Employee Workers Compensation Checklist

NOTE: Although all the following items need to be completed, they do not necessarily have to be completed in the order presented.

_____ Report your injury to your supervisor.

_____ Seek medical treatment, if needed, at Gritman Medical Center or other facility.

_____ Tell the medical provider (and pharmacy, if medications are prescribed) that related billings should be sent to the Idaho State Insurance Fund. Keep copies of any related receipts.

_____ Obtain a written work release from the medical provider that describes your ability to return to work, required or recommended work restrictions, etc. and give it to your supervisor before you return to working.

_____ Contact Environmental Health and Safety, (208) 885-6524, so a Report of Injury and Claim for Benefits form can be completed as required for a workers compensation claim to be filed on your behalf.

_____ Copies of work releases must be sent to:

Payroll / Benefits Services
415 West 6th Street
PO Box 444345
Moscow, ID 83843-4345
Phone: (208) 885-3697 FAX: (208) 885-3330

_____ Establish a contact schedule with your supervisor for bi-weekly updates if injury-related time loss beyond the date of injury occurs.

_____ Submit timesheets every bi-week to your supervisor and, if injury-related time loss beyond the date of injury occurs, to Payroll / Benefits Services with injury-related time loss noted.

_____ Complete and promptly return all requests for additional information from Payroll / Benefits Services and the Idaho State Insurance Fund.

_____ Keep copies of all documentation sent to you by the Idaho State Insurance Fund.

IF YOU HAVE ANY QUESTIONS REGARDING WORKERS COMPENSATION BENEFITS, TIME LOSS, RESTRICTED-DUTY, RETURN-TO-WORK POLICY ISSUES, OR OTHER QUESTIONS REGARDING YOUR CLAIM, PLEASE CONTACT PAYROLL / BENEFIT SERVICES, (208) 885-3697.