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.

Workers’ compensation claim benefits are summarized below and are dependent on the length of time off work, if any.

**Medical treatment only; or**

**Medical treatment and off work for 7 calendar days or less:**

Your WC benefit is limited to reasonable and necessary medical expenses and no wage loss payment will be made. You must use sick leave credits to cover these days in accordance with departmental policy or your collective bargaining agreement. If you have exhausted your sick leave credits, you have the option of using your annual leave credits if available.

**Medical treatment and off work for more than 7 calendar days:**

Your WC benefit will include receiving wage loss benefits, you are entitled to receive two-thirds of your average weekly wage. The remaining one-third of your wage may be paid by electing to use your available leave credits.

You must return the enclosed *Use of Leave Credits* form to elect how you would like to use your leave credits while off work. **Failure to return this form will result in exhausting all available leave credits in the following order: Sick Leave, Annual Leave, BLT leave**.

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.

For questions on paperwork or billing related to this injury/illness, contact Sedgwick at 800-324-9901. In addition, they may contact you by phone to review the claim prior to approval.

* 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

**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). |

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**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. |