som\_currentexporteddate

som\_contactname

address1\_line1

address1\_city, address1\_stateorprovince address1\_postalcode

|  |  |  |  |
| --- | --- | --- | --- |
| Re: Employee ID#: som\_eid | Leave type: | | **LoA - Workers Comp Information** |
|  | |  |  |

Dear fullname:

The Disability Management Office (DMO) is in receipt of documentation for a Medical Leave of Absence. The documentation indicates the reason for the leave may be due to a work-related injury or illness and therefore you may be entitled to benefits under the Workers’ Compensation Act (WCA).

The enclosed *Workers’ Compensation Summary* provides important and detailed information regarding your rights and responsibilities.

To submit a Workers’ Compensation claim, complete and return the enclosed *State of Michigan Workers’ Compensation Claim Form* to the DMO. The DMO will file your claim with Sedgwick (the State’s WC Third Party Administrator). Sedgwick will work with you to determine any benefits to which you may be entitled.

If you have any questions, please contact the DMO at 877-443-6362, Option 2.

Sincerely,

owneridname

Disability Management Office

cc: som\_supervisorname, Supervisor

Enclosures: Workers’ Compensation Summary

State of Michigan Workers’ Compensation Claim Form

**State of Michigan**

**Disability Management Office (DMO)**

**Worker’s Compensation Summary**

|  |  |
| --- | --- |
| REPORTING YOUR CLAIM | If you are injured or become ill because of your job, you may be entitled to workers’ compensation (WC) benefits. You should immediately tell your supervisor and seek medical treatment at an approved occupational clinic. The DMO will file a WC claim on your behalf with Sedgwick, the State’s WC Third Party Administrator or provide you with the necessary information to file. |
| PROCESSING YOUR CLAIM | Sedgwick administers the SOM workers’ compensation plan. They may contact you about your claim. The claims examiner will answer any questions you may have and may ask you for personal information to help determine any wage-loss benefits to which you may be entitled. Sedgwick may be contacted at 800-324-9901. |
| MEDICAL CARE | During the first 28 days of medical care, the SOM has the right to choose who provides your medical treatment. After 28 days, you have the right to choose any treating provider qualified to treat your injury or illness. Sedgwick will pay all reasonable and necessary medical care for your work-related injury or illness but has the right to question the appropriateness of treatment.  If you seek medical treatment before a claim is filed, tell your doctor that you suspect your injury or illness is work-related. Your health-insurance carrier should not be billed for medical expenses that are covered by WC benefits for a work-related injury of illness. |
| WHEN BENEFITS ARE DUE | If your work-related injury or illness lasts 7 calendar days or less, your WC benefit is limited to reasonable and necessary medical expenses related to the injury or illness. Wage-loss payment is not made. You may use sick or annual leave credits to cover these days in accordance with department policy or your collective bargaining agreement.  If your work-related injury or illness lasts more than 7 calendar days, but less than 14, your covered WC benefit includes reasonable and necessary medical expenses related to the injury or illness, wage-loss benefits beginning on the 8th day.  If your work-related injury or illness lasts 14 calendar days or more your covered WC benefit includes reasonable and necessary medical expenses related to the injury or illness and wage-loss benefits from the date of injury or illness.  If qualifying, your first check is sent to the SOM for payroll reconciliation. The SOM will mail your check to your home address. After the first check is reconciled, you will receive a weekly benefit payment from Sedgwick and, if applicable, supplemental biweekly payment from SOM. The combined total will equal 2/3 of your regular wages at the time of injury or illness. |
| WAGE-LOSS BENEFITS | Your wage-loss benefit payments are based on your average weekly wages, including overtime, from the average of your highest 39 weeks of pay of the 52 weeks immediately before to the date of injury or illness. The benefit is subject to a weekly maximum established by the Workers’ Compensation Agency (WCA). |

Page | 1

**State of Michigan**

**Disability Management Office (DMO)**

**Worker’s Compensation Summary**

|  |  |
| --- | --- |
| SUPPLEMENTAL WAGE BENEFITS | Civil Service authorizes disability wage supplements up to 50 weeks. This supplement will bring you to 2/3 of your regular wage at the time of injury or illness. In limited circumstances, with subsequent approval from the State Employer, the supplement may continue.  For further information, read Civil Service Rules 5-9, Civil Service Regulation 5.13, or your collective bargaining agreement. |
| **EMPLOYMENT AND BENEFIT STATUS** | If you cannot return to work after 50 weeks, the supplement will end. Depending on your medical-leave rights under civil service rules and regulations, or collective bargaining agreement, you may be placed on a medical leave of absence or separated from employment.  Sedgwick will continue to pay your wage-loss benefits, and any reasonable and necessary medical expenses, if you continue to be disabled. |
| INDEPENDENT MEDICAL EXAMINATIONS | If Sedgwick has questions about the medical information or treatment of your work-related injury or illness, Sedgwick may schedule an independent medical examination (IME). You must participate with any reasonably scheduled IME or your WC benefits may be suspended. |
| RETURN TO WORK | Before returning to work, you must submit to the DMO a physician statement permitting return, with or without restrictions.  Restriction statements must indicate the physical limitations and the duration. The DMO will work with you and your agency to evaluate if the essential job functions are compatible with work restrictions. Restrictions must be approved before returning to work. |
| **CLAIM**  **AND BENEFIT DECISIONS** | Within 14 calendar days, after your claim is filed, Sedgwick will notify you of the decision to approve or deny your claim. If your claim is disputed, you may be asked to provide further medical or supportive information. Sedgwick follows the guidelines in the Workers’ Compensation Act to make decisions on the compensability of a claim. |
| **LONG TERM DISABILITY**  **(LTD)** | You will only be eligible to collect LTD benefits for this injury if Sedgwick denies or disputes the WC claim. If enrolled in LTD, contact Sedgwick at 800-324-9901 to apply for benefits. |
| **PAYROLL DEDUCTIONS AND TIME ACCRUALS** | Sedgwick Payroll deductions - Sedgwick may process existing Friend of the Court deductions, but will not take 401k loans, garnishments, levies, etc.  SOM Payroll deductions – If there are not enough SOM wages to cover existing payroll deductions (Friend of the Court, 401k loans, garnishments, levies, etc.), it is your responsibility to make payment arrangements while on WC.  For the first 50 weeks of a WC claim, your health insurance benefits will be continued, and you are responsible for your percentage of insurance premiums. If you do not have enough SOM wages to pay insurance premiums, upon returning to work, all past due premiums will be deducted from your first SOM check.  You will continue to accrue sick leave, annual leave, and continuous service hours while you remain in full pay status. |