Department of
Human Resources

2026-2027

RCSS Benefits Department Standard Operating Procedures

LIMITATIONS ON USE OF THIS SOP M AND DISCLAIMER

The purpose of this Standard Operating Procedures Manual is to provide support and guidance to the management and staff of the Richmond County Board of Education. None of the contents in this manual is intended to create nor does it create any enforceable rights, remedies, entitlements or obligations.

The Benefits Department reserves its right to change or suspend any or all parts of this manual.

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RCSS HUMAN RESOURCES BENEFITS
RESOURCES & CONTACT INFORMATION

Medical Claims Administrator	**Member Services**	**Website**
Anthem		
Member Services: Monday thru Friday, 8:00 a.m. to 8:00 p.m. ET	855-641-4862 (TTY 711)	www.bcbsga.com/shbp
Nurse Line	866-787-6361	
Fraud Hotline	800-831-8998	
United Healthcare		
Member Services: Monday thru Friday, 8:00 a.m. to 8:00 p.m. ET	888-364-6352	www.welcometouhc.com/shbp
Fraud Hotline	866-242-7727	
SHBP	**Member Services**	**Website**
SHBP Member Services Monday thru Friday, *Regular Business Hours 8:30 a.m. to 5:00 p.m. ET*	800-610-1863	www.mySHBPga.adp.com
Additional Benefit Resources	**Member Services**	**Website**
Sharecare Wellness Administrator	888-616-6411 (TTY 711)	www.BeWellSHBP.com
CVS Caremark Pharmacy Administrator	844-345-3241	http://info.caremark.com/shbp
MetLife Dental **Group No.: 0112858**	800-942-0854	www.metlife.com/mybenefits
MetLife Vision **Group No.: 0212951**	855-638-3931	www.metlife.com/vision
Flexible Spending Accounts (FSA)	800-639-0850	www.americanfidelty.com
American Fidelity Disability	800-639-0850	www.americanfidelty.com
Texas Life	800-283-9233	www.texaslife.com
Unum Group Life Insurance **Group Number 606470 and 606471**	866-220-8460	www.Unum.com
AFLAC – (Supplemental Insurance)	800-992-3522 706-825-2616	www.aflac.com
Transamerica – (Supplemental Life)	706-738-7774 800-852-4678	www.transamerica.com
Teacher's Retirement – TRS	800-352-0650	www.trsga.com
Public Retirement – ERS	800-805-4609	www.ers.ga.gov
Richmond County School System **Insurance Department, Suite 208**	**Insurance Representative**	**Contact Number**
Insurance – Certified Employees	Kimberly Callair	706-826-1000 EX-5164
Insurance – Classified Employees	Helena King	706-826-1000 EX-5162
FMLA, Retirement	Stacy Green	706-826-1000 EX-5163
Workers' Compensation	Meleah Mays	706-826-1000 EX-5523

SECTION 1

New Employee Orientation Standard Operating Procedures

Benefits Insurance Specialist Manual

1. Purpose/Background

   The purpose of New Employee Orientation is designed to provide new employees with benefits and available resource information prior to beginning the process of assimilating into their work environment.

2. Scope

   The scope of a successful Benefits Orientation is to familiarize new employees with essential aspects of RCSS policies, practices and procedures specifically in regards to all positions in the Benefits Department.

3. Procedures

   3.1 Insurance Specialists are to provide employees with benefits materials and Acknowledgement forms.

   3.2 Insurance Specialists presents the following information during New Employee Orientation:

   - 3.2a Employee eligibility requirements
   - 3.2b Benefits effective date practices
   - 3.2c Health Insurance: plan summaries and comparisons, wellness incentives, registration process
   - 3.2d Retirement and annuity information
   - 3.2e Work compensation procedures

   3.3 Insurance Specialists familiarizes new employees with the Employee Acknowledgment forms.

   3.4 New Hire employee will review and complete Employee Acknowledgment Forms

   3.5 Benefits Insurance Specialists provides copies of forms to the new employee

4. Roles & Responsibilities

   4.1 It is the role and responsibility of the HR Personnel Department to provide the Benefits Department with the new hire data forms prior to new employee orientation.

   4.2 It is the role and responsibility of the Insurance Specialists to prepare orientation benefits packets.

   4.3 It is the role and responsibility of the new employee in need of healthcare, to register for insurance within the 30-day new hire window.

   4.4 It is the role and responsibility of the Benefits Insurance Specialist to provide American Fidelity with new employee contact information.

   4.5 It is the role and responsibility of American Fidelity to contact the new employee to schedule a benefits appointment.

   4.6 It is the role and responsibility of the employee to report to the appointment with American Fidelity.

5. Monitoring Requirements

   5.1 It is the responsibility of the Insurance Specialist to monitor the new employee's orientation progress.

6. Record Management

   6.1 Provide any necessary employee updates in the employees benefits file.

   Including acknowledgment forms, benefits enrollment confirmations

   Document personnel changes in benefits systems AF Enroll, and Business Plus

SECTION 1

Qualifying Events Standard Operating Procedures

Benefits Insurance Specialist Manual

1. Purpose/Background

   The purpose of Qualifying Events (QE), procedures allow employees to change benefits midyear. These events can occur anytime during the year, and more than one event can occur at a time. Qualifying events can make the employee eligible for a special enrollment period, allowing employees to enroll in health insurance outside the yearly open enrollment period.

2. Scope

   The scope of this SOP is to inform about benefits departmental qualifying event policies, practices, and procedures.

3. Procedures

   3.1 Employees should notify the Benefits Insurance Specialist of their respective qualifying event within 31 days schedule an appointment to add or remove coverage.

   3.2 Employees should provide the Benefits Insurance Specialists with the supporting documentation for the qualifying event.

   3.3 Employees schedules an appointment with the Benefits Insurance Specialist

   3.4 Benefits Insurance Specialists will provide employees with a new benefits enrollment form to complete.

   3.5 Benefits Insurance Specialists will process the employees qualifying event information in the benefits systems and print the employee insurance confirmation.

   3.6 The Benefits Insurance Specialist will enter the employees' new insurance deduction amounts in the Business Plus System

   3.7 Employee provides event documentation to State Health Benefit Plan of Georgia Dependent Verification Services

4. Roles & Responsibilities

   4.1 It is the role and responsibility of the employee to notify SHBP as well as the Benefits Department within 31 days of their qualifying event.

   4.2 It is the role and responsibility of the Benefits Insurance Specialist to follow the Employer QE checklist.

   4.3 It is the role and responsibility of the employee, in a timely manner to provide SHBP Dependent Verification Services the supporting documentation requested for the qualifying event.

5. Monitoring Requirements

   5.1 If the notification Benefits Insurance Specialists receives notification the employer should notify employee to contact SHBP Dependent Verification services to prevent any Qualifying Event issues.

   5.2 It is equally the responsibility of the new employee to monitor their RCSS email or address on file to receive information from SHBP.

6. References

   6.1 Eligibility & Enrollment Provisions, Section 3 pages 30-39

Leave Without Pay Standard Operating Procedures

Benefits Insurance Specialist Manual

1. Purpose/Background

   Leave Without Pay procedures are established to provide an overview for employees that have an approved temporary absence from duty in a non-pay status. Employees on tenure may be granted a year's leave of absence for sickness, for further study and for other cause which the Board of Education may deem acceptable.

2. Scope

   The scope of the LWOP SOP provides a procedural synopsis for the Benefits Department processes and expectations of employees that are in leave without pay status.

3. Procedures

   3.1 Benefits Insurance Specialist will review, analyze, and research all necessary reports monthly to identify employees in LWOP status. These reports may include but are not limited to the following: State Merit Health Insurance report, employee reports accessed via Business Plus, and FMLA and WC TTD spreadsheets.

   3.2 Benefits Insurance Specialist will create an employee LWOP worksheet and employee file to track LWOP notes and payment records.

   3.3 Benefits Insurance Specialist will provide employees with an initial letter with benefits leave of absence procedures, payment instructions, options, and payment methods expected.

4. Roles & Responsibilities

   4.1 It is the role and responsibility for the Payroll Department to provide the Insurance Department with the State Merit Health Insurance report to assist with the identification of employees in LWOP status.

   4.3 It is the role and responsibility of the employee to make timely payments to vendors listed in payment reminders provided by the Benefits Insurance Specialist.

   4.4 It is the responsibility of the employee to contact the Benefits Department to restore coverage when the employee provides a return to work statement.

5. Monitoring Requirements

   5.1 It is the responsibility of the Benefits Insurance Specialist to monitor and track the identified LWOP employees benefit payments.

   5.2 It is equally the responsibility of the employee to provide any necessary updates to the Benefits Department as well as to request assistance, when needed.

6. Definitions

   6.1

   6.1 a LWOP: Leave Without Pay

   6.1 b FMLA: Family Medical Leave Act

   6.1 c WC TTD: Workers Compensation Temporary Total Disability

Disability Claims Standard Operating Procedures

Benefits Insurance Specialist Manual

1. Purpose/Background

   The purpose of this SOP is to provide details for employees that are enrolled in programs or have insurance policies that protect their income in the event of a disease or medical condition that prevents them from engaging in gainful employment. Disability insurance can be obtained through the employer group program or purchased as an individual policy.

2. Scope

   The scope of this procedure describes the process for filing a disability claim and applies to employees who are in need of filing a disability claim.

3. Procedures

   3.1 Employees that are in need of filing a disability claim with one of the Board of Education group programs offered to employees, specifically American Fidelity and AFLAC may contact the Benefits Department for information on obtaining disability documents.

   3.2 Benefits Insurance Specialist will provide the employee with the contact information for American Fidelity or AFLAC for the employee to receive the appropriate disability forms.

   3.3 Employees will contact the vendor to receive their disability forms.

   3.4 Employees will complete an Employees Disability Statement, and provide their Physician's Statement to their doctor for completion. Employee will submit both statements to their respective enrolled disability group program.

   3.5 Benefits Insurance Specialist will complete the Disability Employers Statement and include all necessary attachments.

   3.6 Benefits Insurance Specialist will submit the employees Disability Employer's Statement packet to the employees respective enrolled disability group program once all FMLA paperwork has been submitted and verified. The employee will be notified of the submission of their Employer's Statement.

   3.7 American Fidelity or AFLAC will process the employees claim and provide a settlement check to the employee or denial letter.

4. Roles & Responsibilities

   4.1 It is the role and responsibility for the Benefits Insurance Specialist to provide any pertinent additional information that may be requested by the Claims Department to ensure accuracy of the employees claim approval/denial.

   4.2 It is the role and responsibility of the Claims Department to notify the employee of their approval or denial claim status.

   4.3 It is the responsibility of the employee to update the Benefits Department of any personnel address changes. This will ensure the disability paycheck or denial letter will be provided to the employees updated address.

5. Monitoring Requirements
   5.1 It is the responsibility of the employee to communicate with American Fidelity or AFLAC for inquires in regards to their claims.

6. Record Management
   6.1 In the employee's benefits personnel file Benefits Insurance Specialists should provide a record of the employees Disability Employer's Statement that was submitted to American Fidelity or AFLAC.

Coverage Termination Standard Operating Procedures

Benefits Insurance Specialist Manual

1. Purpose/Background

When an employee leaves active employment, the Benefits Department must terminate the employee's information in the Benefits systems. This prevents delays and coverage errors if the employee transfers to another entity that participates with State Health Benefit Plan.

The insurance termination date is the last month of coverage for which premiums are paid for the employee. This may or may not be the date the employee leaves employment.

2. Scope

The scope of this procedure describes the process for coverage terminations for employees that are no longer considered active employees.

3. Procedures

3.1 At the end of each month Benefits Insurance Specialist will pull the Termination Report in Business Plus

3.2 Benefits Insurance Specialist will review and analyze the Termination report.

3.3 Benefits Insurance Specialist will terminate the employee's coverage in State Health Benefit ADP portal, AF Enroll, and Business Plus Benefits Assignments tab.

3.4 Benefits Insurance Specialist end dates and inactivates employee's insurance in Benefits Assignments Tab

4. Roles & Responsibilities

4.1 It is the role and responsibility for the Benefits Insurance Specialist to ensure the employees insurance is inactive and end-dated in the Benefits Assignments Tab.

4.2 It is the role and responsibility of the employee to understand that failure to continue insurance when leaving employment results in the loss of eligibility. Late enrollment is not available.

5. Monitoring Requirements

5.1 It is the responsibility of the Insurance Specialist to use the Coverage Termination Checklist to document the insurance termination of the employee.

Billing Standard Operating Procedures

Benefits Insurance Specialist Manual

1. Purpose/Background

   The purpose of this Billing SOP is intended to address the workflow related to the billing and reconciliation processes for the various insurance vendors.

2. Scope

   This SOP applies to the Benefits Insurance Specialists and detailed instruction/step-by-step processes should be reviewed via the reference links provided in the SOP.

3. Procedures

   3.1 Verify the insurance premiums deducted from your employee's checks are correct.
   3.2 Audit your billing statement to make sure it is accurate.
   3.3 Collect premiums from any employees who are on leave.
   3.4 Send your monthly premium payment to vendor prior to the due date on the premium statement
   3.5 Maintain all billing records regarding premium deductions

4. Roles & Responsibilities

   4.1 It is the role and responsibility of the Payroll Department to provide the Benefits Insurance Specialists with monthly and semi-monthly payroll registers
   4.2 It is the role and responsibility of Benefits Insurance Specialists to process payments to Insurance vendors before the payment due date.

5. References

   5.1 Vision Billing Procedure

   5.2 Dental Billing Procedure

   5.3 American Fidelity Billing Procedure

   5.4 Unum Billing Procedure

   5.5 TransAmerica Procedure

   5.6 AFLAC Billing Procedure

   5.7 SHBP Billing Procedure

   5.8 72119 Retired Medical Billing Procedure

   5.9 Texas Life Billing Procedure

Death Claims Standard Operating Procedure

Benefits Insurance Specialist Manual

1. Purpose/Background

   The purpose of this procedure is to provide an overview for death insurance claims of an employee or dependent.

2. Scope

   This SOP applies to all RCSS employees.

3. Procedures

   3.1 The Department of School notifies Richmond County School System (RCSS) of employee's death or employee's dependent death.

   3.2 The Insurance Specialist will retrieve the employee's benefit folder and other information pertaining to the death claim while waiting for the Certified Death Certificate from the beneficiary(ies).

   3.3 The Beneficiary(ies) will need to contact RCSS Insurance Department to schedule a meeting with the Insurance Specialist once the Certified Death Certificate is received.

   3.4 The Beneficiary(ies) will need to provide the following to schedule appointment with the Insurance Specialist:

   - Certified Death Certificate (No Photocopies), Valid State Id or Driver's License, Address, Telephone Number, Social Security Number, Email address, if applicable Marriage Certificate, Divorce Decree, Court Documents, if name on the designated beneficiary form is different from Valid Id.

   3.5 At the designated meeting, the Insurance Specialist will verify all documents, identification and ensure signatures of beneficiary(ies) are on the claim form.

   3.6 The employer files the claim on behalf of the employee to include the following:

   - Life Insurance Claim form, Authorization – Life or Accidental Death Claim form, Certified Death Certificate, Beneficiary Designation, Copy of Photo Id, Enrollment forms - Please include the following Enrollment forms:
     - o The employee's enrollment form upon hire
     - o The enrollment form showing coverage elections in-force on the day preceding the insurance policy effective date
     - o If re-enrollment was required at the effective date of Group Life Insurance Policy, include the enrollment form that was completed during the re-enrollment
     - o All enrollment forms reflecting a change in amount of benefit election(s) since the insurance policy effective date

   3.7 Under the following circumstances, please also submit the additional information noted below:

   3.7a If Policy Interests are Assigned – Please submit the completed Absolute Assignment for.

   3.7b If Benefits are Assigned to a Funeral Home – Submit the Assignment form from the funeral home. (Funeral homes have their own assignment forms for this purpose.)

Teacher's Retirement Standard Operating Procedures

Retirement Specialist Manual

1. Purpose/Background The purpose of the Teacher's Retirement Standard Operating Procedures provides the requirements and processes for applying for retirement.

2. Scope
   These procedures apply to all employees are a part of the Teacher's Retirement System (TRS).

3. Procedures
   3.1 Eligibility:
   - 3.1 a Completion of 30 years of creditable service regardless of age
   - 3.1 b Completion of 10 years of creditable service and be the age of 60
   - 3.1 c Completion of at least 25 years of creditable service. If an employee retires under this provision their benefit will be permanently reduced by the lesser of 1/12th of 7% for each month the employee is below the age of 60, or 7% for each year or fraction of a year by which the employee has less than 30 years of creditable service.

   3.2 Application Process:
   - 3.2 a The employee should discuss retirement options with their family and the retirement specialist.
   - 3.2 b The employee will complete the retirement application online with TRS.
   - 3.2 c The employee will request a benefit estimate from TRS.
   - 3.2 d During the retirement process the employee will need to provide TRS with the following: personal information, primary and secondary beneficiary's information, direct deposit information, tax withholdings (Federal and State)

   3.3 Finalizing the Application Process:
   - 3.3 a Once the application is completed the employee will be directed to print and send TRS several documents: Application Summary Page, Affidavit of Residency, copy of driver's license, copies of all beneficiaries' driver's license or birth certificate (if the beneficiary is a minor).
   - 3.3 b Employees must make an appointment with the Benefits Office to complete the retirement process.

4. Roles & Responsibilities
   4.1 It is the role and responsibility of the employee to schedule their appointment with the Benefits Office to finalize their retirement process.

5. Record Management
   5.1 The Retirement Specialist will keep records of the retiree's completed application.

1. Purpose/Background The purpose of the Public Retirement Standard Operating Procedures provides the requirements and processes for applying for retirement.

2. Scope
   These procedures apply to all employees are a part of the Public Retirement System (ERS).

3. Procedures
   3.1 Eligibility:
      3.1 a Normal Retirement Age which is defined as the attainment of age 65 and ten years of Creditable Service.
      3.1 b Employees can receive monthly Early Retirement benefits as early as the first day of the month on or after their 60th birthday, providing they have at least 10 years of Creditable Service.
   3.2 Application Process:
      3.2 a The employee should discuss retirement options with their family and the retirement specialist.
      3.2 b The employee will contact ERS and request an application to be mailed to them.
      3.2 c The employee will request a benefit estimate to be mailed to them.
      3.2 d The employee will make an appointment with the Retirement Specialist to submit their retirement paperwork and discuss their benefits options after retirement from the Richmond County Board of Education.
   3.3 Finalizing the Application Process:
      3.3 a Once the application is completed the employee will be directed to send ERS several documents: (Voided Check, Copy of Driver's License, Copies of all beneficiaries' driver's license or birth certificates, if the beneficiary is a minor).
      3.3 b Employees must make an appointment with the Benefits Office to complete the retirement process.

4. Roles & Responsibilities
   4.1 It is the role and responsibility of the employee to schedule their appointment with the Benefits Office to finalize their retirement process.

5. Record Management
   5.1 The Retirement Specialist will keep records of the retiree's completed application.

FMLA Standard Operating Procedures

Retirement Specialist Manual

1. Purpose/Background The purpose of the Family and Medical Leave Act (FMLA) standard operating procedures provide the processes for eligible employees who are in need of being granted a FMLA leave of absence.
2. Scope
   These procedures apply to all employees who have been employed by the RCSS for at least 12 months and have worked a minimum of 1250 hours during the last 12 months.
3. Procedures
   3.1 Employee Request/Notice Requirements:
   3.1 a Employee notifies supervisor/department director of the need to be absent from work. In most cases this is done by using the standard leave request form and RCSS FMLA Request form. A doctor's note must also be attached with the FMLA Request form/Personnel Action form.
   3.1 b Department/School notifies the HR Benefits Office that either the employee has requested FMLA or it appears that the employee may be eligible for FMLA.
   3.2 Eligibility Notice:
   3.2 a The HR Benefits Office will determine whether the employee is eligible for FMLA, completes the "Response to Employee Request for Family or Medical Leave" and sends it to the employee.
   3.2 b If the employee is eligible, the HR Benefits Office will send out notification of the employee's eligibility to use family and medical leave.
   3.3 Certification:
   3.3 a The employee will (a) furnish medical certification, when necessary; (b) notify supervisor or HR Benefits Office of an anticipated date of return to work, at least 2 weeks prior to the expected return date.
   3.4 Designation Notice:
   3.4 a The Department/School and HR Benefits Office will keep up with the amount of FMLA used by the employee.
   3.5 Reinstatement/ Return to Work:
   3.5 a at the end of the approved absence from work, the employee will return to work with a doctor's return to work note/statement. See the RCSS return to work policy.
4. Roles & Responsibilities
   4.1 It is the role and responsibility of the employee to notify their supervisor/department director of their need to be absent from work and upon return to work to notify the HR Benefits Office.
   4.2 It is the role and responsibility of the Benefits Office to provide the employee with their eligibility notice.
5. Monitoring Requirements
   5.1 It is the responsibility of the FMLA representative in the Benefits Office to monitor employees that are on FMLA.
6. Record Management
   6.1 Obtain leave date information from employee's physicians statement and Provide updated FMLA spreadsheet to the appropriate parties and departments.

Reporting Work Related Injury/Illness Standard Operating Procedure

Worker's Compensation Manual

1. Purpose/Background

   The purpose of this SOP is to outline the procedures for reporting work related injuries or illnesses requiring medical care for a Richmond County Board of Education employee.

2. Scope

   The scope of this SOP applies to all active working Richmond County Board of Education employees.

3. Procedures

   3.1 Employees must report all work-related injuries to their supervisor immediately. (Benefits could be delayed or denied if the supervisor is not immediately notified).

   3.2 Notify RCSS Workers' Comp Division. Provide employee name, work location, and accident description.

   3.3 Employee should complete the following forms in its entirety:

   - 3.3a Employee Accident Report
   - 3.3b Worker's Compensation Acknowledgement Form
   - 3.3c Employer Notification for Treatment Form
   - 3.3d Medical Release Form-(WC-207)
   - 3.3e Obtain: Supervisor signature – submit to Worker's Compensation

   3.4 If medical care is needed, employees should select a doctor from the authorized "Panel of Physicians."

   3.5 Before treatment employees are required to:

   - 3.5a Have an authorized school/department representative call and make the initial appointment.
   - 3.5b Take the Employer Notification for Treatment Form to the doctor's appointment.
   - 3.5c Notify the Worker's Compensation Division via email of the scheduled appointment date/time.

   3.6 Worker's Compensation Division will notate on the employee's accident report the appointment date/ time.

   3.7 Employees must obtain and provide a copy of their physician's statement regarding the return-to-work status.

   3.8 All reports and return-to-work status must be faxed in to 706-826-4622; originals can be sent via RCSS pony mail.

4. Roles & Responsibilities

   4.1 It is the role and responsibility of the employee to contact 706-826-1305 with questions in regards to the Worker's Compensation process.

   4.2 It is the role and responsibility of the Worker's Compensation Division to accurately document the employee's Worker's Compensation updates and status.

5. Monitoring Requirements

   5.1 It is the responsibility of the Worker's Compensation Division to accurately monitor and document the employee's Worker's Compensation status updates.

6. Record Management

   6.1 The doctor's office and the employee's work location should have a copy of the employee's Employer Notification Treatment form.

Reporting Life Threatening Vehicle Accidents Standard Operating Procedures

Worker's Compensation Manual

1. Purpose/Background

   The purpose of this SOP is to outline the procedures for reporting life threatening vehicle accident injuries requiring medical care for Richmond County Board of Education employee.

2. Scope

   The scope of this SOP applies to all active working Richmond County Board of Education employees.

3. Procedures

   3.1 Employees must report all vehicle accidents to their supervisor immediately. (Benefits could be delayed or denied if the supervisor is not immediately notified).

   3.2 The employee should notify RCSS Workers' Comp Division providing their name, work location and a description of the accident.

   3.3 Worker's Compensation Division advises the emergency facility of an on-the-job vehicle accident.

   3.3 a The Worker's Compensation Division will provide the Company Name

   3.3 b Request a post-accident drug screen

   3.3 c Request a testing service (drug-alcohol)

   3.4 As a requirement when an employee is released from emergency care or as soon as possible all reports and the return-to-work statements must be faxed to: 706-826-4622.

   3.4 a Employee Vehicle Accident Report

   3.4 b Employee Accident Report

   3.4 c Worker's Compensation Acknowledgement Form

   3.4 d Employer Notification for Treatment Form

   3.5 Should an employee need additional care after emergency care, the employee is required to select a physician from the authorized "Panel of Physicians"

   3.5 a Have an authorized school/department representative call and make the initial appointment.

   3.5 b Take the Employer Notification for Treatment Form to the doctor's appointment.

   3.5 c Notify the Worker's Compensation Division via email of the scheduled appointment date/time.

   3.6 When the employee visits the doctor, the Worker's Compensation Division will notate on the employee's accident report the selected doctor and the date/time of the employee's appointment.

   3.7 Employees must obtain and provide a copy of their physician's statement regarding the return-to-work status.

   3.8 All reports and return-to-work statements must be faxed to 706-826-4622; originals can be sent via RCSS pony mail.

4. Roles & Responsibilities

   4.1 It is the role and responsibility of the Supervisor to complete the Supervisor's Vehicle Accident Report and submit a copy of all (Employee and Supervisor forms) to Worker's Compensation's fax 706-826-4622.

   4.2 It is the role and responsibility of the Worker's Compensation Division to accurately document the employee's Worker's Compensation status updates.

5. Monitoring Requirements

   5.1 It is the responsibility of the Worker's Compensation Division to accurately monitor and document the employee's Worker's Compensation updates and status.

6. Record Management

   6.1 If additional medical care is needed the doctor's office and the employee's work location should have a copy of the employee's Employer Notification Treatment form.

SOP: Reporting Life Threatening Vehicle Accidents	SOP Owner(s): Worker's Compensation Division
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Department: Human Resources	Last Reviewed/Revised Date: 07/20/2026

Vehicle Accident Non-Life Threatening Standard Operating Procedures

Worker's Compensation Manual

1. Purpose/Background

   The purpose of this SOP is to outline the procedures for reporting non-life threatening vehicle accident injuries requiring medical care for Richmond County Board of Education employee.

2. Scope

   The scope of this SOP applies to all active working Richmond County Board of Education employees.

3. Procedures

   3.1 Employees must report all vehicle accidents to their supervisor immediately.
   (Benefits could be delayed or denied if the supervisor is not immediately notified).

   3.2 The employee should notify RCSS Workers' Comp Division providing their name, work location and a description of the accident.

   3.3 The Worker's Compensation Division must notify one of the authorized the testing facilities (NOVA Medical Center) of the company name and employee's name.

   3.4 For all employees involved in a non-life threatening vehicle accident the Worker's Compensation Division must request the following:

   3.4a A post-accident drug screening

   3.4 b Requested testing service (drug-alcohol) screening

   3.5 Should an employee need medical assistance, before receiving treatment the employee is required to select a physician from the authorized "Panel of Physicians" and complete the following steps:

   3.5 a Complete an Employee Vehicle Accident Report

   3.5b Complete an Employee Accident Report

   3.5c Complete a Worker's Compensation Acknowledgement Form

   3.5d Complete an Employer Notification for Treatment Form

   3.5e Complete the Witness Statement Form

   3.5f Have an authorized school/department representative call and make the initial appointment.

   3.5g Take the Employer Notification for Treatment Form to the doctor's appointment.

   3.5h Notify the Worker's Compensation Division via email of the scheduled appointment date/time.

   3.6 When the employee visits the doctor, the Worker's Compensation Division will notate on the employee's accident report the selected doctor and the date/time of the employee's appointment.

   3.7 Employees must obtain and provide a copy of their physician's statement regarding the return-to-work status.

   3.8 All reports and return-to-work statements must be faxed to 706-826-4622; originals can be sent via RCSS pony mail.

4. Roles & Responsibilities

   4.1 It is the role and responsibility of the Supervisor to complete the Supervisor's Vehicle Accident Report and submit a copy of all (Employee and Supervisor forms) to Worker's Compensation's fax number 706-826-4622.

   4.2 It is the role and responsibility of the Worker's Compensation Division to accurately document the employee's Worker's Compensation status updates.

SOP: Reporting Non-Life Threatening Vehicle Accidents	SOP Owner(s): Worker's Compensation Division
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Department: Human Resources	Last Reviewed/Revised Date: 07/20/2026

Explanation of Forms

Worker's Compensation Manual

1. Purpose/Background: To provide an explanation of forms mechanism to effectively process, record, and report work related injury/illness.

2. Scope: The scope of this Standard Operations Procedure is to inform RCSS employees of the Worker's Compensation steps. This procedure applies to all Richmond County Board of Education employees.

3. Procedures

3.1 Workers' Compensation Acknowledgment Form

3.1 a This form is an explanation of all employee rights and comprises detailed instructions regarding an on the job injury. If work related, the injured employee should complete this form in its entirety. For every new work related injury/illness a new Acknowledgment form must be completed.

3.2 Employee Accident Report

3.2 a If work related, the injured employee should complete the Accident Report in its entirety. Completion of an accident report is required whether the employee seeks medical treatment or declines medical treatment. If the injured employee completes an Accident Report, there are no requirements for the employee to receive medical treatment.

3.3 Witness Statement Form

3.3 a The Witness Statement is to be completed by all individuals who witnessed the accident. If possible, witnesses should not discuss the incident amongst themselves prior to completing this form.

3.4 Bill of Rights for the Injured Worker

3.4 a Consists of general information for the injured employee filing a Worker's Compensation claim.

3.5 Panel of Physicians

3.5 a If injury/illness occurs and the employee seeks medical treatment the employee must choose a physician from this listing. Emergency visits require prior authorization from the Worker's Compensation office. Unauthorized visits will be denied.

3.6 Pharmacy List

3.6 a The Pharmacy List must be posted in every RCSS work location. If filing a Worker's Compensation claim the prescriptions must be filed through one of the listed pharmacies.

3.7 Authorization for Treatment Forms

3.7 a One of the following forms must be completed and sent to an approved panel physician before the injured employee can be seen: Nova, or Physician Authorization for Treatment Form. If the doctor's office does not have the Treatment Form, they will not see the patient.

4. Roles & Responsibilities

4.1 It is the role and responsibility of the injured employee filing a Worker's Compensation to adhere to the RCSS Worker's Compensation policies listed in the Worker's Compensation Acknowledgment