

## Workers' Compensation Acknowledgment Form

Workers' Compensation provides benefits to employees who sustain a work-related injury that arise during the course of your employment. Refer to the Richmond County School System Employee Handbook for additional details regarding Workers Compensation.

### PROCEDURE:

1. You must report all accident to us immediately. Your benefits could be delayed or denied if you do not notify us immediately. **When a claim is investigated and determined not compensable, you may be responsible for any bills that are incurred.**
2. Employees who require emergency treatment must obtain prior authorization which is obtained by contacting Workers' Comp Division at 706-826-1305 or 706-826-1278. **IF THE INJURY IS NOT LIFE THREATENING, YOU MUST SEEK TREATMENT THROUGH A DOCTOR'S OFFICE** (see the Panel of Physicians). EMERGENCY ROOM VISITS ARE NOT CONSIDERED A DOCTOR'S OFFICE VISIT.
3. **NOTE:** Emergency Clinics, the Veteran's Administration Medical Center, Eisenhower Medical Center are **NOT** authorized facilities for Workers' Compensation treatment.
4. If medical attention is needed, select a doctor from the "*Panel of Physicians*" posted at your work location as well as the "*Employee's Bill of Rights*". An authorized school/department representative must call and schedule the initial appointment.
5. Complete the following forms when filing a workers' compensation claim:
  - ✓ **Employee Accident Report**
  - ✓ **Employer Notification for Treatment of a Work Related Injury Form**
  - ✓ **Workers' Compensation Acknowledgement Form**

**Forms can be obtained from the school nurse, school secretary, bookkeeper, principal/director or your work facility and on our website: [www.rcboe.org](http://www.rcboe.org)**

6. Any absence due to a work-related injury/illness will not count towards an employee's retirement. Workers' Compensation does not pay into retirement entities. Vacation and/or sick time will not accrue during a Workers' Compensation absence.

**Any person who, knowingly with intent to injure, defraud or deceive any employer or employee, insurance company or self-insured program, files a statement of claim containing false or misleading information is guilty of a felony in the third degree.**

### ACKNOWLEDGMENT

I hereby certify that I was provided with the above statement, and I acknowledge my agreement with my signature below:

<b>Social Security #:</b>	<b>Date:</b>
<b>Print Name:</b>	<b>Signature:</b>