som\_currentexporteddate

som\_contactname

address1\_line1

address1\_city, address1\_stateorprovince address1\_postalcode

|  |  |  |  |
| --- | --- | --- | --- |
| Re: Employee ID#: som\_eid | Leave type:  Claim # :  Date of injury : | | **WC- Assault**  **som\_claimnumber**  **som\_dateinjurywasreported** |
|  | |  |  |

Dear fullname:

The Disability Management Office (DMO) has filed your workers’ compensation (WC) claim form with Sedgwick (the state’s WC insurance administrator) for WC benefits.

Under various assault statutes, if your injury was the result of an assault while performing employment duties, you will receive full wages from the State of Michigan until WC benefits begin.

The enclosed *Workers’ Compensation Summary* provides important and detailed information regarding your rights and responsibilities, you will want to review this carefully.

To process your claim quickly, please take the following steps:

* Sedgwick will be sending you paperwork that you must complete and return. In addition, they may contact you by phone to review the claim prior to approval.

For questions on paperwork or billing related to this injury/illness, contact Sedgwick at 800-324-9901.

* For timely processing, all medical bills, physician summaries, work restrictions, return to work slips, etc. related to this injury/illness must be submitted directly to the DMO as soon as possible:

DMO

P.O. Box 30002

Lansing, Michigan 48909

Fax 517-241-9926

\*Email: [MCSC-DMO@michigan.gov](mailto:MCSC-DMO@michigan.gov)

*\*By choosing to email documentation, you accept the risks that unencrypted messages and any attachments can be intercepted, read, and copied by persons other than the intended recipient.*

* If you need additional treatment for this injury/illness, after being released from care, please contact the DMO to update your claim.

Health insurance benefits will be continued for the duration of your WC claim. You are responsible for the employee portion of your bi-weekly insurance premiums. Any unpaid premiums will be deducted from your first State of Michigan (SOM) payroll check upon returning to work.

The DMO would like to make this process as smooth as possible on your road to recovery.

For questions regarding your WC claim, contact the DMO at 877-443-6362, Option 2.

Sincerely,

owneridname

Disability Management Office

cc: som\_supervisorname, Supervisor