

**Department of Correction  
Workers' Compensation Unit  
24 Wolcott Hill Road Wethersfield, CT 06109**

To: Injured Employee  
From: Workers' Compensation Unit

**\*\* Important Information Regarding Your New Claim or Recurrence \*\***

- ✓ Report injury immediately to your supervisor.
  - ✓ If you need medical treatment, seek immediate treatment from a Gallagher Bassett Prime provider. Be advised that your claim may not be accepted if you see a physician outside of the Gallagher Bassett Prime provider network
  - ✓ Network providers website- <http://www.das.state.ct.us/WorkersComp/WCopp.asp>
  - ✓ After receiving medical treatment you will receive a Gallagher Bassett Workers' Status report from the physician. **If you are unable to return to work due to your injury you must contact your supervisor and the DOC Workers' Compensation unit immediately.** A copy of the GB Workers' Status report must be submitted to your immediate supervisor and the DOC WC unit.
  - ✓ Please make sure the following forms have been completed, signed, and dated:
    - WC-715 (use of accrual time).** You must elect to use or not use accrued leave balances. **If the form is not completed and signed, your accrued time cannot be used, and may result in your pay being docked. Once this form is completed and entered into our system, it Cannot Be Changed. (this form has been revised as of 3-24-10)**
    - WCC-1A (Filing Status and Exemption form-**This must agree with your IRS filing status for your 1040 Federal Income Tax Return.
    - WC-211 (Concurrent Employment and Third Party Liability).**
- Please be sure to answer all questions on each form completely, sign and date all forms. Payment cannot be made without the completion and signed submission of all the above forms.**
- ✓ **Copies of all medical reports and doctors visits should be forwarded to the Workers' Compensation Unit immediately after each visit. Undue delay will have an adverse impact on the timely processing of your workers' compensation benefits.**
  - ✓ Extended absence from work must be substantiated by current medical reports, and submitted to both your facility and the DOC workers' compensation unit.
  - ✓ **Never complete or sign a WC-207 or 207-1.** These forms are to be completed only by your supervisor.
  - ✓ **Contact your Workers' Comp Liaison immediately when your doctor has cleared you to return to work with any type of job restriction and prior to your arriving at the facility.**
  - ✓ **If you are released to full duty, call your WC liaison, forward copy of your note to her asap, call your supv, and return to work on the next scheduled work day with a copy of the full duty release med note.**

Incomplete forms will delay processing your claim. On new claims your supervisor, via fax, must forward all forms to the DOC WC unit within 24 hours of your injury.

**\*\*If your absence from work is due to a recurrence, you must contact your supervisor and the DOC WC unit immediately. Recurrence claims must be supported by relating medical documentation to be considered for approval by Gallagher-Bassett. You will not be covered until you are actually seen by a Doctor. If your claim is a recurrence, you are responsible to fax (860-692-7745) the completed forms (noted above) and the medical note to the DOC WC unit asap. Your claim will not be set up until all information is received by DOC WC unit.**

**If your claim is 100% and you believe your 75% rate based on your previous 52 weeks of earnings could exceed the 100% rate, please contact your workers comp liaison immediately.**

All forms and medicals must be faxed to **860-692-7745** and originals mailed to 24 Wolcott Hill Road, Wethersfield, 06109

All medical documentation and bills must be processed through Gallagher Bassett, 1-866-422-7622.

Workers Comp Liaisons: Kim-692-6896, Carla-692-7888, Jolie-692-6814, PHRS Arlene-692-6898

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