All employees are instructed to contact their supervisor when incurring a work related injury or illness. The supervisor’s role is divided into two functions: Claim Reporting and Claim Review.

You are the most effective person in the reporting and review of the claim because you are the person with whom the injured employee communicates with to initiate a claim for benefits.

Your attention to claim reporting and claim review will allow the claim to be handled with prompt attention, avoid complications for employees and provide useful information to protect employees from exposure to future injuries.

**CONTACT LIST AND PHONE NUMBERS**

GBS Injury Reporting Hotline
1-800-828-2717

GBS Recurrence Reporting Hotline
1-866-220-6534

Gallagher Bassett Services, Inc.
55 Hartland Street
Suite 400
East Hartford, CT 06108

Main Phone Number: 860-256-3400
Toll Free Number: 866-422-7622
FAX Numbers: 860-291-9875
860-291-9839

Prime Health Services (Medical Network)
7110 Crossroad Blvd.
Brentwood, TN 37027
866-348-3887

myMatrixx (Pharmacy Network)
5706 Benjamin Center Drive
Tampa, FL 33634-5262
877-804-4900

Department of Administrative Services
Workers’ Compensation Division
450 Columbus Blvd. - Suite 1401
Hartford, CT 06103

Phone Number: 860-713-5002
FAX Number: 860-713-7458

Workers’ Compensation Fraud
Reporting Hotline: 800-927-0456

**Remember, Safety Begins with You!**
What should you do when an employee reports an on the job injury or illness?

Yes

Determine if this injury requires Emergency Response

Key Points

• The supervisor and injured employee must complete the WC207.
• The Supervisor will complete Form 207-1 the Supervisors Accident Investigation Form (if applicable)
• Listen carefully as the injured employee describes the incident. Ask questions. Complete the Accident Investigation Report and establish an action plan.
• Direct the employee to complete the following forms: Concurrent Employment Form, Form CO-715 -Employee accrued time, and Filing Status Form 1A. Send to Human Resources. If you have difficulty completing these forms, please contact your agency workers’ compensation contact.
• If there is doubt as to the ability of an employee to drive themselves for medical care call for an ambulance (911).
• Report any subsequent information regarding the claim to Human Resources.
• Maintain contact with the injured employee

No

Does the employee require medical treatment.

Yes

Initially direct employee to a medical provider in the managed care network.

No

Together with the injured employee, complete WC 207 anc WC 207-1 by the end of the shift.

Report claim to GBS by the end of shift 1-800-828-2717.

If the injury is a Recurrence phone 1-866-220-6534

Report claim to GBS by the end of shift 1-800-828-2717.

Forward all WC forms to HR by mail or fax.

Remember, Safety Begins with You!