTTP:// LABOR.ALABAMA.GOV/WC

64. Nature of Injury Code | 65. Part of Body Code | 66. Cause of Injury Code

67. Initial Treatment
First Aid By Employer ☐
Emergency Room ☐
Hospitalized > 24 Hours ☐
No Medical Treatment ☐
Minor Clinic / Hospital ☐
Hospitalized Overnight ☐
Outpatient Treatment ☐

68. Name of Treatment Facility
69. Address
70. City 71. State 72. Zip

73. Name of Physician or Other Health Care Professional

74. Has Injured Returned to Work
Yes ☐ No ☐

If so, 75. Date
76. Time a.m. ☐ p.m. ☐

OTHER

77. Date Prepared | 78. Preparer's First Name | 79. Last Name | 80. Title | 81. Preparer's Telephone Number

03/01/2006

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STEP FOUR

- The *Employer's First Report of Injury* form should be emailed, mailed or faxed as soon as possible to County Risk Services, Inc.
  - Email: workerscompclaims@countyrisk.org
  - Mail: P.O. Box 589, Montgomery, AL 36101-0589
  - Fax: 334-394-3244

- DO NOT hold the *Employer's First Report of Injury* form until medical bills are received.

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STEP FIVE

- Forward all medical bills related to the injury to County Risk Services, Inc. as soon as they are received.
  - Email: workerscompclaims@countyrisk.org
  - Mail: P.O. Box 589, Montgomery, AL 36101-0589
  - Fax: 334-394-3244
- Medical bills must be paid within 25 working days from the date they are received by the County or County Risk Services.
- Late payment of medical bills could result in penalties.

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STEP SIX

- The employee should be evaluated as soon as possible by the county-approved physician or facility.
- If the employee's injuries are life threatening, he/she should be immediately taken to the nearest facility for treatment.
- Otherwise, medical services provided by anyone other than the county-approved physician or facility must be pre-approved by County Risk Services, Inc.
- Call CRS at 334-394-3232 or 888-608-2009.

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STEP SEVEN

- Any request for a medical referral must be directed to and approved by County Risk Services, Inc.
- Call CRS at 334-394-3232 or 888-608-2009.

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STEP EIGHT

- Any accident resulting in a fatality should be immediately reported to County Risk Services at 334-394-3232 or 888-608-2009.

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STEP NINE

- All on-the-job accidents, injuries and occupational diseases, no matter how big or small, must be reported to County Risk Services at 334-394-3232 or 888-608-2009.
- Failure to do so could preclude treatment under the Workers' Compensation rules.

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STEP TEN

- No compensation shall be allowed for an injury or death caused by willful misconduct, refusal to use prescribed safety equipment or appliances, willful violation of the law, breach of a rule or regulation of which the employee has knowledge or intoxication by use of alcohol or drugs.

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CRS WORKERS' COMPENSATION CONTACTS

- **Connie Wilson**
  Claims Director
  cwilson@countyrisk.org
  (334) 394-3232

- **Tiffany Crossley**
  Claims Analyst
  tcrossley@countyrisk.org
  (334) 394-3232

- **DeeDee Calloway**
  Sr. Claims Analyst
  dcalloway@countyrisk.org
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- **Katy Sievers**
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- **Stacy McGowin**
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  smcgowin@countyrisk.org
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- **Brenda Miller**
  Medical-Only Claims Analyst
  bmiller@countyrisk.org
  (334) 394-3232

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Third-Party Administrator for

ACCA Workers' Compensation Self-Insurers Fund

ACCA Liability Self-Insurance Fund, Inc.

ACCA Liability Self-Insurance Fund, Inc. - Property Program

ACCA
Association of County Commissions of Alabama
67 Counties, One Voice