

Employer's Guide to Developing an

Early Return-to-Work Program



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Why Create an Early Return-to-Work Program?

The best way to manage workers' compensation costs is to prevent injuries. But, if one of your employees is injured on the job, taking some steps early on can accelerate the employee's recovery and reduce claim costs. In order for this to happen, you as the employer must have and commit to a program that lays out the procedures when an injury occurs.

For non-life-threatening injuries to employees covered by a Church Mutual workers' compensation policy, we ask that you immediately call our Nurse Hotline at (844) 322-4662. Nurses are available 24/7 to consult with the employee and his or her manager.

This guide explains the importance of an Early Return-to-Work Program to assure the best possible recovery for your employee and the least impact on your organization.

Returning injured employees to work as soon as medically possible helps you reduce workers' compensation costs, control lost time and reduce possibilities for fraud and absenteeism. Studies show injured employees who are off work for six months have only a 50 percent chance of returning. Injured workers who are returned to productive employment require less medical care and incur lower medical costs. Successful Early Return-to-Work Programs can reduce workers' compensation costs by as much as 30 to 40 percent.

Benefits of Early Return to Work

Employers who establish an Early Return-to-Work Program take an active role in the management of workers' compensation costs. Having a program creates a culture in which employees expect to remain at work or return to the workplace as soon as medically possible if they are injured on the job. Injured employees are able to take an active role in their recovery, resulting in less disruption to their personal and work lives. A successful Early Return-to-Work Program:

- Strives to prevent injured employees from missing any time from work that is not medically necessary.
- Rejects the notion that long-term, indefinite absence from employment is justifiable on the basis of injury.
- Embraces the concept that the employee's well-being is enhanced when he/she is actively engaged in meaningful work, even if work duties or hours need to be adjusted in order to get him/her back into your employment.

Church Mutual Insurance Company provides this information and sample documents as a resource only. It is not meant to substitute for legal advice. You should consult with legal counsel or other experts when establishing your policies and procedures or when making decisions related to any individual situation. It is important to note there may be other state and federal laws that also apply. You will need to design your program to meet your specific needs.

Our Commitment to You

At Church Mutual, we know that prolonged disability is almost always avoidable if the commitment to avoid it is strong and all parties work together. Our commitment is to guide and assist you in this critical process and to commit our resources and talents to achieving success for your organization.

Our early return-to-work philosophy supports the practices of:

- Setting the expectation that **employers** accept employees back to work as soon as possible, where restrictions are given and where suitable work can be provided within those restrictions. The goal is to gradually “bridge the gap” or even *eliminate the gap* between total work absence and return to full work duties. This also means creating the structures and processes needed (see the section “Tools You Can Use”).
- Setting the expectation that **employees** avoid the isolation and inactivity associated with “disability” by working with all parties to effect a quick transition back to work. The longer an employee is off work, the less likely it is that he/she will ever return to any form of employment and the higher the associated claim cost. Employees have a critical role to play. This means cooperating with frequent, constructive discussions among all parties and recognizing that, in the long run, returning to employment is the best possible outcome for his/her overall well-being.
- Setting the expectation that **physicians and the medical community** embrace the value of work, in any form it may take, and promote opportunities for return to work in every instance where it is possible. This active role requires that physicians review job descriptions/job analyses that capture work demands of available work, whether that is modified work, reduced hour work or regular work. They must identify functional capabilities at every appointment with the goal of return to work. This also means taking decisive action and recognizing the numerous negative implications (medical and psychosocial) associated with those who linger unnecessarily within a system, which identifies them as “totally disabled.”

Benefits of the Program

At Church Mutual, our claims and risk management professionals are acutely aware of the significant benefits of an active Early Return-to-Work Program and can help you establish the program framework and implement the proper steps when an injury occurs. A program's success is limited only by the degree of commitment and creativity exercised by the parties involved. A successful program creates multiple benefits for everyone involved. The benefits include:

- Reduction in cost of workers' compensation and/or disability payments; potential reduction in experience modification and thus workers' compensation premiums
- Facilitation toward ultimate recovery through a graduated approach of escalating functional abilities and work duties
- Reduction in the likelihood of costly and often unnecessary litigation
- Improved compliance with the spirit and requirements of the Americans With Disabilities Act
- Promotion of healthy, respectful employer-employee relationships
- Reduction in need for formal, costly vocational rehabilitation
- Enhanced well-being of employee as a result of returning to gainful, productive employment and contributing toward the goals of the employer

Duties

For the Early Return-to-Work Program to be successful, everyone must understand their duties and responsibilities. It takes an ongoing commitment from you and your employees.

Pre-Injury

Employer shall:

- Commit to the program at the highest level of the organization
- Establish a written policy and communicate it thoroughly
- Establish standard procedures and responsibilities
- Establish the goals of the program
- Establish functional job descriptions for job categories
- Identify alternative or modified jobs or groups of tasks suitable for various types of injuries
- Take ownership for results
- Utilize Church Mutual's services and other resources to support the program

Post-Injury

Employee shall:

- Report an injury or illness immediately to his/her supervisor or designated contact person
- Complete all needed paperwork as soon as possible
- Maintain contact with the employer
- If medical treatment is sought, take the job description to the physician and discuss job demands and possible opportunities for modification (if possible and if needed)
- Provide regular updates on condition, treatment and medical status to your employer and to Church Mutual at least weekly; assume responsibility for this role
- Cooperate with your treatment plan

- Remain working with no lost time from work if physically able
- Return to modified duty or restricted hours as soon as possible
- Return to full duty as soon as possible

Employer shall:

- Complete the First Report of Injury form in detail and send to Church Mutual that same day
- Complete other related paperwork (**Pre-Injury Job Analysis** and **Modified Work Task List**)
- Express concern and compassion to employee
- Do not assign fault or do anything to strain the relationship with the employee
- Communicate to the employee about the claim process and procedures, including providing the injured employee with a copy of the Early Return-to-Work Medical Provider Packet along with explanations of the employee's and employer's rights and responsibilities
- Maintain frequent, positive contact with the injured employee and Church Mutual
- If lost time appears possible, implement the Early Return-to-Work Program by identifying and communicating available work duties and monitor until full-duty release or full duty is achieved

Church Mutual shall:

- Make initial contacts with all parties within one business day of receipt of First Report of Injury form
- Review claim to determine if benefits are owed to employee; if lost time is likely, immediately coordinate Early Return-to-Work Program with all parties to avoid disability potential
- Communicate effectively with physicians and other medical professionals
- If lost time occurs, take action to minimize ongoing disability by securing physician's approval of alternative/modified/restricted hour work duties
- Maintain frequent, constructive contact with all parties, advising of current status
- Secure ultimate release to full duty, where possible
- Resolve claim quickly, fairly and cost-effectively

Questions, Concerns and Responses

Church Mutual understands that not every organization is at the same place in their early return-to-work philosophy and implementation and may have questions or concerns. The following are responses to common questions.

"I am concerned about the risk of reinjury if our employee is not 100 percent."

This is a very common concern. If a physician has a good understanding of the demands of the duties performed, the physician's judgment should be given full consideration. It is rare that a physician will expect too much of a patient returning to work. Their nature is typically very cautious, so when restrictions are offered, we should have confidence in the physician's judgment. Consider also that a person who is not 100 percent is often able to perform some household duties in their own home. These may be no more strenuous than the demands at work.

Next, it is rare that someone would be unable to perform any duties on a Friday and yet be capable of *full* duties the following Monday. That simply is not how the body recovers. A structured, gradual reintegration back into the workplace, by accommodating restrictions, allows for earlier and safer return to work than does a program where no work is permitted until a full release is achieved.

Finally, our experience managing claims has shown it is very rare that an injured employee working under restrictions suffers a reinjury or aggravation. On the contrary, it fosters recovery and an ultimate return to normal, pre-injury work duties. Please discuss particular claim situations with your claims representative.

"My employees can't afford to work only part-time."

If your employee returns to work in any capacity at reduced wages or hours, in most jurisdictions, the workers' compensation laws allow us to make Temporary Partial Disability (TPD) payments to supplement the temporarily reduced pay. When these two sources of income are combined, it often eliminates the financial disincentive to return to work. TPD serves as a constructive financial bridge back to normal work duties with pre-injury wages, and we will extend these benefits wherever reasonable. Please consult your claims representative for details on individual claims.

"I can't afford to pay two people. Will you pay for one of them?"

Employers may hire a replacement employee when the injured employee remains disabled for a considerable period of time. Often the injured employee does not require total absence from work and many times can perform the majority of work duties soon after the work injury. By implementing the early return-to-work plan immediately after an otherwise "disabling" work injury, you may be able to avoid hiring the second employee altogether and assist your employee's recovery in the process. For the portion of duties the employee might not be able to perform immediately, other employees may be able to combine efforts to assist. For the injured employee working under restrictions, we may be able to offer TPD benefits to supplement wages. So in a sense, we would be "paying" the injured employee to return to employment.

"My employee is not a high performer, so I am not sure I really want him/her back."

It is usually a poor financial decision to purposely allow an injured employee to linger on workers' compensation with little or no prospect for returning to your employment. Employees on workers' compensation can often sense when they are not welcome back into the workplace. Not surprisingly, these employees often cling to what they believe to be their safest source of ongoing income — workers' compensation benefits. A "problem employee" is likely to create even more problems for the employer if the claim is not effectively managed, and a key component of effective claims management involves getting employees back to work quickly. Human resource issues are only complicated by employees left indefinitely on temporary total disability. For workers' compensation purposes, we suggest bringing all employees back to suitable work as soon as possible. Your claims representative can assist you on individual claims.

“The position was filled, so now we don’t have anywhere to put him/her.”

The best approach is to aggressively implement an early return-to-work strategy so the injured employee returns to productive employment at the earliest possible point, thereby eliminating the need to replace the person in the first place. Clearly communicate to the replacement worker, and even the injured worker, the position being filled is temporary in nature. It may be advantageous to use temporary hiring services to fill occasional gaps in the work force as opposed to hiring permanent replacement employees.

“How long do I have to wait for this person to come back?”

Unfortunately, for several reasons, it depends. If you embrace an Early Return-to-Work Program and offer available work within restrictions, most employees can come back far sooner than if you wait for the “100 percent” medical release. The point at which restrictions can be granted in the first place depends upon the severity of the injury and the rate of recovery for the particular individual.

In rare instances, some employees may be so severely injured that they can no longer return to their pre-injury job, and they might no longer be able to contribute in any capacity within your organization. We will communicate with you and ensure that you have updated medical and vocational information, which may assist you in making well-informed personnel decisions. It is our position that returning employees back to their employer is usually the best possible outcome for everyone involved. There are jurisdictional differences among states, and your claims representative can provide guidance in this area.

Tools You Can Use

Use the following tools and examples as starting points that can be implemented in whole or in part to create your personalized Early Return-to-Work Program.

Sample Early Return-to-Work Program Statement

Sample Early Return-to-Work Program Procedures

Sample Early Return-to-Work Medical Provider Packet

Sample Employer Letter to Physician: Accommodations Offered

Sample Pre-Injury Job Analysis Form

Sample Modified Work Task List

Sample Employer Completed Modified Work Task List

Sample Authorization to Permit Disclosure and Use of Health and Employment Information

Sample Employer Offer Letter to Employee: Restricted Hours Only

Sample Employer Offer Letter to Employee: Restricted Duties

Sample Early Return-to-Work Management Diary

Early Return-to-Work Program Statement

The Early Return-to-Work Program Statement establishes your commitment to providing a safe workplace for your employees. It should explain your responsibilities as the employer as well as the responsibilities of the employee, Church Mutual and the health care provider. A copy of the statement should be given to each employee and posted in an area where it can be viewed by employees.

Sample Early Return-to-Work Program Statement

(Organization name) is committed to providing a safe workplace for our employees. Preventing a work-related injury or illness is our primary goal.

Our Early Return-to-Work Program provides opportunities for an employee who is injured or becomes ill on the job to return to work at full duty. If an injured employee is not physically capable of returning to full duty, the program provides opportunities to perform his or her regular job with modifications or, when available, to perform alternate temporary work that meets the injured worker's physical capabilities.

This is a team effort involving our employees, (organization name), Church Mutual and the injured employee's health care provider. Each team member is responsible for the following:

- Provide a safe work environment
 - Develop written return-to-work policies and procedures
 - Educate all employees on proper reporting of incidents and incident investigation
 - Train all employees on proper reporting of incidents and incident investigation
 - Promptly report job-related injuries, regardless of how minor, to Church Mutual
 - Provide the injured employee and the health care provider with an Early Return-to-Work Medical Provider Packet
 - Provide information to employees about the workers' compensation system and benefits
 - Regularly communicate with the injured employee during the time away from work and monitor progress upon the injured employee's return
 - Make every effort to develop and provide meaningful and early return-to-work opportunities
 - Communicate with the treating physician and Church Mutual to encourage recovery and return to work
 - Develop functional job descriptions and identify physical requirements that clearly identify physical activities required to do the work — include regular job duties as well as modified or alternative work duties
- Employee Responsibilities
- Know and follow safety policies and procedures
 - Report any injury or incident immediately
 - If medical attention is necessary, present the Early Return-to-Work Medical Provider Packet to the physician contact person
 - Notify your supervisor or designated contact person and Church Mutual immediately if your work status changes
 - When the physician releases you to perform any work duties, report this to your supervisor or designated contact person
 - Follow your physician's orders and restrictions at home and at work

Sample Early Return-to-Work Program Statement

(Organization name) is committed to providing a safe workplace for our employees. Preventing a work-related injury or illness is our primary goal.

Our Early Return-to-Work Program provides opportunities for an employee who is injured or becomes ill on the job to return to work at full duty. If an injured employee is not physically capable of returning to full duty, the program provides opportunities to perform his or her regular job with modifications or, when available, to perform alternate temporary work that meets the injured worker's physical capabilities.

This is a team effort involving our employees, **(organization name)**, Church Mutual and the injured employee's health care provider. Each team member is responsible for the following:

(Organization name) Responsibilities

- Provide a safe work environment
- Develop written return-to-work policies and procedures
- Educate all employees about the program
- Train all employees on proper reporting of incidents and incident investigation
- Promptly report job-related injuries, regardless of how minor, to Church Mutual
- Provide the injured employee and the health care provider with an Early Return-to-Work Medical Provider Packet
- Provide information to employees about the workers' compensation system and benefits
- Regularly communicate with the injured employee during the time away from work and monitor progress upon the injured employee's return
- Make every effort to develop and provide meaningful and early return-to-work opportunities
- Communicate with the treating physician and Church Mutual to encourage recovery and return to work
- Develop functional job descriptions and identify physical requirements that clearly identify physical activities required to do the work — include regular job duties as well as modified or alternative work duties

Employee Responsibilities

- Know and follow safety policies and procedures
- Report any injury or incident immediately
- If medical attention is necessary, present the Early Return-to-Work Medical Provider Packet to the physician
- Notify your supervisor or designated contact person and Church Mutual immediately if your work status changes
- When the physician releases you to perform any work duties, report this to your supervisor or designated contact person
- Follow your physician's orders and restrictions at home and at work

Church Mutual's Responsibilities

- Ensure proper administration of all workers' compensation claims
- Help (**organization name**) fully utilize the Early Return-to-Work Program
- Maintain communication with the injured employee, health care providers and the employer
- Encourage and actively assist injured employees in the successful return to work

Health Care Provider Responsibilities

- Provide appropriate medical treatment that facilitates recovery and expedites return to productive work
- Comply with all applicable workers' compensation rules and regulations
- Discuss the expected healing and recovery times
- Engage specialists, when appropriate, to enhance recovery and prospects to return to work
- Ask about the impact of the medical condition on the patient's ability to perform responsibilities at home and at work
- Encourage the patient to minimize life disruption and to keep to as normal of a daily routine as possible
- Prescribe activity for increasing function at home and at work as part of the treatment plan
- Evaluate the demands of the offered job duties and work conditions against the most current capabilities of the patient and promptly advise the patient and others about what job functions can be performed

Sample Early Return-to-Work Program Procedures

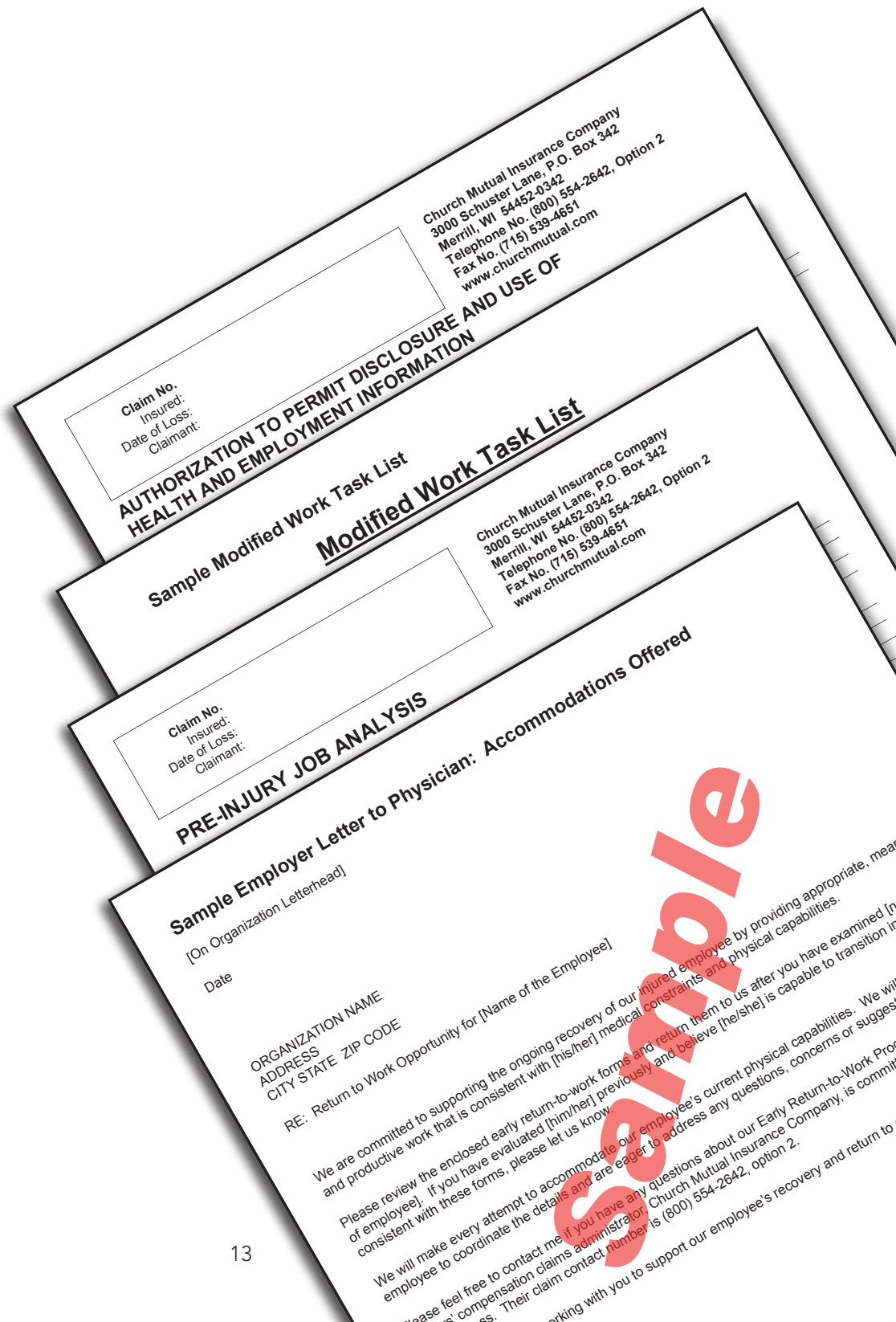
(Organization Name)
**Early Return-to-Work
Program Procedures**

1. An employee who is injured at work must immediately report the incident to his/her supervisor or designated contact person.
2. The supervisor or designated contact person is required to:
 - a. Obtain immediate medical attention for the injured employee (if needed).
 - b. Follow procedures for reporting workplace-related injuries or illnesses, which should include providing a preassembled information packet (Early Return-to-Work Medical Provider Packet) to the injured employee and the health care provider. The packet should contain the following:
 - (1) A letter to the health care provider explaining the Early Return-to-Work Program, identifying Church Mutual as the workers' compensation carrier and identifying your designated contact person and telephone number.
 - (2) A description of the injured employee's regular job, including functional task analysis.
 - (3) Information about alternate job tasks or assignments.
 - (4) A signed release of medical information form (optional).
 - c. Notify Church Mutual of the incident and complete the First Report of Injury or Illness form. File the form with Church Mutual within 24 hours of injury notification.
 - d. If the employee is off work for more than one day, communicate with the health care provider and Church Mutual regarding the injured employee's status and opportunity to return to work on modified work duty.
 - e. If the health care provider releases the employee to return to work on modified work duty, send a bona fide offer of modified work duty letter to the employee by certified mail return receipt.
3. The supervisor or designated contact person and the injured employee review information received from the physician and jointly determine if it is consistent with the modified duty suggested.
4. The supervisor or designated contact person will maintain communication with the injured employee, the health care provider and Church Mutual.
5. The injured employee is responsible for following medical instructions on and off the job.
6. Following an injured employee's return to work, the supervisor or designated contact person will monitor the injured employee's progress to assure that restrictions are carefully followed and assist to resolve any difficulties.
7. The injured employee and the supervisor or designated contact person must periodically evaluate the process toward recovery and overcome any obstacles or concerns.

Early Return-to-Work Medical Provider Packet

The Early Return-to-Work Medical Provider Packet includes a letter explaining that your organization has an Early Return-to-Work Program, a description of the injured employee's regular job duties (**Pre-Injury Job Analysis**), a listing of light or modified duty (**Modified Work Task List**) and a signed release of employment information and medical information form (**Authorization to Permit Disclosure and Use of Health and Employment Information**).

Communicate with the injured employee about the claim process and procedures. Provide the employee with a copy of the Early Return-to-Work Medical Provider Packet to take to the health care provider.



Sample Employer Letter to Physician: Accommodations Offered

[On Organization Letterhead]

Date

ORGANIZATION NAME
ADDRESS
CITY STATE ZIP CODE

RE: Return to Work Opportunity for [Name of the Employee]

We are committed to supporting the ongoing recovery of our injured employee by providing appropriate, meaningful, and productive work that is consistent with [his/her] medical constraints and physical capabilities.

Please review the enclosed early return-to-work forms and return them to us after you have examined [name of employee]. If you have evaluated [him/her] previously and believe [he/she] is capable to transition into work consistent with these forms, please let us know.

We will make every attempt to accommodate our employee's current physical capabilities. We will work with our employee to coordinate the details and are eager to address any questions, concerns or suggestions you might have.

Please feel free to contact me if you have any questions about our Early Return-to-Work Program. Also note that our workers' compensation claims administrator, Church Mutual Insurance Company, is committed to the Early Return-to-Work process. Their claim contact number is (800) 554-2642, select Option 2.

We look forward to working with you to support our employee's recovery and return to our workforce.

Sincerely,

[Signature Block]

Enclosure(s): Pre-injury Job Analysis
Modified Work Task List
Authorization to Permit Disclosure and Use of Health and Employment Information (Optional)

Pre-Injury Job Analysis Form

Use the Pre-Injury Job Analysis form to describe the injured employee's job duties to the medical provider. This information will help the medical provider determine if the injured employee can return to work at full capacity or if modified work tasks need to be determined to fit medical restrictions.

Church Mutual Insurance Company
3000 Schuster Lane, P.O. Box 342
Merrill, WI 54452-0342
Telephone No. (800) 554-2642, Option 2
Fax No. (715) 539-4651
www.churchmutual.com

Claim No. _____
Insured: _____
Date of Loss: _____
Claimant: _____

PRE-INJURY JOB ANALYSIS

Supervisor Name: _____
Employee Job Title: _____
Hours Scheduled to Work: _____
Full-Time ☐ Part-Time ☐ Other ☐ If other, please describe: _____
Description of Job Duties: _____
Supervisor Telephone Number: _____
Days Scheduled to Work: _____

Job Function	Daily Job Functions			
	Never	Occasional (Less than 4 hours)	Frequent (4-6 hours)	Constant (More than 6 hours)
Bending/Stooping				
Climbing				
Crawling				
Keyboarding				
Kneeling/Squatting				
Lifting/Carrying				
Less Than 10 lbs.				
10 lbs. Max				
20 lbs. Max				
25 lbs. Max				
50 lbs. Max				
More Than 50 lbs.				
Pushing/Pulling				
Reaching				
Sitting				
Standing				
Turning/Twisting				
Walking				

Print Name _____

Authorized Signature of Employer _____

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Claim No.
Insured:
Date of Loss:
Claimant:

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Fax No. (715) 539-4651
www.churchmutual.com

PRE-INJURY JOB ANALYSIS

Supervisor Name: _____ Supervisor Telephone Number: _____

Employee Job Title: _____

Hours Scheduled to Work: _____ Days Scheduled to Work: _____

Full-Time ☐ Part-Time ☐ Other ☐ If other, please describe: _____

Description of Job Duties: _____

Daily Job Functions

Job Function	Never	Occasional (Less than 4 hours)	Frequent (4-6 hours)	Constant (More than 6 hours)
Bending/Stooping				
Climbing				
Crawling				
Keyboarding				
Kneeling/Squatting				
Lifting/Carrying				
Less Than 10 lbs.				
10 lbs. Max				
20 lbs. Max				
25 lbs. Max				
50 lbs. Max				
More Than 50 lbs.				
Pushing/Pulling				
Reaching				
Sitting				
Standing				
Turning/Twisting				
Walking				

Authorized Signature of Employer

Print Name

Date

Modified Work Task List

The Modified Work Task List identifies work tasks that are available to the injured employee. Often injured employees can perform some, but not all, of their regular work tasks. Employers should prepare a work task list for every employee before an injury ever occurs. This will help estimate the physical demands of each work task. This advance preparation will assist in the planning process to match the injured worker's physical capacities with the physical demands needed for a Modified Work Task List to bring an injured employee back to work quickly.

For the employer:

Complete the Task Description and Essential Functional Requirements columns. Just because a task or job has been done in a particular way in the past does not mean that there is only one way to get the work completed.

Some points to consider when creating a Modified Work Task List:

- Are there tasks in his/her current job that he/she can continue performing?
- Are there special projects outside of his/her normal duties that need to be completed?
- Are there tasks that the injured employee can do that would free up time for another employee?

For the treating physician:

The treating physician completes the Physician Approval column, signs and dates the bottom of the form and sends the form back to the employer.

Sample Modified Work Task List

Name of Employee: _____
Health Care Provider: _____
Please initial those tasks you feel are within the current physical capacities of our employee.

Task Description	Essential Functional Requirements	Physician Approval

We can provide work consistent with this list ☐ Full-Time ☐ Part-Time
Physician Comments (for any tasks not approved, please identify what modifications to the task would allow for it to be included within the listing of suitable work duties): _____

Sample

Sample Modified Work Task List

Modified Work Task List

Name of Employee: _____

Health Care Provider: The following modified work tasks are available to our employee you are treating. Please initial those tasks you feel are within the current physical capacities of our employee.

Task Description	Essential Functional Requirements	Physician Approval

We can provide work consistent with this list: ☐ Full-Time ☐ Part-Time

Physician Comments (for any tasks not approved, please identify what modifications to the task, if any, would allow for it to be included within the listing of suitable work duties):

Physician Information:

Print Name: _____

Date: _____

Signature: _____

Sample Employer Completed Modified Work Task List

Modified Work Task List

Name of Employee: Luella Reigh

Health Care Provider: The following modified work tasks are available to our employee you are treating. Please initial those tasks you feel are within the current physical capacities of our employee.

Task Description	Essential Functional Requirements	Physician Approval
<i>File paperwork in numerical or alphabetical order.</i>	<i>Involves sitting, standing, bending, handling, reaching and grasping.</i>	
<i>Take incoming calls and messages and transfer calls to appropriate extensions.</i>	<i>Involves sitting, standing, reaching, handling and gripping.</i>	
<i>Clean work areas, wipe off countertops and restock supplies. Supplies can be placed on a wheeled cart.</i>	<i>Lifting up to 10 pounds. Involves standing, bending, handling, grasping and reaching.</i>	
<i>Complete attendance/monthly reports.</i>	<i>Involves sitting and writing.</i>	

We can provide work consistent with this list: ☐ Full-Time ☐ Part-Time

Physician Comments (for any tasks not approved, please identify what modifications to the task, if any, would allow for it to be included within the listing of suitable work duties):

Physician Information:

Print Name: _____

Date: _____

Signature: _____

Authorization to Permit Disclosure and Use of Health and Employment Information

Employers find having a signed release of medical information pertinent only to the injury in question, signed by the injured employee at the time of a work-related injury, helpful to obtain medical information from the treating physician. With a signed release, the physician may be more inclined to discuss medical information with you — the employer.

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Telephone No. (800) 554-2642, Option 2
Fax No. (715) 539-4651
www.churchmutual.com

Claim No. _____
Insured: _____
Date of Loss: _____
Claimant: _____

AUTHORIZATION TO PERMIT DISCLOSURE AND USE OF HEALTH AND EMPLOYMENT INFORMATION

I hereby authorize the following disclosure and use of my individually identifiable health and employment information:

Name _____ Date of Birth _____
Social Security No. _____ Previous Name(s) _____

PATIENT IDENTIFICATION

DESCRIPTION of information to be disclosed and used:

☐ All medical records including: inpatient admissions; all emergency room visits; outpatient clinic notes; diagnostic testing; radiology films; consults; doctors' orders; progress notes; nurses' notes; laboratory testing; social service summaries; medical summaries; diagnosis; and any writing of any kind.

☐ All claims information including: inpatient admissions; all emergency room visits; outpatient clinic notes; diagnostic testing; radiology films; consults; doctors' orders; progress notes; nurses' notes; laboratory testing; social service summaries; medical summaries; diagnosis; and memoranda; treatment plans; admission records; discharge summaries; correspondence; diagnosis; disability rating information; rate of pay, duties performed, dates and reasons of disciplinary actions, and dates and reasons of absences.

☐ All employment information, past or present, including employment application, rate of pay, duties performed, dates and reasons of disciplinary actions, and dates and reasons of absences.

☐ All other health care providers or health insurance companies who have provided treatment, care, and benefits.

☐ Other _____

PURPOSE of disclosure: At request of patient or legal representative review and processing of workers' compensation claim No. _____

This authorization also extends to records provided under state and federal regulation relating to psychiatric treatment and testing as well as medical records of drug and alcohol abuse patients and furthermore includes records regarding infectious diseases, including AIDS, HIV, or hepatitis.

I understand that I have the right to revoke this authorization at any time by providing a written statement of revocation to Church Mutual Insurance Company. I am aware that my revocation will not be effective until received by Church Mutual Insurance Company and will not be effective regarding the disclosure and use of my health information that Church Mutual Insurance Company has made prior to receipt of my revocation.

I understand that I am under no obligation to sign this form and that Church Mutual Insurance Company may not condition payment on my decision to sign this authorization unless this authorization is being sought for determinations of causation, necessity of treatment, or evaluation of injury.

I understand that once information is disclosed pursuant to this authorization, it may no longer be protected by medical privacy laws and could be redisclosed by the person or agency that receives it.

I further agree that a photocopy or facsimile copy of this authorization shall be valid and have the same effect as the original.

This authorization shall terminate upon final resolution of all related claims or three years from the date of authorization.

Signature of Claimant or Claimant's Personal Representative _____ Date _____
Please Print Name _____
If signed by Claimant's personal representative, describe representative's authority to act on behalf of the _____

Claim No.
Insured:
Date of Loss:
Claimant:

Church Mutual Insurance Company
3000 Schuster Lane, P.O. Box 342
Merrill, WI 54452-0342
Telephone No. (800) 554-2642, Option 2
Fax No. (715) 539-4651
www.churchmutual.com

AUTHORIZATION TO PERMIT DISCLOSURE AND USE OF HEALTH AND EMPLOYMENT INFORMATION

I hereby authorize the following disclosure and use of my individually identifiable health and employment information:

PATIENT IDENTIFICATION

Name _____ Date of Birth _____
Social Security No. _____ Previous Name(s) _____

DESCRIPTION of information to be disclosed and used:

- ☐ All medical records including: inpatient admissions; all emergency room visits; outpatient clinic notes; diagnostic testing; radiology films; consults; doctors' orders; progress notes; nurses' notes; laboratory testing; social service records, reports, correspondence, consultations, and memoranda; treatment plans; admission records; discharge summaries; medical summaries; diagnosis; and any writing of any kind.
- ☐ All claims information including: inpatient admissions; all emergency room visits; outpatient clinic notes; diagnostic testing; radiology films; consults; doctors' orders; progress notes; nurses' notes; laboratory testing; social service records, reports, correspondence, consultations, and memoranda; treatment plans; admission records; discharge summaries; medical summaries; diagnosis; disability rating information; and settlement documents.
Date of Injury _____
- ☐ All employment information, past or present, including employment application, rate of pay, duties performed, dates and reasons of disciplinary actions, and dates and reasons of absences.
- ☐ All other health care providers or health insurance companies who have provided treatment, care, and benefits.
- ☐ Other _____

PURPOSE of disclosure: At request of patient or legal representative review and processing of workers' compensation claim No. _____

This authorization also extends to records provided under state and federal regulation relating to psychiatric treatment and testing as well as medical records of drug and alcohol abuse patients and furthermore includes records regarding infectious diseases, including AIDS, HIV, or hepatitis.

I understand that I have the right to revoke this authorization at any time by providing a written statement of revocation to Church Mutual Insurance Company. I am aware that my revocation will not be effective until received by Church Mutual Insurance Company and will not be effective regarding the disclosure and use of my health information that Church Mutual Insurance Company has made prior to receipt of my revocation.

I understand that I am under no obligation to sign this form and that Church Mutual Insurance Company may not condition payment on my decision to sign this authorization unless this authorization is being sought for determinations of causation, necessity of treatment, or evaluation of injury.

I understand that once information is disclosed pursuant to this authorization, it may no longer be protected by medical privacy laws and could be redisclosed by the person or agency that receives it.

I further agree that a photocopy or facsimile copy of this authorization shall be valid and have the same effect as the original.

This authorization shall terminate upon final resolution of all related claims or three years from the date of authorized signature.

Signature of Claimant or Claimant's Personal Representative _____

Please Print Name _____ Date _____

If signed by Claimant's personal representative, describe representative's authority to act on behalf of the claimant:

Sample Employer Offer Letter to Employee: Restricted Hours Only

[On Organization Letterhead]

Date

EMPLOYEE NAME
ADDRESS
CITY STATE ZIP CODE

RE: Return to Work Offer
Claim No.

Dear [Employee Name]:

We at [organization name] are pleased to offer you an opportunity that accommodates your current physical capabilities. The enclosed job description approved by your physician on [date], indicates that you should now be able to resume your regular duties but at reduced work hours. We are encouraged by your progress, and we are looking forward to seeing you rejoin us soon.

Your work hours will be from [time to time], [days of the week], which is a/an [x]-hour workweek. The position will pay [\$x] per [hour/week, etc.]. You will [report to/continue to report to] [name], and [he/she] is also aware of your current restricted work hours. Rest assured, [he/she] will ensure that your work hours are not exceeded. At a later date, based on your level of progress, it is likely that we will consult with your physician to explore gradually increasing your hours through the recovery process.

If you have any trouble performing your duties, you must let [name] know immediately. Our goal is to have you safely perform your work duties and continue on your road to full recovery. We will provide you our support in the process, and we are counting on your commitment to your recovery and return to full employment.

Please report to [name] on [date/time]. If we do not hear from you and you do not report for work as scheduled, we will assume your decision is not to accept this job offer. Failure to report to work could affect your workers' compensation benefits, your work eligibility and/or your employment rights with us. Please call me if you have any questions or if, for some reason, you do not accept this offer.

Sincerely,

[Signature Block]

Enclosure(s): Job Description

Sample Employer Offer Letter to Employee: Restricted Duties

[On Organization Letterhead]

Date

EMPLOYEE NAME
ADDRESS
CITY STATE ZIP CODE

RE: Return to Work Offer
Claim No.

Dear [Employee Name]:

We at [organization name] are pleased to offer you the opportunity that accommodates your current physical capabilities. The enclosed job description approved by your physician on [date], describes the duties we have established specifically for you. We are encouraged by your progress, and we are looking forward to seeing you rejoin us soon.

Your work hours will be from [time to time], [days of the week], which is a/an [x]-hour work week. The position will pay [your current wage/\$ per hour/week]. You will [report to/continue to report to] [name], and [he/she] is also aware of your current restrictions, which are:

[Insert Restrictions]

If you have any trouble performing your duties, you must let [name] know immediately. Our goal is to have you safely perform your work duties and continue on your road to recovery. We will provide you our support in the process, and we are counting on your commitment to your recovery and return to full employment.

Please report to [name] on [date/time]. If we do not hear from you and you do not report for work as scheduled, we will assume your decision is not to accept this job offer. Failure to report to work could affect your workers' compensation benefits, your work eligibility, and/or your employment rights with us. Please call me if you have any questions or if, for some reason, you do not accept this offer.

Sincerely,

[Signature Block]

Enclosure(s): Job Description

Early Return-to-Work Management Diary

An Early Return-to-Work Management Diary is helpful for employers to monitor the recovery progress of an injured employee and serve as a reminder for employers to stay in touch with the employee, their Church Mutual claim representative and any other involved party. Include the times and dates of all contacts and attempted contacts. Maintain contact with the employee regardless of how long he/she is off work.

Sample Early Return-to-Work Management Diary

Employee: _____ Date of Injury: _____ Telephone No.: _____
Treating Medical Provider Name: _____ Telephone No.: _____
Address: _____
Church Mutual Claim No.: _____
Church Mutual Claim Representative Name: _____ Telephone No.: _____

First Week of Injury

☐ Report claim to Church Mutual Insurance Company.
☐ Contact employee. Date of contact: _____
☐ Projected date employee can return to regular job duties: _____
☐ Will employee be allowed to return for modified work/modifications plan? ☐ Yes ☐ No
☐ Job Analysis form completed and returned. Date sent: _____
☐ Notes: _____

Second Week of Injury

☐ Contact employee. Date of contact: _____
☐ Date of employee's next medical provider appointment: _____
☐ Changes to employee's work modifications needed? ☐ Yes ☐ No
☐ Contact Church Mutual Insurance Company claim representative. Date of contact: _____
☐ Notes: _____

Third Week of Injury

☐ Contact employee. Date of contact: _____
☐ Projected date employee can return to work: _____
☐ Contact Church Mutual Insurance Company claim representative. Date of contact: _____
☐ Notes: _____

Fourth Week of Injury

☐ Contact employee. Date of contact: _____
☐ Projected date employee can return to work: _____
☐ Discussion of recovery progress: _____
☐ Notes: _____

Fifth Week of Injury

☐ Contact employee. Date of contact: _____
☐ Projected date employee can return to work: _____
☐ Discussion of recovery progress: _____
☐ Notes: _____

Sixth Week of Injury

☐ Contact employee. Date of contact: _____
☐ Projected date employee can return to work: _____
☐ Discussion of recovery progress: _____
☐ Contact Church Mutual Insurance Company claim representative. Date of contact: _____
☐ Notes: _____

Continue with the weekly discussions of when a full return to normal duties can be expected and if modifications are needed through the recovery process.

Sample Early Return-to-Work Management Diary

Employee: _____ Date of Injury: _____

Type of Injury: _____

Treating Medical Provider Name: _____ Telephone No.: _____

Address: _____

Church Mutual Claim No.: _____

Church Mutual Claim Representative Name: _____ Telephone No.: _____

First Week of Injury

- ☐ Report claim to Church Mutual Insurance Company.
- ☐ Contact employee. Date of contact: _____
- ☐ Projected date employee can return to regular job duties: _____
- ☐ Will employee be allowed to return for modified work/modifications plan? ☐ Yes ☐ No
- ☐ Job Analysis form completed and returned. Date sent: _____
- ☐ Notes: _____

Second Week of Injury

- ☐ Contact employee. Date of contact: _____
- ☐ Date of employee's next medical provider appointment: _____
- ☐ Changes to employee's work modifications needed? ☐ Yes ☐ No
- ☐ Contact Church Mutual Insurance Company claim representative. Date of contact: _____
- ☐ Notes: _____

Third Week of Injury

- ☐ Contact employee. Date of contact: _____
- ☐ Projected date employee can return to work: _____
- ☐ Contact Church Mutual Insurance Company claim representative. Date of contact: _____
- ☐ Notes: _____

Fourth Week of Injury

- ☐ Contact employee. Date of contact: _____
- ☐ Projected date employee can return to work: _____
- ☐ Discussion of recovery progress: _____
- ☐ Notes: _____

Fifth Week of Injury

- ☐ Contact employee. Date of contact: _____
- ☐ Projected date employee can return to work: _____
- ☐ Discussion of recovery progress: _____
- ☐ Notes: _____

Sixth Week of Injury

- ☐ Contact employee. Date of contact: _____
- ☐ Projected date employee can return to work: _____
- ☐ Discussion of recovery progress: _____
- ☐ Contact Church Mutual Insurance Company claim representative. Date of contact: _____
- ☐ Notes: _____

Continue with the weekly discussions of when a full return to normal duties can be expected and if modifications are needed through the recovery process.



Listening. Learning. Leading.®

3000 Schuster Lane | P.O. Box 357 | Merrill, WI 54452-0357 | (800) 554-2642 | www.churchmutual.com

For more information, contact info@churchmutual.com.

Para obtener asistencia inicial en español puede telefonar al (800) 241-9848 o enviar un correo electrónico a la dirección espanol@churchmutual.com.