som\_currentexporteddate

som\_contactname

Address1\_line1

address1\_city , address1\_stateorprovince , address1\_postalcode

|  |  |  |  |
| --- | --- | --- | --- |
| Re: Employee ID#: som\_eid | Leave type: | | **Workers Compensation** |
|  | |  |  |

Claim# : som\_claimnumber

Date of Injury : 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