



**Instructions**

Bonus calculation for Destination Excellence – Transitional Work requires completion of this form for every offer of transitional work made in claims with a date of injury during the bonus period. You must complete this form and sign it. Once completed, have your injured employee sign the form, then submit it to BWC. Use the fax number to submit medical documentation to your managed care organization (MCO).

**Employer information**

Name of company		Policy number
Name of employee		Claim number
Date of injury	Job title	

**Transitional work offer**

On _____	your physician of record/treating physician _____
Date	Physician
released you to return to work with restrictions. We are offering you participation in our transitional work plan in accordance with these restrictions from your physician beginning _____	
Date	

☐ Employee acceptance ☐ Employee refusal

**Employer acknowledgement**

I certify the above information is correct to the best of my knowledge. I am aware that any person who knowingly makes a false statement, misrepresentation, concealment of fact, or any other act of fraud to obtain payment as provided by BWC or who knowingly accepts payment to which that person is not entitled, is subject to felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine, imprisonment or both.

Printed name of employer	Title
Signature of employer <b>X</b>	Date signed

**Employee agreement**

I agree to participate in transitional work activities within the restrictions indicated by my treating physician. I certify the above information is correct to the best of my knowledge. I am aware that any person who knowingly makes a false statement, misrepresentation, concealment of fact, or any other act of fraud to obtain payment as provided by BWC or who knowingly accepts payment to which that person is not entitled, is subject to felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine, imprisonment or both.

Printed name of employee	
Signature of employee <b>X</b>	Date signed