

# WORKER'S COMPENSATION CLAIM PROCEDURES

## WORKER'S COMPENSATION CLAIM PROC

**Polar Dynamics Robotics, Inc.**

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*Document Version: 2.0*

### 1. PURPOSE AND SCOPE

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1. This document establishes the official procedures for handling worker's co

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2. These procedures comply with applicable state worker's compensation law.

## **2. DEFINITIONS**

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1. "Work-Related Injury" means any injury or illness arising out of and in the course of employment.

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2. "Claims Administrator" refers to the Company's designated third-party administrator.

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3. "Return-to-Work Program" means the Company's structured program for returning injured employees to work.

## **3. IMMEDIATE RESPONSE PROCEDURES**

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### 1. Emergency Response

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For severe injuries, call 911 immediately

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Secure the area and shut down any automated equipment

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Notify the facility safety supervisor

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Preserve the scene for investigation

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### 2. Non-Emergency Response

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Provide first aid as appropriate

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Report to designated on-site medical provider

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Document incident using Company's Safety Incident Report System (SIRS)

#### **4. REPORTING REQUIREMENTS**

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##### **1. Employee Responsibilities**

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Report all injuries to supervisor immediately, regardless of severity

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Complete Employee Incident Statement within 24 hours

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Cooperate with investigation and claims process

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Maintain regular communication with Claims Administrator

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## 2. Supervisor Responsibilities

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Ensure immediate medical attention is provided

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Complete Supervisor's Accident Investigation Report within 24 hours

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Submit all documentation to HR and Safety Department

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Implement immediate corrective actions as needed

## **5. CLAIMS PROCESSING**

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## 1. Initial Claims Filing

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HR to file First Report of Injury within 24 hours of notification

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Provide employee with claims packet and benefit information

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Establish claim with Claims Administrator

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Notify insurance carrier as required

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## 2. Documentation Requirements

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Medical reports and treatment records

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Witness statements

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Photos/videos of incident scene

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Equipment maintenance records

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Training records

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Previous incident reports

## **6. MEDICAL TREATMENT**

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1. Authorized Providers

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Use Company-designated occupational health providers for non-emergency care

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Follow established provider network for specialized treatment

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Obtain authorization for out-of-network treatment

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## 2. Treatment Monitoring

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Regular updates from medical providers

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Monthly claim review meetings

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Documentation of work restrictions



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Coordination with Return-to-Work Program

## **7. RETURN-TO-WORK PROGRAM**

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### **1. Modified Duty**

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Identify appropriate modified duty assignments

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Document restrictions and accommodations

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Regular assessment of progress

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Coordinate with department managers

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## 2. Full Duty Return

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Obtain medical clearance

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Complete return-to-work orientation

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Update safety training as needed

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Monitor performance and compliance

## **8. CLAIM CLOSURE**

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### 1. Requirements for Closure

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Full medical release

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All benefits paid

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Final paperwork completed

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Release signed if required

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2. Post-Closure Procedures

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Update OSHA logs

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Complete internal documentation

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Archive claim files

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Update safety protocols if needed

## **9. CONFIDENTIALITY**

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1. All claim information shall be maintained confidentially in accordance with

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2. Access to claim files shall be restricted to authorized personnel only.

## **10. COMPLIANCE AND TRAINING**

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## 1. Annual Review

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Update procedures as needed

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Incorporate regulatory changes

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Review incident trends

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Modify training programs

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## 2. Employee Training

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New hire orientation

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Annual refresher training

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Department-specific safety protocols

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Documentation of all training

## **11. DOCUMENT CONTROL**

Document Owner: Human Resources Department

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