

Workers' Compensation Filing Information

(to be provided to employees within 30 days of hire: WAC 296-15-400)

IF A JOB INJURY OR DISEASE OCCURS

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Selah School District is subject to Washington industrial insurance laws and has been approved by the state to cover its own workers' compensation benefits. Self-insured employers must provide all benefits required by the laws. The Department of Labor and Industries regulates your employer's compliance with these laws. If you become injured on the job or develop an occupational disease, you will be entitled to industrial insurance benefits. Your claim will be handled and your benefits paid by your employer.

IN CASE OF INJURY OR DISEASE

Report your injury or disease immediately to your supervisor.

Your employer contact person listed below will provide you with a "Self Insured Accident Report" (SIF-2). You must complete this form with your employer if you seek medical treatment.

GET MEDICAL CARE

The first time you see a doctor, you may choose any health-care provider who is qualified to treat your injury. For ongoing care, you must be treated by a doctor in the Labor and Industries medical network. (Find network providers at www.FindaDoc.Lni.wa.gov).

Complete a "Physician's Initial Report" form at your doctor's office. Have your doctor complete and mail this form to the claims administration address listed below. The claims administrator will evaluate your claim for benefits. All medical bills that result from an allowable on-the-job injury or occupational disease will be paid by your employer. You may also be entitled to wage replacement or other benefits. Your employer will explain this to you.

IMPORTANT

Your employer cannot deny you the right to file a claim, and your employer cannot penalize you or discriminate against you for filing a claim. Every worker is entitled to workers' compensation benefits for any injury or illness which results from his/her job. Any false claim filed by a worker may be prosecuted to the full extent of the law.

If you have any questions or concerns, contact your employer's representative at the claims administration address or phone number below, or call the Department of Labor and Industries, Self-Insurance Section (360) 902-6901.

CONTACT INFORMATION:

Report your injury to:

Claims Administration address:

YOUR IMMEDIATE SUPERVISOR

Send completed forms to:

Human Resources Department jobs@selahschools.org Phone: (509) 698-8000 316 West Naches Avenue Selah WA 98942 Educational Service District 105 Workers' Compensation 33 South 2nd Ave Yakima WA 98902 Phone: (509) 454-3132

Fax: (509) 575-2018