

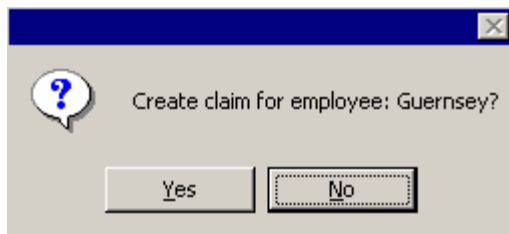
## Workers' Compensation 8R8

Within TempWorks any Workers Compensation claim can be housed. From the Switchboard click on the Other tab, then on the WorkComp tab.

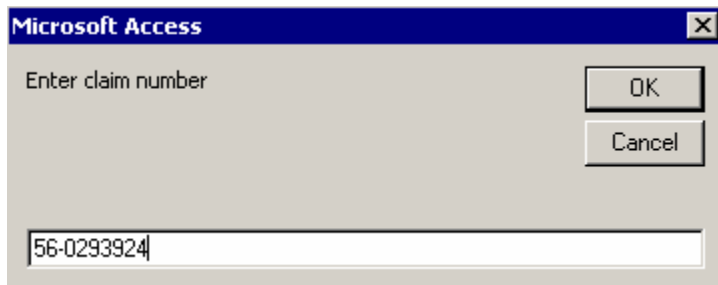
<input type="button" value="G"/> <input type="text" value="Aldent Look-up:"/> <input type="text" value="Claim Look-up:"/> <input type="text" value="Name Look-up:"/>		<b>Acharya, Sandeep 01-20392</b>	
<b>Claim</b>		<b>Injury</b>	
<b>Wage/Misc</b>		<b>MiscMsg</b>	
<b>Search</b>		<b>Report</b>	
<b>Switchboard</b>			
Lkp Employee: <input type="text" value="E"/>		Information about assignment on which injury occurred Note: worksite must be set up for customer	
Aldent #: 234577887		Emp Name: Acharya, Sandeep	
Claim Number: 01-20392		Date Entered: 1/30/01	
30 Day Review:		90 Day Review:	
Injury Date:		RTW Date:	
Time of Injury: 07:15 AM		Gender: M	
Firm Name: Tempworks Online		Asg Lkp by Cust:	
Firm Address: Tempworks Software		Cust Name: Colonial Engineering	
Different Addr.: NA		Cust Dept: Office	
Firm Phone #: 1-651-452-0366		Worker Comp Code: 8810 Shift: Day	
Policy Number: 294719235		Occupation: Secretary I	
Nature of Bus: Temporary Help		Injury Street Address: 3000 Metzger Road	
Location Code:		City: Perrysburg	
Completed By: dwood		State: OH Zip: 43551	
Division:		Dept:	
StateUnemAcct #:		<input type="checkbox"/> Unemployed	
Type of Employer: Private		<input type="checkbox"/> Retired	
Adjuster:		<input type="checkbox"/> On Strike	
Title:		<input type="checkbox"/> Laid Off	
		<input type="checkbox"/> Disabled	
		<input checked="" type="checkbox"/> Other	
		<input type="button" value="See Employee"/>	
Atty Name:		Additional Legal Information	
Atty Ph#:		Court Date:	

Look up the Claim you would like to view or revise by: Associate ID number, Claim number or Employee name.

Create a new Workers Compensation Claim by first looking up the Employee in the Associate area of TempWorks, then click New Record Selector within the WorkComp tab. A prompt will appear asking if a claim should be created for the Employee.



Another prompt will appear asking for the claim number.



**Claim Tab**

Enter the appropriate information within the Claim tab.

Lkp Employee:	<input type="text" value="E"/>	Information about assignment on which injury occurred Note: worksite must be set up for customer	
Aldent #:	<input type="text" value="45673453"/>	Emp Name:	<input type="text" value="Guernsey, Susan"/>
Claim Number:	<input type="text" value="56-0293924"/>	Date Entered:	<input type="text"/>
30 Day Review:	<input type="text"/>	90 Day Review:	<input type="text"/>
Injury Date:	<input type="text"/>	RTW Date:	<input type="text"/>
Time of Injury:	<input type="text"/>	Gender:	<input type="text"/>
Firm Name:	<input type="text"/>		
Firm Address:	<input type="text"/>		
Different Addr.:	<input type="text"/>		
Firm Phone #:	<input type="text"/>	Division:	<input type="text"/>
Policy Number:	<input type="text"/>	StateUnemAcct #:	<input type="text"/>
Nature of Bus:	<input type="text"/>	Type of Employer:	<input type="text"/>
Location Code:	<input type="text"/>	Adjuster:	<input type="text"/>
Completed By:	<input type="text"/>	Title:	<input type="text"/>
Asg Lkp by Cust:		<input type="text"/>	
Cust Name:		<input type="text"/>	
Cust Dept:		<input type="text"/>	
Worker Comp Code:		Shift:	<input type="text"/>
Occupation:		<input type="text"/>	
Injury Street Address:		<input type="text"/>	
City:		<input type="text"/>	
State:		Zip:	<input type="text"/>
Dept:		<input type="text"/>	
<input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired	<input type="button" value="See Employee"/>	
<input type="checkbox"/> On Strike	<input type="checkbox"/> Laid Off		
<input type="checkbox"/> Disabled	<input type="checkbox"/> Other		
<input type="checkbox"/> First Aid Only <input type="checkbox"/> Litigated <input type="checkbox"/> Subrogated <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Still Off Work <input type="checkbox"/> Benefits Denied <input type="checkbox"/> Claim Closed <input type="checkbox"/> Illness <input type="checkbox"/> Fatality			
Atty Name:	<input type="text"/>	Atty Fax:	<input type="text"/>
Atty Ph#:	<input type="text"/>	Court Date:	<input type="text"/>
Additional Legal Information			

Date Entered: This would be the date the claim is entered into TempWorks.  
 30 Day Review: Will automatically populate based on the date entered.  
 90 Day Review: Will automatically populate based on the date entered.  
 Injury Date: Enter the date of injury.  
 RTW Date: Enter the return to work date.  
 Time of Injury: Enter the time the injury took place.  
 Gender: Enter the gender of the Employee.

Firm Name and Address information will automatically populate. Other company information may also automatically populate.

Division: Enter the division of your company for which this Employee worked.  
 Policy Number: Enter the Workers Comp Policy number.  
 StateUnemAcct#: Enter the State Unemployment Account number for your company.  
 Location Code: Enter the Location Code, if applicable.  
 Adjuster: Enter the name of the Workers Comp Adjuster.  
 Completed By: Enter your name, if you are entering the Workers Comp record.  
 Title: Enter your title.

AsgLkpbbyCust: Look up the Customer for which your Employee worked at the time of injury.

Customer information will automatically populate the appropriate fields.

Injury Street Address: Enter the actual address where the injury took place.

Check boxes:

Click to check any that apply.

<input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired	<input type="checkbox"/> First Aid Only
<input type="checkbox"/> On Strike	<input type="checkbox"/> Laid Off	<input type="checkbox"/> Litigated
<input type="checkbox"/> Disabled	<input type="checkbox"/> Other	<input type="checkbox"/> Subrogated
		<input type="checkbox"/> Rehabilitation
		<input type="checkbox"/> Still Off Work
		<input type="checkbox"/> Benefits Denied
		<input type="checkbox"/> Claim Closed
		<input type="checkbox"/> Illness
		<input type="checkbox"/> Fatality

Attorney Information: Enter Attorney information as it applies.

**Injury Tab**

The Injury Tab contains information for the 1<sup>st</sup> notice of injury.

Claim	Injury	Wage/Misc	MiscMsg	Search	Report	Switchboard	
Knowledge Date: 4/17/03 Date Last Worked: 4/17/03 Date of Death: Time Employee Began Work: 7:00 AM Employee Provided Claim Form: 4/17/03 Days Away From Work: 0 Days of Restricted Work: 0		Activity Description: Fall Cause: Inappropriate footwear Part of Body injured: Wrist Type of injury: Sprain Physician Name: Dr. Viado Physician Address: 2322 Virginia Avenue, Fort Pierce, Florida 34982 Physician Phone #: (772) 466-6900 Second Dr. Name: Hospital Address: Hospital Name: Hospital Phone #: Employee Status: Temporary Injury County: St. Lucie Others Fault: No Diagnosis: Sprain, return to work same day with brace Equip/Mat/Chem:		Brief Description of How Injury Occured While wearing sandals, slipped off ladder, fell 4 feet. Braced herself with her hand, sprained wrist.			
<input type="checkbox"/> Occupational Skin Diseases or Disorders <input type="checkbox"/> Dust Diseases of the Lungs <input type="checkbox"/> Respiratory Conditions Due to Toxic Agents <input type="checkbox"/> Poisoning (systemic effects of toxic materials)		<input type="checkbox"/> Disorders Due to Physical Agents <input type="checkbox"/> Disorders Associated with Repeated Trauma <input type="checkbox"/> All other Occupational Illnesses <input checked="" type="checkbox"/> None				<input type="checkbox"/> Other Workers Injured <input type="checkbox"/> Unable to Work <input type="checkbox"/> Injury Occur on Employer's Premises	

Enter all appropriate information as it applies to the injury including: dates, times, descriptions, physician information, etc.

In the check boxes, click any which apply.

**Wage/Misc Tab**

The Wage/Misc tab contains information regarding any employee compensation and safety action.

**Wage Information**

Claim	Injury	Wage/Misc	MiscMsg	Search	Report
<p><b>Wage Information</b></p> <input type="checkbox"/> Full Pay <input type="checkbox"/> Partner or Officer <input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Salary Continued? <input type="checkbox"/> Salary <input type="checkbox"/> Assigned Light Duty Light Duty Date: Assignment Start Date: 3/2/03 Average Hours per Week: 40 How Paid: Hour Average Days Per Week: 5 Hourly Wage: \$5.75 Weekly Wage: \$230.00 Other Payments: \$0.00 Weekly Wage + Other Pay: \$230.00 Employee Compensation: How Compensated: Weekly Actual Compensation: Actual Medical: Reserved Compensation: Reserved Medical:		<p><b>Misc Information</b></p> <p>Safety Action Needed</p> <p>Company needs to implement footwear into their dress code policy.</p> <p>Safety Action Taken</p> <p>Received and attached a copy of Company new dress code policy including footwear - must wear close toe/heal shoes, appropriate shoes include: sneakers, boots only.</p>			

Click to indicate how the employee is compensated: Full Pay, Hourly, Salary, is the Employee a Partner or Officer of the Company, will their Salary Continue, have they been assigned to light duty, etc.

Enter the appropriate pay information for the Employee. Once the hours, number of days and hourly wage are entered, the Weekly Wage will automatically be calculated.

Employee Compensation: Enter the amount of the Employee's compensation.  
Actual Compensation: Enter the amount of Workers' Compensation the Employee is receiving, if any.  
Actual Medical: Enter the amount of Medical expenses incurred.  
Reserved Compensation: Enter the amount of Reserves for this Claim.  
Reserved Medical: Enter the amount of Reserves designated for Medical expenses.

### Misc. Information

Enter Safety Action needed and Safety Action taken after reviewing the Claim and discussing the Claim with the Customer.

### Misc. Msg Tab

Claim	Injury	Wage/Misc	MiscMsg	Search	Report
▶* Refresh					
Logged By		sairah	Logged Date		6/18/03
Memo Text	Sandeep refused light duty assignment at Colonial Engineering, claims he has a baby sitter conflict				
Logged By		sairah	Logged Date		6/18/03
Memo Text	Sandeep refused light duty assignment monitoring AM radio station for competitors ads.				

This tab can be used to log any conversations or information regarding the Workers' Compensation claim. It is designed to allow the notes to stay within the Workers Comp record due to privacy issues, it is not part of the TempWorks messaging.

**Search Tab**

Claim	Injury	Wage/Misc	MiscMsg	<b>Search</b>	Report	Switchbo
Choose a Field to Search By:	<b>Where employee.[LastName] Like "****" AND Employee.AIdent=WCClaimMaintenance.AIdent</b>					
	Name	Phone	Branch	Claim	AIdent#	Injury Date 30 Day 90 Day C f
Open Claims						
Body Part Injured						
Branch						
Customer Name						
Worker CompCode						
First Aid Only						
New Claims Last x Days						

The Search tab allows you to conduct various searches on the Claims within TempWorks. These searches work the same as other “canned” searches within TempWorks. Click the button of the Search you would like to conduct. You may be prompted for criteria on which to base your search.

**Reports Tab**

Claim	Injury	Wage/Misc	MiscMsg	Search	<b>Report</b>
<h2>Summary and Report Generation</h2>					
<b>Claim Information By Customer</b>	<b>First Injury Report</b>	<b>Job Offer</b>			
<b>WC Premium Report</b>	<b>OSHA Yearly Stats</b>	<b>Safety Report</b>			

The Reports tab contains six reports having to do with Workers’ Compensation Claims. The information contained within the reports will vary for each TempWorks Client.

- Claim Information by Customer: This report will allow you to view various claim information for a particular Customer.
- First Injury Report: The information contained within TempWorks will automatically populate a First Notice of Injury form.
- Job Offer: The information contained within TempWorks will automatically populate a Job Offer form.
- WC Premium Report: This form will include the Workers Comp Code, Payroll, Rate and Premium.
- OSHA Yearly Stats: This is the OSHA yearly stats report.
- Safety Report: This report will include information such as what, where, when and how the accident occurred and any safety action taken to rectify the situation.

