

VI. FILING A WORKERS COMPENSATION CLAIM

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The following describes who must complete which forms, and where and how they must be submitted. There are also some important time guidelines that must be followed.

A. Accident Packet Forms

When an employee experiences a work related injury/or occupational disease, an accident packet must be completed by the supervisor and forwarded via fax (713/743-8035) and mail originals by inter-office mail (EHRM1005) to the Workers Compensation Claim Coordinator for processing. The Claim Coordinator will forward all claims, which require medical treatment and/or lost time to the State Office of Risk Management (SORM). All reports of injury where there is no medical expense will be maintained by the Claim Coordinator for one year and then destroyed. The Accident Packet consist of six forms and an instruction sheet and can be obtained from the Claim Coordinator by calling extension 3-8024.

1. The first form is the **Employers Report of Injury or Illness**, (TWCC-1S). This form must be submitted by the Claim Coordinator to SORM no later than the fifth calendar day after it has been received in the Workers Compensation office. Once the report has been received, it will be reviewed for completeness, and faxed to SORM. A copy of the report will be maintained in the W/C office for a period of three years, or until the claim goes to inactive status, which ever is the longest. It is **important** that the **supervisor** complete the accident packet as completely and accurately as possible so no delays are encountered in setting up the claim. There are several statutes that require claims must be processed in a timely manner or the university can be subject to administrative fines and penalties.
2. The second form is the **Employee Election Form** (SORM 80). This form must be completed by the employee. The form should be forwarded by the supervisor to the Claims Coordinator who will submit a copy to the Workers' Compensation Division.
3. The third form is the **Witness Statement** (SORM 74). One form must be completed for each witness to the injury or incident. The supervisor is responsible for making sure that these forms are completed accurately and should collect the completed forms and submit them together.
4. The fourth form is the **Authorization for Release of Information** (SORM 16). The employee must complete this form immediately after sustaining a work-related injury. The employee must sign and date the form. The supervisor

should forward the form to the Claims Coordinator who will submit a copy SORM.

5. The “**Employee’s Report of Injury**” (SORM-29) is to be completed by the injured employee as soon as possible and submitted to the Claims Coordinator who will forward a copy to SORM.
6. The “**Employee Leave Information Form**” (SORM-90) is to be completed by the supervisor. This form is required on all **Lost Time Accidents**.

B. Supplemental Lost Time Claim Forms

If the employee experiences one full day of lost time, the Claims Coordinator must submit the **Employer’s Wage Statement (TWCC-3)** to SORM. However, as only the University Payroll Specialist may complete this form, it has not been included in this Manual.

A second supplemental form is the **Supplemental Report of Injury (TWCC-6)**. The Claims Coordinator must complete this form based on information provided about the incident. There are five (5) different scenarios which necessitate a “Supplemental Report of Injury”. The following events require this form to be filed:

1. When the employee returns to work. The form must be submitted no later than the third calendar day after the employee returns to work.
2. After the employee returns to work and experiences an additional day(s) of disability as a result of the injury. The form must be submitted no later than the third calendar day after the first additional day of lost time.
3. If the employee experiences a change in weekly earnings (increase or decrease) as a result of the injury. The form must be submitted no later than the tenth calendar day after the end of the pay period in which this occurs.
4. If the employee resigns or is terminated. The form must be submitted no later than the tenth calendar day after the event.
5. The Claims Coordinator must review the status for every 60-day period that the employee is unable to return to work. The form must be submitted no later than the tenth calendar day after the 60-day period.

C. Other Forms

The **Request for Travel Reimbursement (TWCC-48)** is an additional form which is completed by the employee when he or she is seeking reimbursement for travel expenses in order to obtain reasonable and necessary medical care if the treatment is not reasonably available within 20 miles of the injured employee’s residence. The distance traveled to

secure medical treatment must be greater than 20 miles one way and the injured employee must submit the request to SORM on this form **within one year** of the date the injured employee incurred the expenses. It can either be faxed or mailed.

The **Employee's Notice of Injury or Occupational Disease and Claim for Compensation (TWCC-41)** is required of the injured employee or person acting on the employee's behalf, in order to file a claim for workers' compensation benefits. The form will be sent directly to the injured employee by the Texas Workers' Compensation Commission after receipt by the commission of a TWCC-1S, "Employer's First Report of Injury or Illness", indicating that lost time occurred.

The **Employee's Report of Injury (SORM-29)** is required of the injured employee in order to file a claim for workers' compensation benefits. The form will be sent directly to the employee by the claims coordinator via the mail. The employee must complete this form immediately and return it to the Claims Coordinator for processing. State Office of Risk Management must receive this form no later than one week of the filing of the first notice of injury. The form must be legible, and signed and dated by the claimant.

A **Bona Fide Offer of Employment** is a written offer of employment delivered to an employee during the period for which benefits are payable. Bona Fide Offers of Employment should be made once the employee has been released to modified duty by a doctor.