



PIE INSURANCE

How to respond to a workplace injury:

For life-threatening medical emergencies, call **911**.

For non-life-threatening injuries, call the **24/7 Nurse Line at (844) 581-0828** to report the incident and get your employee the right care



Workers' comp claims

You can file your first report of injury for a workers' comp claim in three simple ways:

Call the 24/7 claim intake line within 24 hours of the incident: **(844) 581-0828**

[Submit the claim information online here](#)

Email the claims team within 24 hours of the incident: **claims@pieinsurance.com**

- **In your email, please include the following:**
- The name of your business
- The policy number
- Reporting party's contact information (name, phone, email)
- The name, phone, and email address of the injured employee
- Date of the injury or accident
- A description of the injury or accident

Thank you.



pieinsurance.com

TENNESSEE WORKERS' COMPENSATION INSURANCE POSTING NOTICE

How to Report Work-Related Injuries

What should be done if injured at work?

Employee

1. Immediately **report the injury** to the employer representative named below.
2. **Select a treating physician** from a panel provided by your employer.
3. If you have questions or problems, contact the employer representative or the Bureau of Workers' Compensation.

Employer

1. Complete your company's internal "Workplace Injury form" and **notify your workers' compensation insurance company** immediately, even if you have concerns about the validity of the claim.
2. **Offer a panel of physicians** to the employee via Form C-42 available on the Bureau's website. *In cases of emergency, call an ambulance and provide this form as soon as the injured employee has stabilized.*

*Printed **name and title** of the employer representative to be notified in the event of a work-related injury*

*Printed name of an **alternative employer representative** to be notified in the event of a work-related injury*

***Telephone number** of employer representative to notify in event of a work-related injury*

***Address** of employer representative to notify in event of a work-related injury*

The Tennessee Bureau of
Workers' Compensation is
available to help both
employees and employers.



220 French Landing Dr. 1-B
Nashville, TN 37243-2667
800-332-2667
615-532-4812 TTD: 800-332-2257
tn.gov/workerscomp

Workers' Compensation law requires this notice to be posted in a conspicuous place at the work site at all times.



STATE OF TENNESSEE
BUREAU OF WORKERS' COMPENSATION
220 FRENCH LANDING DRIVE
NASHVILLE, TENNESSEE 37243-1002
(615) 741-2395
1-800-332-2667

Notice of Employer Rights and Responsibilities in a Workers' Compensation Claim

Your workers' compensation insurance policy covers medical and partial wage-replacement benefits for any covered employee who sustains a compensable work-related injury or illness. This document, produced by the Tennessee Bureau of Workers' Compensation and provided by your insurance carrier or TPA, is designed to give you a better understanding of your role and responsibilities under the workers' compensation system.

Your workers' compensation adjusting entity is _____
(Printed name of carrier, self-insured or TPA)

and your primary contact there is _____
(Printed name, title and contact information of primary contact)

• Notice of a work-related injury or illness

Your employees have the right to report workplace injuries or illnesses. Their violation of your company's policy regarding how quickly it must be reported is not sufficient grounds to prevent an injured worker from receiving worker's compensation benefits. Employers must refrain from denying a claim or refusing to acknowledge an employee's report of an injury because of how quickly it was reported. The insurance carrier must be notified of all alleged workplace injuries to allow the carrier to assign an adjuster to investigate the claim. If an injury is not reported within the timeframes defined in the workers' compensation act, the adjuster will take the steps it believes is appropriate to protect the employer's rights.

- Employees injured at work are entitled to receive medical treatment at no expense to them. Employers are entitled to guide treatment by providing the injured employee with a panel of at least three physicians who are willing and able to treat the injury and located within his/her community. The panel must be provided on an **Employee Choice of Physician Form C-42**, available on the "Forms" link on the Bureau's website www.tn.gov/workerscomp. Employers must provide the panel within three (3) business days of the employee notifying his/her employer of their injury. The employee should indicate the physician selected, sign the form and return it to the employer. Failure to timely provide a valid panel of physicians may subject the employer to a penalty assessed by the Bureau.
- Employers should provide the injured employee with a copy of the **Beginner's Guide to Tennessee Workers' Compensation**, available on the Bureau's website. This document provides important basic information to the employee and answers several commonly asked questions.
- Employers should immediately notify their insurance carrier after an injury is reported. Employers should report the injury to their insurance adjuster even if the injury is unwitnessed or suspicious. The adjuster will determine the claim's compensability. Failure to immediately report the injury to the adjuster may subject an employer to a penalty assessed by the Bureau.
- Employers are allowed to request a written statement from the employee reporting the injury. Having this statement will assist the insurance adjuster if an investigation is necessary.
- Employers should immediately work to eliminate the likelihood of someone else being injured in the same manner.
- If the injured employee is disabled and unable to work his/her normal job or usual number of hours, the employee may be entitled to receive temporary disability (partial wage replacement) benefits. The insurance adjuster will need the employer to provide a wage history for the injured employee on a **Wage Statement Form C-41**, available on the Bureau's website.

- **Notice to your employees**

The Tennessee workers' compensation law requires all covered employers to display the **Posting Notice** available on the "Forms" link on the Bureau's website. This notice provides your staff with the name and title of the person designated by the employer as the primary contact to receive reports of workplace injuries and illnesses. Your workers' compensation insurance carrier should also provide you with a copy of this form when you purchase or renew your policy.

- **Best Practices to Consider Implementing**

Employers can create a positive workers' compensation culture and help build a relationship of trust and mutual aid with employees. Here are some practices that you should consider.

- If one of your employees is injured at work, reinforce his/her value to you by becoming an advocate rather than an adversary. Be a resource when injured employees have questions or concerns.
- Encourage your employees to report their injuries as soon as possible. Delays in reporting injuries negatively affect recovery.
- Let your staff know how much you rely on them and want them to return. Stay in contact with injured employees during their recovery period if they are unable to work. Call them, email them, text them—even consider sending a "Get Well" card to them. It will be one of the best investments you can make in improving your workers' compensation culture and outcomes.
- Focus your workers' compensation goals on "workers' recovery". Provide work to your injured employees that comply with a treating physician's restrictions, if possible. If an employer considers an employee as disabled, the employee will view themselves as disabled, too. And, studies prove that the longer an injured worker stays off work, the less likely they are to return to work. Work to help your injured employees return to their health and to their jobs as quickly as possible. It is good for everyone!
- Provide the employee with a copy of the signed Form C-42 and assist the employee with making the appointment with the chosen physician.
- Remember, it is the responsibility of the insurance adjuster to "accept" or "deny" a workers' compensation claim, but he/she will need your assistance. Assist the insurance adjuster in investigating any claim in which you have doubts. Obtain witness statements. Take photos of the site of the injury. Do not automatically deny your employees their rights to report a claim just because you have doubts. Failure to timely provide appropriate benefits may subject an employer to a penalty assessed by the Bureau.
- Injured employees will often have questions about their benefits, their rights and what to expect. The Bureau has an Ombudsman Program designed to assist employees with these, and other questions if they are not represented by an attorney. Ombudsmen can be reached by calling 800-332-2667 or by emailing wc.info@tn.gov. The Bureau's website has information helpful to employers and injured employees. Share these resources with your supervisors before someone is injured and with injured employees after a claim is made.
- Perform an analysis concerning how injured employees have been treated in the past. If your employees routinely hire attorneys to obtain their workers' compensation benefits, work to discover why they believe that they need legal representation. Is it a reflection of their fears that can be overcome by improving the workplace culture or is it a misconception that can be overcome by training and education?
- Create a culture of safety. Stress job safety in staff meetings and new hire orientations. Recruit a Safety Committee. Work to eliminate potential injuries before they occur.
- Consider participating in the Tennessee Drug Free Workplace Program. The program is designed to increase productivity for Tennessee employers and promote safe worksites for employees by promoting drug- and alcohol-free workplaces. There are financial benefits available to employers for participating and additional information is available on the Bureau's website.
- Lead by example. Don't complain about the process. Encourage your employees to keep you informed about any changes to their ability to work. Let them know that you want them, and will help them, to recover and return to work as quickly as possible.

Visit the Bureau's website at: www.tn.gov/workerscomp

SEGURO DE COMPENSACIÓN A TRABAJADORES DE TENNESSEE

PUBLICACIÓN DE AVISO

Cómo informar de lesiones laborales

¿Qué se debe hacer en caso de lesión laboral?

Empleado

1. **Informe** inmediatamente de **la lesión** al representante del empleador indicado aquí abajo.
2. **Seleccione un médico tratante** del panel provisto por su empleador.
3. Si tiene alguna pregunta o problema, comuníquese con el representante de empleadores de la Oficina de Compensación a Trabajadores.

Empleador

1. Complete el formulario interno de su empresa de "Lesión laboral" y **notifique a su aseguradora de compensación a trabajadores** inmediatamente, incluso aunque tenga dudas acerca de la validez de la reclamación.
2. **Ofrezca un panel de médicos** al empleado a través del Formulario C-42, disponible en el sitio web de la Agencia. *En casos de emergencia, llame a una ambulancia y proporcione este formulario en cuanto el empleado lesionado se haya estabilizado.*

Nombre en letra de molde y título del representante del empleador a ser notificado en caso de una lesión laboral

Nombre en letra de molde del representante del empleador alterno a ser notificado en caso de una lesión laboral

Número de teléfono del representante del empleador a ser notificado en caso de una lesión laboral

Dirección del representante del empleador a ser notificado en caso de una lesión laboral

La Oficina de Compensación a Trabajadores de Tennessee está disponible para ayudar a empleados y empleadores.



220 French Landing Dr. 1-B
Nashville, TN 37243-2667
800-332-2667
615-532-4812 TTD: 800-332-2257
tn.gov/workerscomp

La ley de Compensación a Trabajadores exige que se publique este aviso en un lugar visible en el centro de trabajo en todo momento.

A Beginner's Guide to Tennessee Workers' Compensation

Basic facts about the Tennessee Workers' Compensation System for dates of Injury on or after July 1, 2014.

How the Doctor is Selected

You will select your **Authorized Treating Physician** from a panel of three doctors that your employer gives you. That physician will provide the medical care needed to help you return to your health and to your job.



Medical treatment for your work-related injury is provided at the employer's expense. Sign an **Employee's Choice of Physician** (Form C-42), which should be provided to you by your supervisor, to indicate which doctor you select to become the authorized treating physician. If emergency treatment is required, the supervisor should provide the panel after the injury is stabilized.

Keep up with your records



Request and keep a copy of your signed Form C-42 for your records. If you do not sign the form, but accept medical treatment from a doctor on the form, it may be considered that you have chosen that doctor.

Have Questions?

Call the Ombudsman Program of the Tennessee Bureau of Workers' Compensation at **800-332-COMP (2667)** if you have any questions.

An ombudsman will assist with any questions from employees, employers and insurance companies that do not have attorney representation.

Learn more online and download forms at:
www.tn.gov/workerscomp



Keep in Touch

Stay in contact with your employer if you are taken off work by the doctor.

Benefits that Injured Employees May Be Entitled to Receive

Employees who have suffered a compensable injury, meaning that the authorized treating physician has determined the injury to be work-related, may be entitled to receive the following:

Medical treatment, at no cost to the employee

This treatment must be provided for as long as required by the authorized treating physician. Medical treatment recommended by the authorized treating physician that is denied by the insurance company's utilization review agent can be submitted to the Bureau's Utilization Review Program for additional review and consideration.

Travel Expenses

Reimbursement for mileage to and from medical treatment may be requested if travel exceeds 15 miles one way.



Temporary Disability Benefits (Wage Replacement)

Disability begins when the authorized treating physician takes you off work. Temporary disability benefits replace lost wages and are due beginning on the eighth day of the disability. If the disability lasts fourteen (14) days or longer, benefits will be paid back to the first day of disability. Temporary disability benefits are usually two-thirds of your average weekly wages earned during the 52 weeks prior to the injury. The Bureau of Workers' Compensation does not pay these benefits. Benefits are paid by your employer's insurance carrier.

If you are able to work, but your average weekly earnings are reduced because of work restrictions, you may be entitled to partial disability benefits.

If the authorized treating physician restricts your ability to work, such as limiting the number of hours worked or the type of work performed, it is very important that the physician's instructions and restrictions are followed at all times. **Failure to report for light duty offered by your employer may terminate your temporary disability benefits.**

If Your Claim is Denied

When a claim is denied, it means your employer's workers' compensation insurance adjuster believes your injury is not compensable, meaning that your injury was not caused by the work that you perform and it is not covered by workers' compensation. If the adjuster denies your claim, you have a right to challenge the decision. If a dispute regarding compensability occurs, you may seek help resolving the dispute from the Bureau. Call an ombudsman at **(800) 332-2667**.

Protect Your Rights

The right to receive workers' compensation benefits does not stay open forever. To protect your rights, file a **Petition for Benefit Determination (PBD) form**. The form is available on the Bureau's website. In most cases, the deadline to file the form is one year from:

- A. The date the injury occurred; or,
- B. The date the last temporary disability benefits were paid or medical benefits were provided for the injury, whichever is latest.

Can I Be Fired for Reporting a Work Injury?

It is illegal for an employer to fire an employee for reporting a work injury. If you are fired and believe it was for reporting a work injury, you may wish to consult an attorney. The Bureau of Workers' Compensation does not have authority to resolve wrongful termination claims.

Learn more and download forms from our website:
www.tn.gov/workerscomp

The Tennessee Department of Labor and Workforce Development is committed to principles of equal opportunity, equal access, and affirmative action. Auxiliary aids and services are available upon request to individuals with disabilities.



Tennessee Department of Labor and Workforce Development;
Authorization No. 377597; This public document was promulgated
for electronic use.

Frequently Asked Questions:

Do I have to pay for medical treatment for a compensable injury?

No, you are not responsible for the costs of medical treatment provided by the authorized physician for a compensable claim.

What options do I have if I disagree with the authorized treating physician's findings or recommended medical treatment?

The employer or insurance company is usually not required by law to offer a second opinion, but you can always ask for it anyway. You may, however, obtain a second opinion or additional medical treatment with any doctor at your own expense.

What if I'm not receiving the benefits I deserve?

Call a Workers' Compensation Ombudsman at (800) 332-2667 to help you. Submitting a completed **Petition for Benefit Determination**, available on the Bureau's website, will speed up the process.

Will I need to use sick or vacation time while off work due to a compensable injury?

It depends. An employee taken off work by the authorized treating physician for less than 14 days is not entitled to temporary disability benefits for the first seven (7) days missed. Review your company's policies about this unpaid time. If the authorized treating physician requires you to miss more than 14 days; however, benefits are due from the first day of disability.

Am I paid for the time spent attending doctor appointments during work hours?

Not unless your company has a policy to pay for this time.

Which employers must provide workers' compensation coverage for their employees?

In most industries, any employer with five or more full- or part-time employees must carry workers' compensation insurance. In the construction or mining industry however, employers must provide coverage even if there is only one employee. Construction employers may exempt themselves from the workers' compensation coverage requirements by applying for an exemption; but, all employees in construction must be covered.

Information about the Workers' Compensation Exemption Registry is available at: **<http://tn.gov/exemptionregistry>** or by contacting the Exemption Registry staff at **wc.exemption@tn.gov** or **(615) 532-1319**.



TENNESSEE BUREAU OF WORKERS' COMPENSATION
EMPLOYER'S FIRST REPORT OF WORK INJURY OR ILLNESS

CLAIMS ADM/CARRIER	JURISDICTION CLAIM # (STATE FILE #)		CLAIM TYPE CODE <input type="checkbox"/> MED ONLY <input type="checkbox"/> INDEMNITY <input type="checkbox"/> BECAME LOST TIME <input type="checkbox"/> BECAME MED ONLY <input type="checkbox"/> NOTIFY ONLY <input type="checkbox"/> TRANSFER		<p>THE USE OF THIS FORM IS REQUIRED UNDER THE PROVISIONS OF THE TENNESSEE WORKERS' COMPENSATION LAW AND MUST BE COMPLETED AND FILED WITH YOUR INSURANCE CARRIER IMMEDIATELY AFTER NOTICE OF INJURY.</p> <p>IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO ANY PARTY TO A WORKERS' COMPENSATION TRANSACTION FOR THE PURPOSE OF COMMITTING FRAUD. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.</p> <p>IF YOU HAVE QUESTIONS, THE STATE NOW HAS A BENEFIT REVIEW SYSTEM WHERE A WORKERS' COMPENSATION SPECIALIST CAN PROVIDE ASSISTANCE. CALL 1-800-332-2667 (TDD).</p>													
	CLAIMS ADM CLAIM # (INSURER CLAIM #)																	
	OSHA LOG CASE #																	
	NAME OF INSURANCE CARRIER		CARRIER FEIN															
	CLAIMS ADMIN FIRM NAME (IF DIFFERENT FROM CARRIER)		FEIN OF CLMS ADM															
	CLAIMS ADJUSTER NAME		CLMS ADJ PHONE #															
	CLAIM HANDLING OFFICE ADDRESS LINE 1 AND LINE 2								CITY		STATE	ZIP						
E EMPLOYER	EMPLOYER NAME		EMPLOYER FEIN		SIC CODE		PHONE NUMBER											
	EMPLOYER ADDRESS LINE 1 AND LINE 2				NATURE OF BUSINESS													
	CITY		STATE	ZIP	INSURED REPORT #		EMPLOYER LOCATION											
POLICY	INSURED NAME (PARENT CO. IF DIFFERENT THAN EMPLOYER)		POLICY NUMBER		EFF DATE		EMPLOYMENT STATUS CODE <input type="checkbox"/> FULL TIME/REGULAR <input type="checkbox"/> PART TIME <input type="checkbox"/> PIECE WORKER <input type="checkbox"/> SEASONAL <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> APPRENTICE FULL TIME <input type="checkbox"/> APPRENTICE PART TIME											
			SELF INSURED? <input type="checkbox"/> YES <input type="checkbox"/> NO		EXP DATE													
EMPLOYEE	EMPLOYEE LAST NAME		PHONE INCL AREA CODE		GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> UNKNOWN													
	FIRST	MI	DEPARTMENT REGULARLY WORKED		OCCUPATION DESCRIPTION													
	ADDRESS LINE 1 & 2																	
	CITY		STATE	ZIP	MARITAL STATUS <input type="checkbox"/> UNMARRIED, SINGLE, DIVORCED		<input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNKNOWN	NCCI CLASS CODE										
	SSN		DATE OF BIRTH		DATE OF HIRE													
WAGE	WAGE \$	PERIOD <input type="checkbox"/> WEEKLY <input type="checkbox"/> HOURLY <input type="checkbox"/> DAILY	NUMBER OF DAYS WORKED PER WEEK		SALARY CONTINUED IN LIEU OF COMPENSATION <input type="checkbox"/> YES <input type="checkbox"/> NO													
					FULL WAGES PAID FOR DATE OF INJURY <input type="checkbox"/> YES <input type="checkbox"/> NO													
ACCIDENT/INJURY	DATE OF INJURY		TIME OF INJURY <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> COULD NOT BE DETERMINED		TIME EMPLOYEE BEGAN WORK ON INJURY DATE <input type="checkbox"/> AM <input type="checkbox"/> PM													
	DATE EMPLOYER NOTIFIED OF INJURY		BODY PART AFFECTED CODE		NATURE OF INJURY CODE		CAUSE OF INJURY CODE											
	DATE CLAIM ADM NOTIFIED OF INJURY		HOW INJURY OR ILLNESS OCCURRED. DESCRIBE THE INCIDENT INCLUDING WHAT THE EMPLOYEE WAS DOING JUST BEFORE, THE PART OF THE BODY AFFECTED AND HOW, AND OBJECT OR SUBSTANCE THAT DIRECTLY HARMED THE EMPLOYEE.															
	DATE LAST DAY WORKED																	
	DATE DISABILITY BEGAN																	
	RETURN TO WORK DATE (IF APPLICABLE)																	
	DATE OF DEATH (IF APPLICABLE)																	
	DID INJURY/ILLNESS OCCUR ON EMPLOYER'S PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF DEATH CLAIM, GIVE # DEPENDENTS FOR EACH RELATIONSHIP <table style="width: 100%;"><tr><td><input type="checkbox"/> WIDOW</td><td><input type="checkbox"/> FATHER</td><td>____ SISTER</td><td rowspan="3" style="text-align: right;">TOTAL # DEPENDENTS</td></tr><tr><td><input type="checkbox"/> WIDOWER</td><td>____ DAUGHTER</td><td>____ BROTHER</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td>____ SON</td><td>____ HANDICAPPED CHILD</td></tr></table>						<input type="checkbox"/> WIDOW	<input type="checkbox"/> FATHER	____ SISTER	TOTAL # DEPENDENTS	<input type="checkbox"/> WIDOWER	____ DAUGHTER	____ BROTHER	<input type="checkbox"/> MOTHER	____ SON	____ HANDICAPPED CHILD
	<input type="checkbox"/> WIDOW	<input type="checkbox"/> FATHER	____ SISTER	TOTAL # DEPENDENTS														
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ADDRESS WHERE INJURY OCCURRED (IF OTHER THAN EMPLOYER'S PREMISES)						COUNTY OF INJURY												
CITY						STATE	ZIP											
TREATMENT	PHYSICIAN NAME			HOSPITAL OR OFF SITE TREATMENT NAME														
	ADDRESS LINE 1 AND 2			ADDRESS LINE 1 AND 2														
	CITY		STATE	ZIP	CITY		STATE	ZIP										
	INITIAL TREATMENT <input type="checkbox"/> NO MEDICAL TREATMENT			<input type="checkbox"/> MINOR BY EMPLOYER <input type="checkbox"/> MINOR BY CLINIC/HOSPITAL		<input type="checkbox"/> HOSPITALIZED > 24 HRS <input type="checkbox"/> EMERGENCY CARE			<input type="checkbox"/> FUTURE MAJOR MEDICAL/LOST TIME ANTICIPATED									
OTHER	DATE PREPARED		PREPARER'S NAME & TITLE		PREPARER'S COMPANY NAME		PHONE NUMBER											