

COMPCONTROL[®]

The Official KMIT Member Resource

WORKERS' COMPENSATION FORMS

By: Victoria Vanderhoof, IMA

Have you ever been confused by the various forms you encounter when filing a workers' compensation claim? Find below an explanation of most of the forms you will come into contact with when filing a workers' compensation claim. You can obtain copies of the first three forms directly from the Division of Workers' Compensation website, www.hr.state.ks.us (select Workers' Compensation from the menu on the left side of your screen, then select "Download Printable Forms, you will see a list of all the forms available at no charge from the state, listed by form number.) Contact Victoria Vanderhoof, 1-877-502-9897 or victoria.vanderhoof@imacorp.com, or CorVel, directly, for additional Precept/CorVel forms.

"Employer's Report of Accident" (K-WC 1101-A)

Complete immediately upon becoming aware of an injury or claim of injury and send to IMA. The state requires that questions 1-12, 16, 18, 21, and 23 are completed, and that the form is legible. If the form is illegible or if the required questions are incomplete, the State will not accept the form, and will return it to you for resubmission. This form must be completed by the supervisor or designated w/c person, and NOT BY THE INJURED EMPLOYEE. If you do not have all of the information, please complete the form with what information you have and we can amend it later. Do not delay sending the Employer's Report of Accident, even if you don't have all the information—this will only delay payment to the employee and to the medical providers. This form can be downloaded from the Division of W/C web site.

"Important Information for Injured Workers" (K-WC 27)

This form must be given to an injured worker once a claim is filed. It explains what the injured worker should do if an accident occurs. It also explains his/her rights and responsibilities under the law, as well as his/her employer's responsibilities once a claim has been filed. The form also notes the phone number to contact the Claim Advisory section of the Division of W/C, if there are any questions about the w/c process. If the employee is off of work or unavailable, we would recommend that you mail a copy of this information sheet to your employee and keep documentation. This form can also be downloaded from the Division of W/C web site.

"Claim for Workers' Compensation" (K-WC 15)

This form is mailed to injured workers by the State, upon receiving notice of the claim. The law requires that an employee complete a written claim requesting benefits of their employer within 200 days of the date of accident or date of last medical treatment, in order to remain eligible for further benefits. This form is divided into two parts; the top portion is the employee's receipt, which you should sign as the employer and date, with the employee's name and date of alleged accident. The bottom portion should be signed by the injured worker and forwarded to IMA. You should also keep a copy for your records. This form can be downloaded from the Division of W/C web site.

*Kansas Municipal Insurance Trust
Board of Trustees & Key Contacts*

Gary Hobbie - *President*
Russell

Kelly DeMeritt - *Vice President*
Atchison

Carol Eddington - *Treasurer*
Oswego

Ron Pickman -
Immediate Past President
Goodland

David Alfaro Nancy Calkins
Augusta Mission

Keith DeHaven Willis Heck
Sedgwick Newton

Cheryl Lanoue Howard Partington
Concordia Great Bend

Rhonda Schuetz
Hiawatha

Don Moler
LKM Executive Director
Ex Officio

Don Osenbaugh
Pool Administrator/Agent

Victoria Vanderhoof
Claims Adjuster
Insurance Management Associates

Paul Davis
Assistant Risk Control Manager
Insurance Management Associates

Wendy Flowers Bret Glendening
Co-Editor Co-Editor/KMIT Agent

CompControl is a publication of the League of Kansas Municipalities and the Kansas Municipal Insurance Trust for the purposes of educating and informing cities about loss control methods and risk management. If you have any questions concerning KMIT workers' compensation or risk management that you would like to see answered in this newsletter, please direct those inquiries to:

Kansas Municipal Insurance Trust
300 SW 8th Avenue
Topeka, KS 66603
Phone: (785) 354-9565
Fax: (785) 354-4186
wflowers@networksplus.net

© Copyright 2002 by the League of Kansas Municipalities. Contents herein are not intended to provide specific legal or medical advice. Readers should seek advice on specific concerns from a qualified professional.



Letter from the Pool Administrator

Dear KMIT Members,

Happy 2003! Can it be the start of the third year of the New Millennium (or the fourth, depending upon your perspective) already? They say time flies when you're having fun, so we **MUST** be having fun, right?

Actually, in these increasingly tough economic times, having fun is getting harder and harder very quickly. It is absolutely amazing how fast we went from having plenty to not having enough. I hope all of you have some of those "rainy day" funds we've been hearing about so much lately. If you do, now is certainly a very justifiable time to tap into them.

As of this writing, it looks like the LAVTR and City/County Revenue Sharing funds are all **GONE** for this calendar year, and, at least, the first half of 2004, as well as the "demand transfer" portion of the highway funds (call me if you're not sure about this one). There may be even more cuts coming in state funding for cities. Who knows? The State of Kansas is a **BILLION DOLLARS** or so in the hole. The stock market is having problems. The unemployment rate is rising. So, the tough times are going to be with us for a while, for sure.

The insurance industry is certainly a reflection of the times, and **KMIT** is, too. The "hard market" (higher costs) is definitely in place, across the spectrum, in the industry (following the better part of a decade of a "soft market"). I want to assure you that your pool is working to keep its costs down, and to help each of you hold down your losses—through our safety program, our claims management work, and through our training of supervisors. Minimizing losses is crucial to holding down costs. Of course, **KMIT** does, and will always, pride itself on providing proper benefits to your injured employees in the very best way possible. But, holding down costs in our pool requires that, individually, and as a group, our members must ALWAYS strive to do a better job of preventing injury, and of appropriately minimizing dollar loss when an injury does occur.

I urge each **KMIT** member to send as many supervisors as possible to our upcoming **KMIT Supervisor Training Seminars**: Oberlin (Feb 5), Hays (Feb 6), Dodge City (Feb 26) and Kingman (Feb 27). [Last October, the four sites were in central and eastern Kansas. Next fall, we hope to visit yet more member-city locations.] These sessions are designed specifically for supervisors (including front-line supervisors, department heads, and small city clerks and administrators), and are designed specifically to prevent and/or minimize work comp losses.

Part of the way **KMIT** can be more efficient and effective is the proper use of forms. While that may seem obvious, frankly it's not always done well. Our Claims Adjuster, Victoria Vanderhoof, gives some pointers on that subject in this issue. Also in this issue, find our annual reminder about Volunteers, in a message from your Pool Administrator. Lastly, when your city is contacted by one of our payroll auditors from ChoicePoint, please schedule the audit as soon as possible—this process is essential for the pool, and rapid completion is essential to meeting some necessary financial deadlines of the pool.

KMIT had a VERY GOOD 2002. Claims were down; membership was up. Here's to a **GREAT 2003**. Working together is what your **KMIT** Pool is all about. Together, we can make the most of this bad situation in which our state and our country find themselves. Together, we can do things that we cannot do on our own. Together, we will survive and prosper.

Don Osenbaugh
Pool Administrator

Precept/CorVel Authorization for W/C Medical Treatment

This form should be sent with the injured worker to their doctor's appointment. The doctor should complete the bottom portion and send the completed form back to you with the injured worker. This is an informational form to help you and IMA follow the employee's progress, particularly to monitor work status changes. This form should be sent with the employee to each doctor's appointment, although it's not necessary to send one for physical therapy or medical testing. Please **DO NOT** send this form to an **unauthorized** doctor, such as a chiropractor that you have not authorized or the employee's personal physician. Please also forward a copy of the completed form to IMA upon receipt. This form can be obtained through Victoria or CorVel directly.

Wage Statement (Report of Employee's Wages for Period of 26 Weeks)

You will be asked to complete this form if you have an injured worker who is entitled to wage loss or permanent impairment benefits. You are required by law to provide an **itemization of the employee's earnings for the 26 weeks prior to the date of injury**. If the employee has not worked for you for a full 26 weeks, please provide us with whatever payroll information is available. The rate of compensation is the hourly rate the employee earned *at the time of the injury*. Overtime must be itemized separately from the hourly wage. If asked to complete this form, please do so and return it to IMA.

Mileage Log

You may request this form for an employee to log mileage to and from medical treatment appointments in excess of 5 miles roundtrip from starting point. Mileage does not have to be reported on this form, any format will suffice as long as employee provides date of travel, explanation (i.e. Dr. Smith office visit or MRI). Workers' compensation currently allows for reimbursement at \$0.33 per mile for any travel for medical treatment over 5 miles roundtrip from home/starting point.

Understanding and use of the above forms is IMPORTANT. Correct and on-time submission of w/c forms can make a big difference in efficient service to injured employees and to claim loss overall.

The following cities had not reported any claims in 2002 as of December 31, 2002.



Abilene	Ford	Lucas	Satanta
Allen	Fowler	McFarland	Sedan
Altamont	Frankfort	Melvorn	Spearville
Andale	Glasco	Moline	Tipton
Baldwin City	Glen Elder	Montezuma	Treece
Bel Aire	Grainfield	Mound City	Wakefield
Beverly	Greeley	Oberlin	Walton
Bird City	Grenola	Olpe	
Brewster	Hoxie	Oskaloosa	
Centralia	Jetmore	Oswego	
Chautauqua	Kingman	Ozawkie	
Cheney	Leoti	Peabody	
Cullison	Lincoln Center	Princeton	
Esbon	LKM	Ransom	

VOLUNTEERS

By: Don Osenbaugh, KMIT Pool Administrator

The following is a checklist for the coverage of volunteers in **KMIT** cities:

1. Emergency services volunteers are **automatically covered** for work comp in Kansas. No form or authorization of any kind is required **OR** desired to extend work comp benefits to those volunteers serving as fire fighters, police officers, EMS, and First Responders.
2. **KMIT** member cities must pay a premium for emergency services volunteers. Members should estimate this part of the payroll when requested by **KMIT** in the fall. (contact Bret Glendening, at 785-354-9565 or bglendening@ink.org with any question about how to do this). And, the **KMIT** payroll auditors, from ChoicePoint will want to know how many such volunteers you have, and other details.
3. Volunteers other than those above are NOT automatically covered by **KMIT**. Cities wishing to provide work comp benefits to non-emergency volunteers **MUST** submit a form WC-123 to the Workers Compensation Division of the Kansas Human Resources Department, and copy **KMIT**. Forms may be obtained of the Division's website, see <http://www2.hr.state.ks.us/wc/html/wcfrmpdf.htm>.
4. Premiums must also be paid for non-emergency volunteers. Cities will be expected to estimate, and then track, the number of hours worked by such volunteers. The premium required will be based on the number of hours and the wages typically paid by the city for tasks being performed by volunteers.
5. If a city chooses to discontinue coverage of any or all of its non-emergency volunteers, they must submit another form to the Division (WC-124), and copy **KMIT**.
6. Cities should be **VERY SPECIFIC** in electing to cover volunteers, and should complete the required forms in such a way so as to insure that **ONLY** those specifically spelled out volunteers are covered.
7. Submitting a second election form without first withdrawing the first one will result in both forms being active, by **STATELAW**.

KMIT maintains a spreadsheet list of all non-emergency volunteers currently covered for work comp by our member cities. If you aren't sure which, if any, non-emergency volunteers are covered by your city, or if you have ANY question(s) at all about volunteers, please contact Don Osenbaugh, at 316-259-3847 or dosenbaugh@cox.net

Important Payroll Audit Notice

The KMIT Payroll auditors, from Choice Point, will soon be contacting each member city. Actual payrolls for 2002 will be audited. PLEASE help the Pool by scheduling your auditor as quickly as possible. The payroll audit is the first step in a series of tasks that KMIT is required by law to do. Delay of completion of the audits can lead to significant compliance issues for KMIT, and ALL AUDITS must be done before the next step in the process can occur. About 1/2 of all KMIT members will be audited by phone; the other 1/2 must be on-site "desk" audits. The auditors will not need much time in your office if your staff spends just a bit of advance time in preparation. This is **IMPORTANT**, and your cooperation and patience is greatly appreciated. As always, please call or email KMIT with any questions about this process.



Claims

2002 Frequency and Cost Analysis - Top 5 1/1/02 through 12/31/02

<u>By Job Classification</u>	<u>Frequency</u>	<u>Cost Claims</u>
Police Officers & Drivers	126	\$ 130,580
Park	89	\$ 71,490
Municipal	82	\$ 86,695
Firefighters & Drivers	73	\$ 447,034
Street/Road Const.	58	\$ 91,194

<u>By Accident Type</u>	<u>Frequency</u>	<u>Cost Claims</u>
Strain or Injury by lifting, pushing, carrying, etc.	151	\$ 317,058
Fall or Slip Injury	105	\$ 256,504
Miscellaneous Cause	78	\$ 25,081
Occupational Hazards	74	\$ 33,907
Struck or Injured by falling object, hand tool, etc.	69	\$ 35,036

<u>By Body Part</u>	<u>Frequency</u>	<u>Cost Claims</u>
Low Back Area	77	\$ 151,764
Knee	63	\$ 244,409
Hand	52	\$ 66,326
Eye(s)	48	\$ 5,125
Multiple Body Parts	46	\$ 25,786

Note - The above figures are based on claims as of December 31, 2002. Amounts listed for claim costs are amounts incurred to date.

Your Pool In Action

We encourage you to make copies of
this newsletter and distribute to all
city employees.

Member Notes



KMIT Calendar

February

- 5 KMIT/MLA Supervisor Training Seminar, *Oberlin*
- 6 KMIT/MLA Supervisor Training Seminar, *Hays*
- 26 KMIT/MLA Supervisor Training Seminar, *Dodge City*
- 27 KMITMLA Trustees Meeting & KMIT Supervisor Training Seminar, *Kingman*

Combined Assets

Cash In Bank	885,149
Premiums Outstanding	
Investments	<u>1,575,333</u>
Total Assets	2,460,482

Combined Liabilities & Equity

Claims and Accrued Expenses Outstanding	(903,550)
Reserved for Losses	772,382
Incurred But Not Reported (IBNR)	<u>1,601,192</u>
Total Liabilities	<u>1,470,024</u>
KMIT Statutory Fund Balance	<u>990,458</u>
Total Liabilities and Equity	2,460,482

Revenues & Expenses
December 31, 2002

Kansas Municipal Insurance Trust

300 SW 8th Avenue
Topeka, KS 66603