INDEPENDENT SCHOOL DISTRICT 196
Rosemount-Apple Valley-Eagan Public Schools
Educating our students to reach their full potential

Series Number **406.7.1P** Adopted **July 1980** Revised **December 2021**

Title **Work Related Injury/Illness Reporting Process**

An employee who has been injured at work or has a work-related illness should promptly report their injury/illness by completing the following steps **within 24 hours** of the incident/onset of illness.

1. Employee, along with their supervisor/administrator or nurse, will call State Fund Mutual (SFM) at **1-855-675-3501** to report the injury or illness.

   1.1 Calls can be made 24 hours a day, and all information will be handled and maintained with utmost confidentiality. Employees who work outside of standard business hours whose supervisor/administrator is unavailable at the time of injury/illness onset may contact SFM directly to complete their report, and then inform their supervisor/administrator the following business day.

   1.2 In addition to reporting the injury/illness, employees will be given the opportunity to speak to a nurse, who can help advise the employee regarding medical care.

2. During the call, employees will be asked to provide the following information:

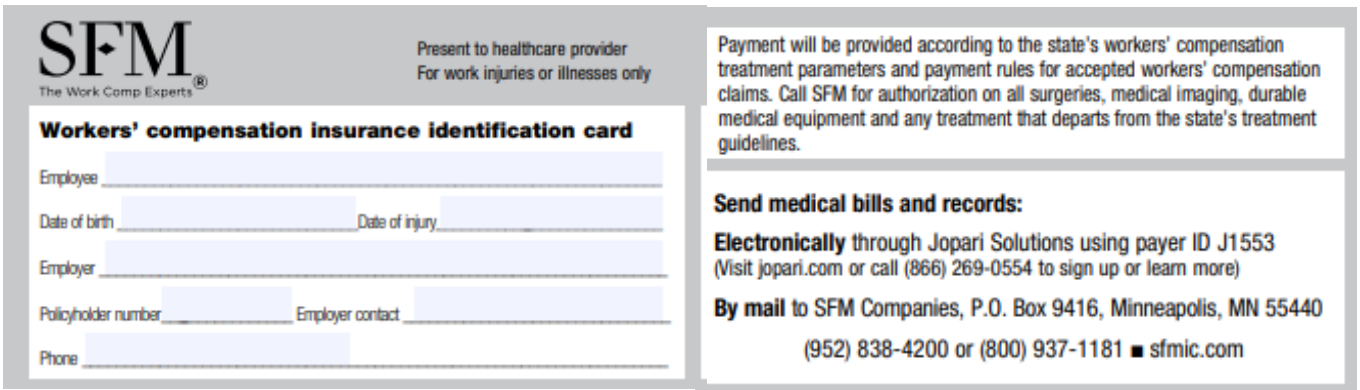
   2.1 Worker's Compensation policy number for District 196: 76129.506

   2.2 Demographic information (name, job title, address, date of birth, social security number, employee number, etc.)

   2.3 Specific details on the injury/illness (date, time, location, body part(s) affected, how injury/illness occurred, witness name(s), etc.)

   2.4 Any medical treatment already sought and/or the need to seek medical treatment

3. As the call concludes, SFM will provide the employee with their claim number. This number can be provided, along with the other information on the card depicted below to the employee's care provider if they have sought/will seek medical treatment related to their injury/illness.


SFM
The Work Comp Experts®

Present to healthcare provider
For work injuries or illnesses only

Workers' compensation insurance identification card

Employee _____

Date of birth _____ Date of injury _____

Employer _____

Policyholder number _____ Employer contact _____

Phone _____

Payment will be provided according to the state's workers' compensation treatment parameters and payment rules for accepted workers' compensation claims. Call SFM for authorization on all surgeries, medical imaging, durable medical equipment and any treatment that departs from the state's treatment guidelines.

Send medical bills and records:

Electronically through Jopari Solutions using payer ID J1553
(Visit jopari.com or call (866) 269-0554 to sign up or learn more)

By mail to SFM Companies, P.O. Box 9416, Minneapolis, MN 55440

(952) 838-4200 or (800) 937-1181 ■ sfmic.com

4. Any work restrictions and/or lost time from work should be communicated to the supervisor/administrator and Human Resources right away. Human Resources can be reached by calling 651-423-7700 or emailing HRinfo@district196.org.

5. Questions should be directed to Human Resources by calling 651-423-7700 or emailing HRinfo@district196.org.

Procedure/406.7.1P/12-7-21