

IMPORTANT NOTICE TO WORKERS

When You Are Injured On The Job:

Notify your employer immediately of the accident and your injury. By law, you must give written or oral notice to your employer within seven days of an accident or after the general nature of your injury becomes apparent. If you fail to notify your employer, Workforce Safety & Insurance (WSI) may consider that failure when deciding whether your claim will be accepted. **NOTE: Even if you feel your injury is not serious enough to need medical treatment, it is important you report your accident to your employer so they are informed of the potential hazard.**

Seek first aid or medical attention promptly after a workplace injury. If your employer does not have a Designated Medical Provider (DMP), you may go to a doctor of your choice. If your employer does have a DMP, you are required to see your employer's DMP, UNLESS you informed your employer, in writing, of a different medical provider before any injury occurred. In order to effectively select a DMP, your employer is required to give written notice of the identity and the terms of the preferred provider program:

1. To the employer's employees when the employer makes an initial selection of a preferred provider.
2. To the employer's employees when the employer changes the selection of the preferred provider.
3. To an employee at the time of hire.
4. To the employer's employees at least annually after the initial notice.

An employer that has selected a preferred provider shall display notice of the identity of the preferred provider and the terms of the preferred provider program in a conspicuous manner at fixed worksites, and wherever feasible at mobile worksites, and in a sufficient number of places to reasonably inform employees of the identity of the preferred provider and the terms of the preferred provider program. Failure to give written notice, to properly post notice, or to reasonably inform employees of the terms of the preferred provider programs as required under this subsection invalidates the selection.

Contact your employer or WSI for more detailed information about this requirement. Emergency medical treatment is exempt from the DMP requirement. Inform the doctor that your injury is a workers' compensation injury. Also, inform the doctor of your work duties and ask if you can return to work within any work restrictions the doctor may impose. Follow restrictions, both on and off the job.

File a claim with WSI immediately after a work-related injury occurs (within 24 hours of occurrence). Use one of three methods:

1. online at www.WorkforceSafety.com, available 24 hours/weekends/holidays (follow online instructions);

The information contained in this poster is effective August 1, 2013 and available online for printing at <http://www.workforcesafety.com/library/LibrarySearchResults.asp>.

For a detailed explanation of the information contained in this poster, please contact WSI at the numbers listed below or visit our website at www.WorkforceSafety.com.

TYPES OF BENEFITS AVAILABLE:

- Wage Replacement
- Medical Benefits
- Pharmacy Benefits
WSI will pay for
- prescriptions that are part of the necessary work-related medical care when obtained at pharmacies and medical facilities that are contracted with WSI's prescription benefit management company. WSI does not reimburse for prescriptions that are paid out-of-pocket by an injured worker.
- **Reimbursement for Personal Expenses**
- **Return-to-Work Services**
- **Death Benefits**

WORKFORCE SAFETY AND INSURANCE IMPORTANT NOTICE TO EMPLOYEES (Continued)

1. by hand by completing the First Report of Injury (FROI) Form, or
2. telephonically by calling 1-800-777-5033, 8 a.m. - 5 p.m. on business days.

Whichever claim filing method is used, complete the FROI form with your employer, if possible. Answer all questions fully and honestly on the form. Be sure to have your employer complete the employer's portion of the FROI form. If you have received benefits for an injury and are now off work again for that same injury, you must reapply for benefits in writing. Contact WSI and request a Worker's Notice of Reapplication (C4) form.

WSI will inform you of your claim number, in writing, upon registering your claim.

Be sure to always inform the pharmacy and medical provider of your claim number.

Keep in touch with your employer and provide them with periodic updates on your condition. Notify WSI immediately:

1. when you perform any type of work activity, whether you receive pay for it or not;
2. if you change your address or telephone number; or
3. if you apply for either Social Security disability or retirement benefits or are found to be eligible for these benefits.



Scan here to learn more on the types of benefits.

November 2013

OUR/YOUR DESIGNATED MEDICAL PROVIDER (DMP) SELECTION IS:



North Dakota
**Workforce Safety
& Insurance**
Putting Safety to Work

1600 E Century Ave, Ste 1 - PO Box 5585 - Bismarck ND 58506-5585
(701) 328-3800 1-800-777-5033 Hearing Impaired: 1-800-366-6888
Decision Review Office: (701) 328-9900 1-800-701-4932
Fraud & Safety HotLine: 1-800-243-3331

Filing a claim (3 methods):

Online: www.WorkforceSafety.com (Online Services Section),
24 hours/weekends/holidays

By hand: Complete the First Report of Injury (FROI) Form and submit to WSI

Telephonically: 1-800-777-5033, 8 a.m. - 5 p.m. on business days