



ARCHDIOCESE OF WASHINGTON

Archdiocesan Pastoral Center: 5001 Eastern Avenue, Hyattsville, MD 20782-3447
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Workers Compensation (WC) Accidental Injury Procedures for Employers

- **Archdiocesan Workers Compensation Carrier:** CHUBB
- **Claims Reporting Administrator:** Gallagher Bassett Services(**GB**)
- **Policy Number:** 000071649130
- **GB Client Number:** 005259
- **VDN:** 8760
- **Client/Org Number/Location Number:** Your location's AOW Directory #/ NCAS #

Step 1: An employee is injured. What do I do?

1. Provide the employee with the **Accidental Injury Form** and **Attending Physician Statement (See Step 3)**. Employees should complete the Accidental Injury Form at the time of Injury
2. If the employee is unable to complete the Accidental Injury Form please report the claim via one of the applicable reporting methods below. Provide as much information as you can at the time of injury

Step 2: How do I notify our Claims Reporting Administrator, GB, of a Workers Compensation injury?

Claims can be reported via phone, fax, email or internet. Please determine your preferred method to report the injury claim and follow the directions below:

- **BY PHONE: (855)70C-HUBB (702-4822)**
 - Please have these instructions with you when you call to report claim as well as:
 - Injured Employee information: name, address & phone number
 - Injury Information: date, time and location of injury/illness. Description of injury/illness, and if available witnesses and their contact information.
- **BY FAX: (800)748-6159.**
 - Please use the **E-Fax Cover Sheet** and the **Accidental Injury Form**, if completed, when using this method.
- **BY EMAIL: tnwclaims@tnwinc.com**
 - In subject line you **MUST** type GB Client Number: 005259 & VDN Number: 8760
 - Please use **E-Fax Cover Sheet** as the first page of your attachments.
- **BY INTERNET:**
 - Before claims can be submitted by this method your location must be set up as an internet submitter with GB. Should you wish to submit claims via the internet please email ArchdioceseHR@adw.org and indicate **Internet WC Set up** in the subject line. The body of your email should contain your location name, location number, contact name, phone number and email address.
 - The Office of Human Resources will notify GB of your request
 - You will receive an email directly from GB with the instructions on how to set up your account.
 - If you do not receive an email from GB within 5 business days please contact the Office of Human Resources.
 - Do not delay reporting injuries while waiting for your internet account to be established.
 - Claims occurring before your internet set up or after can always be reported via any of the above methods.

WC Fraud Prevention

Should you question the validity of the claim please notify:

1. GB at (800) 448-0077 after filing the claim.
2. Contact the Office of Human Resources at (301)853-4500

Employee Death

Should the injury result in an employee death please immediately:

1. Contact GB at (855)702-4822 for guidance on documentation that must be submitted.
2. Contact the Office of Human Resources at (301)853-4500

Step 3: Attending Physician Statement (Documentation of Medical Treatment)

Documentation of Medical Treatment is only necessary if the injured employee receives medical treatment. However, since the need for medical treatment is not always immediately known you should provide the **Attending Physician Statement** to any injured employee at the time of injury or as soon as possible thereafter.

In the event the employee is unable to complete, for medical reasons, you should provide to a designated representative acting on the employee's behalf.

The injured employee should return the completed form to their designated HR staff member who in turn should submit to GB as outlined in Step 6.

Step 4: Employer Statement

- Complete the **Employee Accidental Injury *Employer's* Statement** as soon as possible. In the event an injury is reported and the **Accidental Injury Form** is not completed you should complete the Employer's Statement with the information available to you.

Step 5: What do I do if my employee will be out of work for more than 3 days as a result of the injury?

- Should the injury/illness result in an absence of 3 or more days please complete the **FMLA Intake form** and send to ArchdioceseHR@adw.org or via fax to 301-853-7680

Step 6: Where should I send documents after filing the claim?

1. **Retain copies for your files and mail all documents (as applicable):**
 - Fully completed Attending Physician Statement
 - All medical bills
 - Copies of all police reports, newspaper articles, etc. describing accident
 - Copies of any additional documents that support or discredit the claim

**To: GALLAGHER BASSETT SERVICES, INC.
P.O. BOX 23812
TUCSON, AZ 85734**

YOU WILL BE CONTACTED BY A CLAIM ADJUSTER IF ADDITIONAL INFORMATION OR DOCUMENTATION IS REQUIRED. IF YOU HAVE ANY CLAIM RELATED QUESTIONS PLEASE CALL GB 1-800-448-0077.

OFFICE OF HUMAN RESOURCES

Phone: 301.853.4500/301.853.4513 **Fax:** 301.853.7680 **Email:** ArchdioceseHR@adw.org