



WESTFIELD  
INSURANCE

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# Workers' Compensation

Return-to-work guide



More and more businesses are controlling workers' compensations costs by implementing return-to-work programs. Whether you have a program already or are thinking about starting one, Westfield can help.



The information and resources presented are intended as a guideline to be used in conjunction with other loss control resources. It does not represent legal advice and does not amend the terms, conditions or coverage of your insurance policy. This information has been obtained from resources believed to be reliable, but Westfield Insurance cannot guarantee its reliability and does not assume liability for the information or suggestions presented.

**Why your business needs a return-to-work program**

When you help your injured employees return to health and productivity in the shortest time possible, it's the right thing to do. It's also good business.

You care about keeping your workplace safe for your employees. What you do after a lost-time accident occurs is just as important.

Employers who initiate proactive return-to-work programs often speed their employee's recovery, avoid costly litigation, and even improve employee relations.

Let Westfield Insurance assist you in implementing the return-to-work program you need for your business.

**The longer off work, the less likely to return**

- After a six-month leave, there is **only a 50% chance** that your employee will return to work.
- After a one-year leave, the chances drop to **only 25%\***
- More than half of your employees who are away from work more than 14 days are already experiencing financial difficulty.

By implementing a formal injury management and return-to-work program for your business, you help your employees and control your workers' compensation costs.

\* U.S. Department of Labor, Bureau of Labor Statistics

Keeping valuable employees safe and working is critical to your organization's productivity and financial success. A return-to-work program can make it happen.





### Early Injury Management

When a serious injury occurs, the employer should immediately contact the family and notify the insurance company. Contact with the employee should be made immediately following medical treatment to express the company's concern. The program coordinator should continue contact, track medical visits and discuss the employee's progress with the physician and the employee.

#### Practices to support an effective initial response:

- Have a plan to respond to and manage claims before they happen.
- Remind employees of the importance of consistently reporting injuries in a timely manner.
- As supervisors, respond in a positive, caring and non-judgmental way.
- Complete an injury/accident form, documenting the details of the accident.
- Notify your workers' comp coordinator of the accident within 24 hours.
- Escort employees needing outside medical care to the medical provider, preferably by a supervisor.
- Supervisors investigate accidents **within 24 hours**, documenting the findings and suggested corrective actions.
- Report the claim to Westfield **within 24 hours** of the report of injury.

### Working with Medical Provider

No work assignment should be made without proper medical authorization. The physician needs to be aware of your company's policy regarding RTW and the degree of accommodation that the company can make. This is accomplished by discussions with the physician before completion of a return-to-work evaluation form.

Specific limitations (lifting, bending, standing, etc.) need to be identified by the physician. The supervisor must understand these limitations and implement them when an employee returns to work. Medical limitations must be clearly understood and followed by the employee to prevent further injury.

#### An appropriate medical provider:

- Is part of Westfield's Preferred Provider Network (PPN). (Qualified medical providers have been established to handle treatment of employee injuries; this includes shifts after normal business hours).
- Is familiar with the employer's operations.
- Understands and supports your return-to-work program.
- Specializes in occupational health.
- Gives timely, quality care and communicates well with the injured employee, your company and Westfield.
- Makes timely referrals to its network of specialists (orthopedics, physical therapists, neurologists) as appropriate.

### Return-to-Work Offer

When appropriate, the employer should offer work to the injured employee. The offer should describe the temporary work and conditions and outline the expectations for employee and supervisor. The offer for medically-modified work can be made by phone or by mail. It is essential to have the employee's physician approve the modified duty in writing.

#### Other best practices for a modified-duty assignment:

- Commitment by the company to returning employee to work as soon as medically possible.
- The medical provider gives very specific work restrictions after he or she treats the injured employee.
- The transitional duty program is temporary and progressive. A time limit for the modified job is clearly stated and adhered to.
- An effort is made to return injured employees to their own

departments first; however injured employees are shifted to a different department if necessary.

- Supervisors support the company's effort to accommodate injured employees; they participate in this process and stay in contact with the employee.
- Employees are aware of, and support, the company's transitional duty program.
- If the injured employee cannot resume regular duties after the transition program ends, the personnel department helps ensure compliance with the Americans with Disabilities Act (ADA) and FMLA.

### Case Management

Critical to any successful RTW program is the assignment of a case management coordinator. This individual in your organization works with your injured employee, physicians, Westfield and your management team.

#### The assigned coordinator:

- Is organized, has an appropriate level of authority to drive the program, has good rapport with employees and supervisors, and maintains constant contact with the insurer.
- Stays in constant contact with employees who are out of work.

- Communicates regularly with treating physicians and follows up after each medical appointment.
- Works with Westfield to ensure that workers' compensation checks are issued on time and medical bills are paid.
- Updates Westfield on any changes in status and thoroughly documents all claim activity.
- Discusses with the Westfield claims rep the need for medical case management or special investigative services.
- Ensures management representation at all workers' compensation hearings.

### Performance Management

To evaluate your return-to-work program, it is important to review success as well as identify trends that support opportunities to further reduce losses.

#### Effective practices to support performance measurement:

- Keep all levels of management aware of accidents and progress.
- Monitor workers' compensation losses and discuss reserves with claims as appropriate. Periodically review and discuss open claims.
- Track incidents, lost days and transitional duty days.

- Share injury statistics and loss data with managers, supervisors and employees.
- Establish objectives to support effective risk management and benchmarks to monitor success.
- Meet with employee and supervisors to evaluate the program. Improve program as needed.

## BENEFITS OF A RETURN-TO-WORK PROGRAM

A return-to-work program is a key component in any organization's workers' compensation cost-containment process. An effective RTW program can help eliminate factors that contribute to the high cost of workers' compensation insurance.

The objective of a successful RTW program is to help injured workers return to gainful employment. This objective is achieved by providing modified jobs that take into consideration physical restrictions, skills, and capabilities.

### The employer and the employee benefit in the following ways:

#### Employee Benefits

- Return to full wages rather than workers' compensation indemnity payments.
- Continued participation in employee benefits and retirement benefits programs (depending on the state).
- A sense of security and stability in knowing their employer cares.
- Reinforcement of self-worth and contribution to society and family.

#### Employer Benefits

- Reduce the total cost of workplace injuries, controlling premiums.
- Maintain productivity.
- Improve workforce morale.
- Retain good employees and the benefits of their labor.
- Reduce the potential for litigation.

The Washington Business Group on Health estimated that organizations could expect an \$8 to \$10 savings for every dollar invested in a successful RTW program.

**“A return-to-work program is a win-win for my company AND for me.”**



**Support for your return-to-work program  
is available by contacting your  
Westfield independent agent.**

**For return-to-work forms visit  
[www.westfieldinsurance.com](http://www.westfieldinsurance.com).**



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# Return to Work Forms Index



## **The Team Approach – Document A**

Subject to the laws and regulations which govern your entity, this document describes the roles and responsibilities of all the positions involved in a typical return-to-work program.

## **Employee Kit (B):**

- **Letter of Explanation – Document B1**

A sample letter which can be delivered to the employee, describing the contents of the kit and what responsibilities the employee has with the materials.

- **Letter to Physician – Document B2**

A sample of a letter that can be sent to the treating physician, describing the return-to-work program.

- **Work Capacity Evaluation – Document B3**

A sample of a form which would be filled out by the treating physician, describing any physical limitations the injured employee may have. Assists the employer in creating a modified-duty position for the employee if necessary.

- **Sample Job Description Form – Document B4**

To be filled out by the employee and the supervisor; details for a physician what the employee's current position involves. Assists the physician in assessing whether the employee needs a temporary modified-duty position before transitioning back to their current job. May also be used to assist in developing modified duty positions ahead of time, or in conjunction with a physician to develop a specific modified duty position for a particular employee.

- **Temporary Duty vs. Disability Financial Analysis – Document B5**

This is a sample of a handout that can be used to demonstrate to an injured employee the financial advantages of accepting a temporary modified-duty position versus staying at home on disability.

## **Offer of Employment Letter template – Document C**

Sample letter which can form the basis for offering an injured worker temporary or modified-duty employment.

## **Sample Job Description Form for Temporary Duty - Document D (online only)**

Example of what a modified duty job description might be like.

## **Sample HIPAA Authorization Form – Document E (online only)**

## **Program Assessment – Document F (online only)**

This sample assessment may be used by an employer to determine the effectiveness of their current return-to-work program, as well as suggest improvements or changes that may be made to increase their program's value.

*The attached Return to Work Guide and sample forms and documents are presented only as general information to you and not in any way as legal advice. You should use the information only as the beginning point for discussions with your own attorney as to the legality and advisability of using such information and forms within your state and what should and should not be included in them.*



# The Team Approach to Return to Work



An effective return-to-work (RTW) program is enhanced by a strong team of personnel dedicated to getting the injured worker back to work. This team should consist of the employer, the injured worker's supervisor, management, your insurance company, the medical personnel, and the injured worker.

## **The Role of the Employer**

The key elements associated with the employer's responsibilities and accountabilities in a return-to-work program are management support, communication, position description (outlining essential job functions) and job analysis, orientation and training, and hazard identification and control.

## **Management Support**

First and foremost in the development of a RTW program is the establishment of a policy stating management's commitment, responsibility, and support for program implementation and achievement of its objectives. This show of support should be evidenced at each level of administration.

## **Communication**

A key element in achieving and promoting support is communication. A helpful step in implementation of the RTW program is the appointment of a coordinator with strong communication skills. The coordinator represents the employer and assumes the position of liaison between the managing supervisor and the employee, the labor representative (if any), the insurance company, and the physician. Active communication, especially with the supervisor and employee, will help monitor treatment and will encourage and reaffirm the employee's value to the company. Direct communication between the supervisor and employee is also important in improving the employee's morale. Regular communication with the insurance company will expedite the processing of information involving an employee's rehabilitation. Written communication with all team members enables the coordinator to establish realistic targets for the employee's return to work and allows for a smooth and positive transition as the employee returns to productive status.

## **Position Description and Job Analysis**

The employer needs to develop position descriptions that identify essential job functions. The position description identifies those jobs or tasks that are performed by able-bodied employees and can be modified to accommodate disabled workers. Some jobs can be classified as "transitional" for placement of workers returning on a temporary "modified-duty" basis. The descriptions must conform to U.S. Department of Labor standards.

## **Policies and Procedures**

Top management should develop policies and procedures by which return-to-work programs will operate. A variety of issues must be addressed, including: Who administers the program, and how is that administrator selected? When can the program be used, and by whom? What sort of forms (job demands, doctor's release to work, offer letters) should be developed?

## **Orientation and Training**

It is important to orient and train new and existing employees on the elements of the RTW program. The process should include a review of the applicable workers' compensation system being employed so that a claim can be expedited properly. Employees should understand the concepts of the RTW program, especially management commitment, position descriptions and identification of standard and modified job tasks. The rehabilitation process should be reviewed, along with management's procedure for identification of transitional/modified-duty positions designed to return the employee to work. The orientation process should also affirm the employee's confidence that his/her best interests are being considered.

Management should be included in the RTW program orientation and training process. Cost containment measures should be reviewed and a documented cost-savings tracking program developed. A documented record of savings attributed to the RTW program will help the coordinator obtain support for continued program activities.

## **Follow Up and Evaluation**

Top management should establish a timetable for periodic follow-up and evaluation of the program. This will ensure the program's continued use, identify any incorrect procedures, and reveal concerns that may not have been addressed in the original program.

## **The Role of the Supervisor**

The supervisor is the key to keeping the communication with the employee open and on a personal basis. The return-to-work coordinator can assist the supervisor in maintaining this contact while the employee is off work. Monitoring is necessary to ensure that the employee works within his/her limitations. The supervisor should always respond positively to the employee's first report of injury and take time to handle the injury properly. The supervisor and injured employee should complete the first report of injury form. The supervisor should investigate the accident or illness and record all pertinent information.

## **The Role of the Employee**

The employee must also play a role in the return-to-work process. Employees have a responsibility to report an injury immediately to their supervisor. They should complete all the needed paperwork following company rules, practices, and policies. The employee should maintain contact with the employer and provide regular updates on their health condition. They should follow the physician's directions and treatments and not work beyond the medical limits set by the physician.

## **The Role of Westfield**

Westfield has a team of professionals to assist you in developing and supporting your return-to-work program. Risk control and claims departments are available to support you in designing a program that fits your operation by helping you understand the components and process elements of a successful program. The claims department can work with you to ensure that you have an understanding of the claims management process and how this ties into supporting your RTW program. Risk control can complement this by helping you understand key loss exposures and establish action steps to reduce the impact they present to your organization.

In keeping with the "team" approach, Westfield claims is there after you report an accident to support your efforts in identifying and placing potential candidates in a temporary modified job. To best accomplish this, the adjuster and rehabilitation specialist will need medical documentation of the employee's work potential from the physician. Active verbal and written communication with the disabled worker and the employer is also essential. We understand there may be questions, such as on benefits, and Westfield Claims is here to help provide answers.

## **The Role of the Treating Physician**

The physician's primary role is the review, evaluation, documentation, and treatment of the employee's disability. The physician must have access to the employer's position descriptions to review the current and modified job functions, and recommend additional modifications and work restrictions where warranted. The employee's current and future medical status and physical capabilities are determined and documented, and communicated to the interdisciplinary team. Medical progress needs to be monitored. Physician referrals are made where a more definitive diagnosis is needed to evaluate anticipated recovery results. Communication is a key component between Westfield, the physician and you to reaching the stated objectives of the RTW program.

To help ensure appropriate communication, it is extremely helpful for the physician to review your operation and gain an understanding of various jobs and potential modified work tasks. He or she may be able to provide input to support additional efforts to mitigate exposure or manage accident cost. This step not only applies to your primary care physician, but to secondary tier providers you may use such as orthopedic, neuro-surgeon, neurologist, or emergency room physicians.

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## COMPANY LETTERHEAD

Dear **[Name of Injured Employee]**

These documents are designed to facilitate care in the event of a workplace injury. Please review this kit with your medical provider at your initial visit and return all completed documents to **[company rep]** prior to your next scheduled work shift.

Letter to Treating Physician - This document informs your doctor about our return-to-work program. It also details what information we need from him or her regarding your health, and gives a resource for more information.

Current Job Description – You and/or your supervisor should fill out this form ahead of time to give your physician details about your current job responsibilities and expectations. This will allow your physician to better evaluate whether or not you can return to your current position or how it might need to be modified.

Work Capacity Evaluation – This is to be filled out by your treating physician at your initial visit and any follow-ups if necessary. It will give us important information about any limitations you may have due to your injury, so we can appropriately assign work duties that will not aggravate your condition.

Signed –

**[Supervisor or Return-to-Work Coordinator]**

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## COMPANY LETTERHEAD

Date: *[Date]*

*[Medical professional's name and address]*

Subject: *[Employee's name and date of injury]*

Dear Medical Provider *[or Physician's name]*:

*[Company's Name]* is committed to working with the medical community to help injured employees regain their livelihood. To that end, we have implemented a return-to-work program that meets the needs of our company and the injured employee. Our focus is to work with medical providers and injured employees to modify the employee's existing position and/or work schedule on a temporary basis or attempt to create a position to accommodate the remaining physical capabilities of our employee.

Attached is a detailed job description for the regular job of the employee named above, which can be modified as necessary to meet medical restrictions that may be assigned. If the employee is unable to return to his or her normal job, we will attempt to find an alternative work assignment that meets all of the medical requirements.

Please provide appropriate information on all physical limitations or medical restrictions that will affect this employee's ability to work so that we may determine if there is suitable employment within our organization.

If you need additional information about a possible work assignment or our return-to-work program, please call \_\_\_\_\_. Our insurance carrier is Westfield Insurance.

We appreciate your efforts to assist us in returning our employees to safe and productive work.

Sincerely,

Encl: Work Capacity Evaluation  
Job Description

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## WORK CAPACITY EVALUATION

### COMPANY INFORMATION

Name: \_\_\_\_\_  
 Insurance Carrier: Westfield Insurance Company  
 Claim #: \_\_\_\_\_

### EVALUATION INFORMATION

Name of Physician: \_\_\_\_\_  
 Date of Exam: \_\_\_\_\_

### **PATIENT INFORMATION**

Patient's Name (Please Print): \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### **PROVIDER MUST COMPLETE THIS SECTION OF THE FORM**

Does the worker show MMI\*? Yes \_\_\_ No \_\_\_ Date: \_\_\_\_\_ or Anticipated Date of MMI: \_\_\_\_\_

Impairment Rating: Yes \_\_\_ No \_\_\_ Rating: \_\_\_\_\_ or Anticipated Impairment Rating: \_\_\_\_\_

DISPOSITION  Release with no restrictions (date) \_\_\_\_\_  
*check only one*  Patient may not work until (date) \_\_\_\_\_  
 Restricted duty until (date) \_\_\_\_\_

\* Maximum Medical Improvement

### **PROVIDER MUST COMPLETE SECTION BELOW WHEN RESTRICTED DUTY IS IDENTIFIED**

*Because of the nature of injury, the worker is released with the following range of restriction to return to work:*

**Lift / Carry / Push / Pull**

Frequency	N/A	0-10 #s	10-25#s	25-50#s	>50#s
Never					
Occasionally					
Frequently					

Activity	N/A	Never	Occasionally	Repetitively
Bend				
Squat				
Climb				
Crawl				

Restriction	N/A	Never	Permitted, but limited to:
Walking			<input type="checkbox"/> 2 hours <input type="checkbox"/> 4 hours <input type="checkbox"/> 6 hours
Standing			<input type="checkbox"/> 2 hours <input type="checkbox"/> 4 hours <input type="checkbox"/> 6 hours
Sitting			<input type="checkbox"/> 2 hours <input type="checkbox"/> 4 hours <input type="checkbox"/> 6 hours
			<input type="checkbox"/> Alternate Sitting or Standing for _____ minutes for _____ hours per day.

**REPETITIVE:** Repetitive grasping / holding / manipulating with right / left /either hand limited to:

**MOTION:** Repetitive reaching above shoulder height with right / left / either arm limited to:

Please include additional comments on the reverse side of this form.



**WORK CAPACITY EVALUATION** (continued)

<b>FOLLOW-UP:</b>	Surgery _____	Date: _____
	Referred to _____	Date: _____
<b>NEXT SCHEDULED APPOINTMENT DATE:</b> _____		

ADDITIONAL PHYSICIAN'S COMMENTS

**Provider's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**EMPLOYEE SIGNATURE SECTION**

I agree to work within the restrictions. In the event that I am given an assignment, which, in my opinion, falls outside these restrictions, I will express this opinion immediately to my supervisor in order to resolve the problem. I will not violate the restrictions as I understand them. I will work cooperatively with my supervisor(s) to prevent re-injury or aggravation of my present physical condition.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**Please Fax this Form to (fill in fax number) or**

**Mail to (fill in mailing address)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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### COMPANY LETTERHEAD

**Job Description for** \_\_\_\_\_

Date \_\_\_\_\_

Job Title \_\_\_\_\_ Contact Person \_\_\_\_\_

Work Hours \_\_\_\_ am/pm to \_\_\_\_ am/pm Days per Week \_\_\_\_\_

Breaks \_\_\_\_\_ Overtime \_\_\_\_\_

**General Description of the Job:**

**Essential Functions of the Job:**

**Types of Machines, Tools, Special Equipment:**

**Vehicles or Moving Equipment Operated:**

**Percent of Time Spent:**

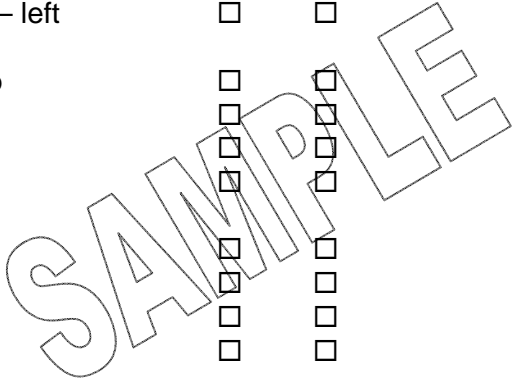
Sitting: \_\_\_\_\_ %  
Standing: \_\_\_\_\_ %  
Walking: \_\_\_\_\_ %  
Inside: \_\_\_\_\_ %  
Outside: \_\_\_\_\_ %

Comments:

**While working, the employee must:**

	Yes	No	Frequency	Comments
A. Twist	<input type="checkbox"/>	<input type="checkbox"/>		
B. Stoop/Bend	<input type="checkbox"/>	<input type="checkbox"/>		
C. Squat	<input type="checkbox"/>	<input type="checkbox"/>		
D. Kneel	<input type="checkbox"/>	<input type="checkbox"/>		
E. Crawl	<input type="checkbox"/>	<input type="checkbox"/>		
F. Climb	<input type="checkbox"/>	<input type="checkbox"/>		
G. Walk on uneven ground	<input type="checkbox"/>	<input type="checkbox"/>		
H. Foot movements (foot pedals, controls, etc.)	<input type="checkbox"/>	<input type="checkbox"/>		

- |    |                             |                          |                          |
|----|-----------------------------|--------------------------|--------------------------|
| I. | Finger and hand dexterity   | <input type="checkbox"/> | <input type="checkbox"/> |
|    | Repetitive grasping – right | <input type="checkbox"/> | <input type="checkbox"/> |
|    | Repetitive grasping – left  | <input type="checkbox"/> | <input type="checkbox"/> |
| J. | Push/pull up to 10 lb       | <input type="checkbox"/> | <input type="checkbox"/> |
|    | Push-pull 11-24 lb          | <input type="checkbox"/> | <input type="checkbox"/> |
|    | Push/pull 25-50 lb          | <input type="checkbox"/> | <input type="checkbox"/> |
|    | Push/pull over 50 lb        | <input type="checkbox"/> | <input type="checkbox"/> |
| K. | Lift/carry up to 10 lb      | <input type="checkbox"/> | <input type="checkbox"/> |
|    | Lift/carry 11-24 lb         | <input type="checkbox"/> | <input type="checkbox"/> |
|    | Lift/carry 25-50 lb         | <input type="checkbox"/> | <input type="checkbox"/> |
|    | Lift/carry over 50 lb       | <input type="checkbox"/> | <input type="checkbox"/> |
| N. | Reach over shoulder height  | <input type="checkbox"/> | <input type="checkbox"/> |
|    | Reach at shoulder height    | <input type="checkbox"/> | <input type="checkbox"/> |
|    | Reach below shoulder height | <input type="checkbox"/> | <input type="checkbox"/> |



**Working Environment:**

**Comments:**

\_\_\_\_\_  
**Physician's Signature**

\_\_\_\_\_  
**Date**

I agree to work within the restrictions provided by the physician. In the event that I am given an assignment, which, in my opinion, falls outside these restrictions, I will express this opinion immediately to my supervisor in order to resolve the problem. I will not violate the restrictions, as I understand them. I will work cooperatively with my supervisor(s) to prevent reinjury or aggravation of my present physical condition.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Claim # \_\_\_\_\_

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# Return-to-Work

## Good for You, Good for Your Employer



A return-to-work program is truly a “win-win” situation for you and your employer. An effectively managed program has demonstrated productivity, insurance and morale benefits for both parties; perhaps most importantly, it also has tangible financial rewards for both you and your company.

The chart below shows an example in one state\* of how beneficial a RTW program can be. It illustrates a comparison of what an injured employee might typically be paid on disability versus what that employee could earn through a temporary return to work position. The chart also shows an example of what an employer might save by having a return-to-work program, versus paying a disability claim.

Temporary Total Disability Payments Only		Temporary Job Rate	Income with RTW Program		Increased Monthly Income with RTW Program for Injured Worker	Monthly Savings in Decreased Benefit Cost for Employer with RTW Program
Weekly	Monthly		Weekly	Monthly		
\$667	\$2,895	\$8/hr	\$773	\$3,355	\$460	\$928
\$667	\$2,895	\$10/hr	\$800	\$3,472	\$577	\$1,159
\$667	\$2,895	\$12/hr	\$827	\$3,588	\$693	\$1,390
\$667	\$2,895	\$14/hr	\$853	\$3,703	\$808	\$1,622
\$667	\$2,895	\$16/hr	\$880	\$3,819	\$924	\$1,853
\$667	\$2,895	\$18/hr	\$907	\$3,935	\$1,040	\$2,085
\$667	\$2,895	\$20/hr	\$933	\$4,051	\$1,156	\$2,326
\$667	\$2,895	\$25/hr	\$1,000	\$4,340	\$1,445	\$2,895

\*Based on \$1000 Average Weekly Wage (AWW) and TTD (Temporary Total Disability) rate of 66 2/3 of AWW

*\*Please note that the chart is for demonstration purposes only; actual disability and employment payments and cost-savings will vary based upon the actual program and state regulations.*

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COMPANY LETTERHEAD

*[Date]*

*[Employee's name and address]*

Subject: Offer of Employment

Dear *[Employee's name]*:

Your treating physician indicates that you are not currently able to perform the normal functions of your job; however, you should be able to perform alternate, modified duties within your restrictions.

We are pleased to offer you the following temporary work assignment:

Job title:

Description of the physical requirements of this position:

Location: *[Enter location or department where the job will be performed]*

Work Hours: *[Start time]* to *[End time]*

Wage:

Supervisor: *[Name of supervisor to whom employee will report]*

We will work with you and your medical provider to modify the above tasks to meet your physical capabilities as you progress toward a full-duty release. The appropriateness and availability of continued temporary transitional work opportunities will be discussed with you after each medical appointment or at least every 15 working days. If you feel that you are assigned alternate tasks that you consider to be beyond your physical capabilities, report immediately to your supervisor/designee.

This job offer will remain open until *[Date]*.

We look forward to your return to work. Should you have any questions or concerns, do not hesitate to contact me.

Sincerely,

cc: *Insurance Company; Claim #*

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### Sample Temporary Transitional Job Description/Analysis

Date \_\_\_\_\_

Job Title: Life Safety Inspector .

Contact Person: JOE JOB (SUPV.)

Work Hours: 8 am to 5 pm

Days per Week 5

Breaks 15 min. am / 15 min. pm

Overtime: No

**General Description of the Job:**

Employee will obtain map of showing locations of fire extinguishers, first aid kits, emergency exit routes, and emergency lights and will proceed to each emergency safety items and verify the following:

Fire Extinguisher: 1) located as stated on map. 2) high-visibility sign posted above extinguisher. 3) properly pressurized. 4) 36" clear access maintained.

First Aid Kit: 1) located as stated on map. 2) appropriately stocked. 3) 36" clear access maintained.

Eye Wash: 1) located as stated on map. 2) 36" clear access maintained. 3) Solution has been changed according to manufacture's recommendations and change dates noted on tag 4) Plumbed systems are activated until water runs clear

Emergency Exits: 1) located as stated on map. 2) 36" clear access maintained along route inside and outside 3) Appropriate exit signs posted above doors. 4) Doors are not locked from inside (panic bars o.k.).

**Essential Functions of the Job:**

Accessing each item listed above and verifying the essential information, noting any deficiencies, and contacting the appropriate maintenance personnel or vendor about deficiencies.

**Types of Machines, Tools, Special Equipment:**

None

**Vehicles or Moving Equipment Operated:**

None

**Percent of Time Spent:**

Sitting: 10 %  
Standing: 40 %  
Walking: 60 %  
Inside: 90 %  
Outside: 10 %

Comments:

**While working, the employee must:**

	Yes	No	Frequency	Comments
A. Twist	<input type="checkbox"/>	X		
B. Stoop/Bend	<input type="checkbox"/>	X		
C. Squat	<input type="checkbox"/>	X		
D. Kneel	<input type="checkbox"/>	X		



- |    |  |                          |                          |
|----|--|--------------------------|--------------------------|
| E. | Crawl  | <input type="checkbox"/> | X                        |
| F. | Climb  | <input type="checkbox"/> | X                        |
| G. | Walk on uneven ground                        | <input type="checkbox"/> | X                        |
| H. | Foot movements (foot pedals, controls, etc.) | <input type="checkbox"/> | X                        |
| I. | Finger and hand dexterity                    | <input type="checkbox"/> | X                        |
|    | Repetitive grasping – right                  | <input type="checkbox"/> | X                        |
|    | Repetitive grasping – left                   | <input type="checkbox"/> | X                        |
| J. | Push/pull up to 10 lb                        | X                        | <input type="checkbox"/> |
|    | Push/pull 11-24 lb                           | <input type="checkbox"/> | X                        |
|    | Push/pull 25-50 lb                           | <input type="checkbox"/> | X                        |
| K. | Lift/carry up to 10 lb                       | X                        | <input type="checkbox"/> |
|    | Lift/carry 11-24 lb                          | <input type="checkbox"/> | X                        |
|    | Lift/carry 25-50 lb                          | <input type="checkbox"/> | X                        |
|    | Lift/carry over 50 lb                        | <input type="checkbox"/> | X                        |
| L. | Reach over shoulder height                   | <input type="checkbox"/> | X                        |
|    | Reach at shoulder height                     | X                        | <input type="checkbox"/> |
|    | Reach below shoulder height                  | <input type="checkbox"/> | X                        |
|    | <b>This job may be modified</b>              | <input type="checkbox"/> | <input type="checkbox"/> |
|    | Temporarily / permanently                    |                          |                          |

**Working Environment:**

**Comments:**

\_\_\_\_\_  
**Physician's Signature**

\_\_\_\_\_  
**Date**

I agree to work within the restrictions. In the event that I am given an assignment, which, in my opinion, falls outside these restrictions, I will express this opinion immediately to my supervisor, in order to resolve the problem. I will not violate the restrictions as I understand them. I will work cooperatively with my supervisor(s) to prevent reinjury or aggravation of my present physical condition.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Claim # \_\_\_\_\_

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**HIPAA Authorization Form**

There are rules and restrictions on who may see or be notified of your protected health information. HIPAA provides certain rights and protection to you as a patient.

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Identification Number: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

I authorize the use or disclosure of my protected health information (PHI) as described below (a separate authorization should be completed if this authorization involves psychotherapy information).

A. My PHI will be used or disclosed for the following purposes [please name and explain each purpose and the type of information to be used]:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. I authorize the following persons (or class of persons) or organizations to make the requested use or disclosure of my PHI:

\_\_\_\_\_  
\_\_\_\_\_

C. I authorize the following persons (or class of persons) or organizations to receive my PHI:

\_\_\_\_\_  
\_\_\_\_\_

I understand that the use or disclosure of the requested information in this authorization will/will not result in direct or indirect compensation to **[covered entity]** from a third party. I also understand that this information will not be used for the purposes of marketing or advertising of products, goods or services.

Document E

If I have any questions about this authorization, I may contact \_\_\_\_\_ at \_\_\_\_\_ who will provide me with more information about this authorization, or about [covered entity]'s privacy practices.

I understand that I have the right to revoke this authorization, in writing, at any time by sending such written notification to \_\_\_\_\_. I also understand that my revocation is not effective to the extent that the persons I have authorized to use and/or disclose my protected health information have acted in reliance upon this authorization.

I understand that I may refuse to sign this authorization. I also understand that refusal to sign does not affect my ability to obtain treatment, does not affect payment, and does not affect my eligibility for benefits.

I may inspect or copy the protected health information sought to be used or disclosed in this authorization, as permitted by the federal privacy regulations.

I understand that if the organization or person authorized to receive this information is not required to comply with the federal privacy regulations, the released information may be re-disclosed and would no longer be protected.

This authorization expires on \_\_\_\_\_.

I certify that I have received a copy of this authorization.

\_\_\_\_\_  
Signature of Individual or Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Individual or Personal Representative

\_\_\_\_\_  
Description of Personal Representative's Authority

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# Return-to-Work Program Assessment



The following sample Return-to-Work (RTW) Program Assessment helps to identify the strengths and weaknesses of RTW programs. The results of this assessment can be used as a starting point for building a stronger program. Ongoing evaluation coupled with continuous program improvement ultimately benefits both management and employees.

This assessment is divided into two parts:

- 1) The Program Section providing a general overview
- 2) The Procedure Section targeting specific subjects

Completion of the exercise is intended to present a general outline of program components and best practices.

It is recommended that you use this outline as a master inventory for your RTW program content or as a method for determining which elements should be developed. You may exclude elements that are not appropriate for your business or include new elements that are appropriate.

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## Part I: Program Section

The assessment asks you to select the classification that best describes your organization's current status. Use the table below as a general guide for choosing a rating.

<b>Classification</b>	<b>Description</b>
<b>Strength</b>	Program effectiveness that follows good management and organization practices and demonstrates the best level of program performance by the company being assessed.
<b>Norm</b>	Program effectiveness that is neither outstanding nor lacking but which demonstrates solid execution of company policies and procedures.
<b>Weakness</b>	Program effectiveness that does not follow good management practices and does not utilize the best resources or talent of the company.
<b>N/A</b>	No provision of this program element.

Review the four categories and select the classification that best describes your organization's current status.

### 1. Upper management endorsement of the RTW program

- Strength** Top management has expressed support for an RTW program and recognizes its contribution to company cost control.
- Norm** Top management is aware of RTW efforts and has not expressed any favor or concerns.
- Weakness** RTW program is not recognized by top management and is utilized on an "as-needed" basis by human resources or risk management.
- N/A**

### 2. Written policy and procedures

- Strength** Written RTW policies and procedures are signed by top management and distributed.
- Norm** Simple RTW policy is included in the organization's employment manual with basic or no procedures included.
- Weakness** No written policy exists. Procedures are indefinite and change with providers or insurance carriers.
- N/A**



### 3. Responsibility and accountability assigned for RTW program

- Strength** The RTW program procedures address responsibility and accountability. Management staff provides adequate support as part of risk management, human resources, safety and health, or other departments. Accountability is assigned throughout the organization.
- Norm** Responsibility for RTW is assigned to a single manager or supervisor without organization-wide accountability.
- Weakness** No formal responsibility is assigned. RTW efforts are assumed by risk management, human resources, safety, or other interested departments. No accountability is assigned. Cooperation is dependent on individual support.
- N/A**

### 4. Goals established and RTW program performance monitored

- Strength** RTW program goals that support the organizational mission are established annually. Top management keeps current with the status of goal attainment.
- Norm** General RTW goals are established but are not reviewed on a regular basis. Program performance is only noted when major successes occur or when the program fails to control costs.
- Weakness** No program goals are established; performance feedback is provided as related to problem cases only.
- N/A**

## Part II: Procedure Section

The following statements provide examples of best practices found in successful RTW programs. Select the answer that best describes your organization's current status.

1. Supervisors and managers are provided with RTW program training and orientation.  
 Yes  
 No
2. Facilities and Maintenance support is available for the RTW program as needed for job/task modifications.  
 Yes  
 No
3. Employees are educated about the basics of workers' compensation and company policies regarding injury reporting and RTW.  
 Yes  
 No
4. Medical providers are selected (as allowed by state mandates), posted, and reviewed quarterly, semi-annually or annually.  
 Yes  
 No
5. Medical providers are oriented to your RTW program.  
 Yes  
 No
6. Medical providers have toured the facility or have access as necessary.  
 Yes  
 No
7. Medical providers are selected based upon injury specialty and your RTW goals.  
 Yes  
 No
8. Medical provider specialists are made aware of the RTW program.  
 Yes  
 No
9. Employees and supervisors are recognized for successful RTW cases.  
 Yes  
 No

10. Time elements of claim reporting, treating, return-to-work, and case closure are monitored.  
 Yes  
 No
11. Someone from your company attends state workers' compensation board meetings and seminars to keep current with regulations.  
 Yes  
 No
12. Data from RTW savings and workers' compensation claim experience is maintained and monitored.  
 Yes  
 No
13. Indirect costs of work injuries are calculated and monitored for reductions.  
 Yes  
 No
14. Light-duty jobs are identified and activated as needed.  
 Yes  
 No
15. Supervisors and managers are trained in job analysis and modification.  
 Yes  
 No
16. Supervisors utilize accident investigation techniques to identify injury causes.  
 Yes  
 No
17. Labor contracts support RTW, and representatives support the process.  
 Yes  
 No
18. Job descriptions are current and thorough and include essential functions.  
 Yes  
 No
19. Fraud orientation has been provided to management and employees.  
 Yes  
 No

20. Third party and outsourced employees performing critical work for your company are provided RTW services by their employer.
- Yes
- No
21. Written documentation is maintained on individual RTW cases, and information is kept confidential, as appropriate.
- Yes
- No
22. Your employee assistance program (EAP) is oriented to the workers' compensation RTW program and utilized as appropriate.
- Yes
- No
23. Employer, insurer, TPA, agent, and other necessary parties conduct regular reviews of lost-time cases and RTW performance.
- Yes
- No

***Additional Comments***

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