



MASSACHUSETTS EDUCATION
& GOVERNMENT ASSOCIATION
PROPERTY AND CASUALTY GROUP, INC.

TO: New MEGA Members
FROM: Todd Johnson, Executive Director
DATE: 7/1/2005
RE: **Report of Injury Forms – Employee Accident Report & First Report of Injury**

Welcome to the Massachusetts Education and Government Property and Casualty Group, Inc. (MEGA)! We look forward to working with you. You will be receiving your policy information under separate cover. I will be contacting you in the near future to schedule an appointment to come and meet with you and explain our program. In the interim, enclosed is some information and reporting forms should you incur a loss.

Enclosed please find forms for your use in reporting workers' compensation losses to MEGA. The forms have been prepared to reflect your organization's name and other pertinent data. They include where applicable, your address, your policy number, and your location number in our MEGA database. The forms are Word documents and are available by e-mail as an attachment. Kindly e-mail Tammy Smith at tsmith@ccmsi.com to request a copy of the attachments, which you can save for future use.

Employee Accident Report – Medical Only Report of Injury

This form is for use as an incident report involving a report of occurrence only, report of occurrence requiring only medical care, or a report of occurrence involving less than five days of disability. It is intended for the exclusive use of you and MEGA. This form need not be presented to the Department of Industrial Accidents ("DIA") at any time. The form can be mailed or faxed to MEGA. Note that the form also includes an *Information Release* to be signed by the employee. This will allow us to obtain necessary medical records to support payment of a claim. If you have any questions about this document, feel free to call.

Employer's First Report of Injury or Fatality (Form 101)

This form is required by statute in the event an alleged work related injury results in five or more days of incapacity. The form has been prepared with your organization's name, address, policy number, MEGA location number, and insurance carrier information. *Representatives from municipalities should note that when preparing the form, the state requires more specificity than just the municipal name in Box #11. You should add Town of _____ - Department of _____ to the form.* The DIA has been directed to

collect public entity loss information with more detail than just the name of the municipality and will request this information if you do not provide it at time of form filing.

When this form is prepared (you have seven business days from the fifth disability day to file), copies should be provided to MEGA by fax or mail, to the DIA (we recommend by certified mail), and to the employee. When received by MEGA, we will conduct an initial claim investigation and either pay or deny the claim. MEGA is afforded fourteen days from receipt of the form to make that determination.

Copies of the form are available by e-mail from MEGA at the above noted address and also from the DIA directly at their website, www.state.ma.us/dia. I have also enclosed the form filing instructions with applicable DIA codes, as well as the DIA website filing instructions for your reference. Do not hesitate to call with any questions.

Should your employee sustain a work related injury and lose more than 5 days of work, your assigned claim representative will contact you and the injured employee to discuss specific information relating to the claim. See the enclosed contact list for the name and contact information for your assigned claim representative. If you have any questions, feel free to contact Kathy Camire, Account Manager (781-683-1086) or Todd Johnson, Executive Director (508-572-0040), for further clarification.

If indemnity benefits (lost wages) are to be paid, you will receive a fax from MEGA, which will indicate the amount to be paid and the dates. A copy of this fax is provided in this packet.

Loss Control Services

A variety of loss control services are provided by MEGA. A sampling of products is provided. Please contact Dom Ottavi at 781-683-1000 for more information.

Employee Assistance Program

As you may know, MEGA provides an Employee Assistance Program at no extra charge. You will find information about the program enclosed. For more information, please contact Hamish Blackman at 1-800-828-6025.