



Diocese of Owensboro

WORKMAN'S COMPENSATION PROCEDURE

STATEMENT

The Diocese of Owensboro and its parishes and schools seek to provide a healthy work environment for all employees. Employees must observe all safety policies, regulations, and requirements. Employees must report promptly all emergencies, accidents, and unsafe conditions to the pastor, parish, employer, supervisor, or human resource department.

The Diocese of Owensboro provides workers' compensation coverage to every employee because of an incident or injury arising out of and in the course of employment. It is required that employees submit a "First Report of Injury" form for any work-related injury or illness immediately, but no later than 24 hours after the incident, to their pastor or employer.

The *State of Kentucky Workers' Compensation Act* ensures that employers provide certain benefits to employees for medical expenses and lost wages resulting from work-related injuries or illness. Under the law, Workers' Compensation will pay for lost wages after a 7-day waiting period. Employees may use available vacation or sick time for the 7-day waiting period.

Time off for injury or illness covered by workers compensation runs concurrently with FMLA and is counted as FMLA leave. Periodic doctor's reports may be required during the leave and a written doctor's release may be required for an employee to return to work.

This procedure applies to all Diocese of Owensboro employees.

PROCEDURE

I. REPORTING A WORK-RELATED INJURY OR ILLNESS

For work related injuries or illnesses that are life threatening to an employee, or that otherwise render the employee non-ambulatory, the employee's supervisor or designated employee must call 911 immediately.

Other work-related injuries, the employee must **promptly** report the injury or illness to his or her supervisor, pastor, employer, or the location's human resource or payroll designee. The claims can then be officially submitted to Church Mutual. (It is important that claims are reported prior to the employee receiving treatment in order for the employee to obtain a claim number for treatment.)

We have two options to notify Church Mutual about the injury:

- **Claim Reporting Options for Email/Online**
 - Email: claimsintake@churchmutual.com
 - Online: [Report a Claim \(churchmutual.com\)](http://churchmutual.com)

The online reporting option has a different field that must be completed. Both the online and email option must include **the employer location information and FEIN (Federal Identification Number.)** A copy of the online or email report of injury form should be emailed to jeana.bamberger@pastoral.org and mary.hall@pastoral.org.

If reporting a claim online:

- Go to churchmutual.com and click on Claims Center, file a claim online option.
- The drop-down box will give options on what type of claim you are submitting- choose Worker's Compensation.
- The next option will be to provide the state that injury occurred in.
- You must click on the "I'm not a robot" box.
- A Fraud Warning page will then appear, and you must click on "I agree" at bottom of page to move onto the next page.
- Complete all demographics including employee, occurrence, incident, medical and witness information.
- Click Submit when complete

***PLEASE NOTE** - To be eligible for workers' compensation benefits, an employee must receive medical care for his or her work-related illness or injury.

2. SEEKING MEDICAL ATTENTION/TREATMENT

Employees must take a “*Healthcare Provider form*” (see attachment #1), with them when seeking treatment for a work-related injury/illness to expedite proper processing and claims information. *The Healthcare Provider form* should be completed and signed by the employee’s pastor, supervisor, employer, or the location’s human resource or payroll designee. The following information may be given to the medical provider for billing:

Esis Central Billing
PO Box 6561
Scranton, PA 18505
Billing phone Number: 855-219-1964

The Diocesan location must submit a “*First Report of Injury form*” (see attachment #2) for any work-related injury or illness immediately, but no later than 24 hours after the incident to Church Mutual ***** (email or phone # here)

3. INVESTIGATING A WORK-RELATED INJURY/ILLNESS

The employee’s supervisor or the appropriate designee must investigate an employee’s claim of a work-related injury or illness, and complete the *First Report of Injury form*, with the assistance of the employee (where possible), promptly (within twenty four (24) hours of receiving notice of a work-related illness or injury). The supervisor or the appropriate designee must complete the form whenever the employee suffers a work-related injury or illness, even if the employee did not lose time from work on account of the injury or illness, and even if the employee does not intend to pursue a workers’ compensation claim.

4. WORKER’S COMPENSATION BENEFITS

If and when an employee starts receiving workers’ compensation benefits, and how much he or she will receive in benefits, depends on applicable law and the duration, nature, and extent of the injury/illness. Upon reporting a work-related injury/illness and filing a claim for workers’ compensation, the employee will receive additional documentation from their pastor, supervisor, employer, or the location’s human resource or payroll designee and/or

ESIS (*on behalf of Church Mutual Insurance Company*), regarding his or her eligibility for and receipt of workers' compensation benefits, as applicable.

5. RETURN TO WORK

If an employee seeks to return to work from a work-related injury, he or she will be required to provide their supervisor, pastor, employer, or the location's human resource or payroll designee with written confirmation from his or her medical provider of his or her ability to return to work, with or without restrictions. Such documentation shall consist of the medical provider completing a work status report form that at a minimum identifies all limitations to regular job duties. (Including the basis for and duration of such limitations). This form should be submitted to the employee's diocesan location & the diocesan location must send a copy ESIS, (*on behalf of Church Mutual Insurance Company*), after each physician/provider visit to assist in evaluating an employee's return to work options. The Diocese of Owensboro Human Resource Department will consult with the diocesan location to discuss the restrictions including whether a transitional position is available, in accordance with applicable law and Diocese procedure.

Attachments

1. Healthcare Provider form
2. First Report of Injury form

Claim Handling Office Directory for Church Mutual Insurance Company

Service Office Physical Address	Mailing Address	VP Claims	Claim Supervisor
Virginia Claims Office 4900 Cox Road, Suite 250 Glen Allen, VA 23060 800 830-6823 (Tel)	P.O Box 6560 Scranton PA 18505	Richard Bailey richard.bailey@esis.com 804-346-3670	Laura Hilbert laura.hilbert@esis.com 804-346-3667

Billing information for ESIS managed claims:

Esis Central Billing
PO Box 6561
Scranton, PA 18505

Billing phone Number: 855-219-1964

Claim Reporting Options for Email/Online

Email: claimsintake@churchmutual.com

Online: [Report a Claim \(churchmutual.com\)](https://churchmutual.com)