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 1404
Hartford, CT 06103

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

Workers’ Compensation Fraud Reporting Hotline: 800-927-0456
What should you do when an employee reports an on the job injury or illness?

- Call 911 for emergency response. Notify Human Resources.
- Report claim to GBS by the end of shift 1-800-828-2717.
- Complete WC 207 and 207-1 then forward completed forms to HR and DAS Claims Processing Center.
- Report all subsequent info received regarding this claim to your Supervisor and HR.

**Determine if this injury requires Emergency Response**

- Yes
  - 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.

**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.

**Remember, Safety Begins with You!**