##### Notice - Pending Workers’ Compensation Decision/Windfall Letter

This letter is sent to all employees who are absent for any time beyond the date of injury pending a decision from the third party claims administrator and whose contracts mandate the use of designated health care providers. Along with this letter, enclose the *Notice to Employees Work-Related Injury Information*, *Rights and Duties* form, and a list of *Designated Health Care Providers*, if mandated to use panels for the treatment of work-related injuries.

Dear [EMPLOYEE]:

Your recent work-related injury has been reported to the commonwealth’s workers’ compensation claims administrator, Inservco Insurance Services, Inc. Your claim will be reviewed to determine if it is compensable under the *Workers’ Compensation Act*; Inservco may contact you for information as part of that review. The enclosed *Notice to Employees Work-Related Injury Information* explains the workers’ compensation benefits in detail.

Until a decision is reached, any absences from work will be charged to sick, annual, personal, or sick leave without pay at your request and upon receipt of required medical documentation. If your claim is accepted, the leave used will be changed, at your option, to paid injury leave or injury leave without pay. If your claim is denied, your leave records will be considered for Sick, Parental, and Family Care (SPF) Absence approval, and instructions for appealing the decision will accompany the *Notice of Workers’ Compensation Denial* issued by Inservco.

If the injury is accepted, it is important that you do not treat your first workers’ compensation indemnity check as a windfall or extra income if you continued to receive full pay while absent from work. If you are overpaid, your payroll office will recover any overpayment through either adjustment to future paychecks and/or establishment of a salary claim. Additional information regarding overpayment recovery is included on the enclosed *Notice*.

The *Family and Medical Leave Act of 1993* (FMLA) requires the commonwealth to provide 12 weeks of leave with benefits for serious health conditions (most work-related injuries meet the definition of a serious health condition) provided the employee meets certain conditions. The *Notice* provides additional information about the FMLA and about your rights, benefits, and obligations while absent due to your injury. All paid and unpaid injury leave used is designated as leave under the provisions of FMLA.

In accordance with *Act 1996-57* an employee injured at work must treat with one of the designated health care providers for 90 days. You should obtain medical care from a provider on the enclosed list of *Designated Health Care Providers*. Please read and sign the attached *Rights and Duties* form and return it to: [AGENCY INSTRUCTIONS FOR RETURNING FORM].

I sincerely regret that you have been injured and hope you will be able to return to work soon. Within 21 days you will be notified of the acceptance or denial of your claim. If you have any questions, please contact me at [ADDRESS AND/OR TELEPHONE].

Sincerely,

WC Coordinator

Enclosures:

Notice to Employees Work-Related Injury Information

Rights and Duties Form

Designated Health Care Providers List

cc: Supervisor

Note: This work-related injury does not indicate and should not be interpreted to indicate that you are regarded by the commonwealth as having a disability as defined by the ADA.