

Integrated Disability Management Program

Employee Guide for Workers' Compensation, Short-Term Disability, & Long-Term Disability Benefits

Fairfax County Public Schools
Department of Human Resources
Office of Benefit Services
8115 Gatehouse Road
Falls Church, VA 22042

www.fcps.edu/DHR/employees/benefits/index.htm

Phone: 571-423-3200
Fax: 571-423-5036
(work-related injuries)
Fax: 571-423-5013
(nonwork-related injuries)

Liberty Mutual
1-800-524-0740
Fax: 1-800-404-9219



FAIRFAX COUNTY
PUBLIC SCHOOLS



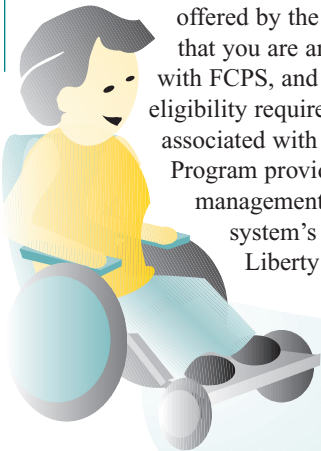
FAIRFAX COUNTY
PUBLIC SCHOOLS

General Information

▶ Fairfax County Public Schools is dedicated to ensuring that our employees are provided with the best Integrated Disability Management (IDM) Program. The Program consist of Workers' Compensation, Short-Term, and Long-Term Disability. For more information regarding specific program benefits, please refer to your "FCPS Integrated Disability Management Program – 2004" handbook. You will find valuable information about what you need to know when you need it the most. Additionally, you can find the information at www.fcps.edu/DHR/employees/benefits/index.htm.

If you are injured on the job or believe that you may have sustained an occupational illness and/or injury, FCPS will provide medical coverage, and if necessary, partial salary replacement if your claim is determined to be compensable through the Workers' Compensation Plan. If you sustain a personal illness or injury, FCPS will provide salary replacement through the Short-Term Disability Plan (STD) with the payments made on your regularly scheduled pay date.

No cost is associated for you to participate in the Workers' Compensation and STD Plans offered by the IDM Program, provided that you are an employee on payroll with FCPS, and meet the program's eligibility requirements. A minimal cost is associated with the LTD Plan. The IDM Program provides a high level of care management offered by the school system's Program Administrator, Liberty Mutual.



How to Report an Injury or Illness

▶ Call the FCPS IDM Program claim phone number, 1-800-524-0740, to report your disability. In order to assist Liberty Mutual in processing your request during your disability, you will need to complete the following steps as they apply to your disability:

Reporting Work-Related Injuries

- ▶ Notify your supervisor immediately.
- ▶ Call Liberty Mutual immediately to report your injury and/or illness, at 1-800-524-0740. Liberty Mutual will be available to take your call and provide assistance 24 hours per day, 7 days per week. **If there is an emergency and you are unable to call, the call may be made by someone on your behalf.**
- ▶ Review the Workers' Compensation Provider Panel list in your IDM handbook on the benefits home page, or you may contact Liberty Mutual for assistance. Choose a provider, and if necessary, make a doctor's appointment, then provide Liberty Mutual with the physician's name and appointment date.
- ▶ Liberty Mutual will mail you a "Physician Selection" form and a "Secondary Employment Data Sheet" form, along with a medical release form for your signature. You must complete these documents and return them to Liberty Mutual so that they may begin processing your claim. For your convenience, Liberty Mutual will include a self-addressed return envelope.

- ▶ For your protection, FCPS requires that these forms be returned to Liberty Mutual within five business days. Should you encounter any problems while completing the forms, please contact Liberty Mutual as soon as possible.

Short-Term and Long-Term Disability

- ▶ Notify your supervisor immediately of your disability and that you will be away from work.
- ▶ Call Liberty Mutual at 1-800-524-0740 to report your injury and/or illness:
 - on your 5th consecutive day of absence; or
 - on your 5th absence in a month for the same medical condition; or
 - if you are diagnosed with a serious illness or injury that could lead to an extended absence
- ▶ If there is an emergency and you are unable to call, someone may call on your behalf.
- ▶ If you do not call within these time frames, your claim will be denied and you will have to write an appeal detailing why you did not meet the STD Plan guidelines.
- ▶ Liberty Mutual will mail you a medical release form for your signature. You must complete the medical release form and return it to Liberty Mutual as soon as possible. In the meantime, Liberty Mutual will contact your doctor to begin gathering medical information in order to make a claims decision within your 20-continuous workday elimination period. If you fail to cooperate with Liberty Mutual, your claim will be placed in a pending status or denied.
- ▶ If you are receiving payment from the STD Plan and your claim is approaching the end of the five-month STD period, Liberty Mutual will automatically transition your STD claim to the LTD Plan to determine if you are eligible to collect additional benefits under the LTD plan.

What Information Liberty Mutual will Need

- ▶ Liberty Mutual will need you to validate basic personal information, including:
 - Your name, home address, telephone number, Social Security number, gender, marital status, and date of birth
- ▶ You should be ready to provide information on your injury or illness, including:
 - The specific date and time your injury or illness occurred
 - The date and the person to whom your injury or illness was reported
 - The first day you were absent from work and the date of your expected return
 - A detailed description of the injury or illness, including specific body parts, e.g. right/left arm/leg
 - Your selected panel and/or health care physician's name and address, and telephone number if this is a Worker's Compensation claim.
 - The name and address of any hospital or institution where you received treatment, including all attending physicians
- ▶ And finally, you will be asked questions about your job, including:
 - Your job at the time of injury or illness
 - A description of your duties
 - Your supervisor's name and telephone number
 - Your work site name and telephone number



Your Information is Confidential

- ▶ All medical and personal information that you and your physician supply is confidential and will be protected from unauthorized use and disclosure by Liberty Mutual. Certain claims may require the use of a separate, written authorization form. When Liberty Mutual sends you additional forms, you need to sign and return them as quickly as possible so that there is no delay in processing your IDM claim.

What Happens in the Case of an Emergency

- ▶ You should go, or be taken, to the nearest emergency room for treatment. **Emergency treatment is for a sudden life or limb-threatening occurrence demanding immediate medical action.**
- ▶ You or someone on your behalf should call Liberty Mutual and report as much information as possible regarding the injury or illness.
- ▶ If you receive emergency treatment for a work-related injury, you should select a physician from the *Workers' Compensation Provider Panel* for ongoing medical attention as soon as possible.
- ▶ Following all emergency treatment, you should call Liberty Mutual to inform them of your progress toward recovery.

Keeping Information Current

- ▶ If you are out of work due to your disability, you must keep Liberty Mutual informed of your progress and when you may expect to return to work. If you have been released to return to work, but have not fully recovered from your injury or illness, you may be placed in a light duty capacity. If this occurs, you must keep in contact with Liberty Mutual about your progress toward full recovery. This is to ensure that their office has the necessary information to provide compensation of lost wages.

To ensure that your payments reach you timely, it is imperative that Liberty Mutual and FCPS be notified of any address or phone number changes. For more information on your IDM Program, refer to your "FCPS Integrated Disability Management–2004" handbook, or email workers compensation@fcps.edu or disabilityandleaves@fcps.edu with questions. You can reach the Office of Benefit Services at 571-423-3200.

