



## Human Resources Claim Filing Checklist/Guidelines For Short-Term Disability (STD), Workers' Compensation (WC), Automobile Personal Injury Protection (PIP)

### **Important:**

If an employee was involved in a (work-related) Workers' Compensation (WC) or automobile incident or accident and is enrolled in the Disability Insurance Program (DIP), please follow the checklist/guidelines below to ensure your employee receives the required documentation and information.

### **Terms, definitions and acronyms -**

- ↳ ADA – Americans with Disabilities Act of 1990
- ↳ DIP – Disability Insurance Program
- ↳ DME – Defense Medical Exam
- ↳ FMLA – Family and Medical Leave Act
- ↳ ICO: Insurance Coverage Office
- ↳ LTD – Long-Term Disability
- ↳ PDA – Physical Demands Analysis
- ↳ PIP – Personal Injury Protection
- ↳ RTW – Return to Work
- ↳ RTW-C – Return to Work Coordinator
- ↳ SBO: Statewide Benefits Office
- ↳ STD – Short-Term Disability
- ↳ WC – Workers' Compensation
- ↳ WCV – WC Vendor (PMA)

### **Within 24 Hours Or As Soon As Received, HR must**

- Workers' Compensation / Auto Accidents Claims / Personal Injury Protection:
  - Report Workers' Compensation / Auto Accidents Claims On-Line within 24 hours

- Send employee the WCV Injured Worker Rx. Information Sheet (Express Scripts) within 24 hours
- Send employee the One Call Medical Form (MRI/CT & EMG Network); Tele. # 1-800-872-2875 within 24 hours
- Send employee the medical records release authorization form within 24 hours
- Fax clinical documentation related to the injury to WCV/ICO as soon as received
- Fax witness statements to WCV/ICO (if applicable) as soon as received
- FMLA designation no later than the 5<sup>th</sup> calendar day of absence from work.

### **When the employee starts losing time from work, HR must**

- Workers' Compensation / Auto Accidents Claims / Personal Injury Protection:
  - Send WCV the Wage Verification Form
  - Send WCV (26) weeks of the employee's paystubs
  - Apply the 3 month/1 year WC supplement per Title 29 §5933
  - Complete the PIP Wage & Salary Verification Form from the ICO
  - Provide the ICO with the disability notes for the employee's period of absence
  - Provide the ICO with the employee's paystub closest to the date the disability began

### **Day 5 By the 5<sup>th</sup> calendar day absence from work, HR must**

- Provide the employee with the STD Form Letter (advising the employee to file an STD claim), Employee Acknowledgement and the Employee STD Claim Filing Checklist/Guidelines & Activity Log posted on our secure benefits representative website at <https://reps.omb.delaware.gov/benrep/dip.shtml>, as well as FMLA forms (if eligible).
- Remind the employee they must file an STD claim with The Hartford even if they are receiving Workers' Compensation or automobile Personal Injury Protection (PIP) benefits as FMLA, Worker's Compensation, PIP and STD run concurrently.
- Engage in the ADA interactive process, if applicable - <http://hrm.omb.delaware.gov/policies/documents/ada-reasonable-accommodation-procedure.pdf>.

### **Day 15 HR must verify their employee has filed an STD claim and complete/ return the Coverage Certification Form**

- Once the STD claim is filed, the employing organization will receive a Daily Activity Report (DAR) and a Coverage Certification Form within one business day via email. The Coverage Certification Form must be completed and returned to The Hartford **within two business days** via email to [gbd\\_syrstd@hartfordlife.com](mailto:gbd_syrstd@hartfordlife.com). Employing organizations with Less Than Twelve Month Educational Employees who file an STD claim **must** complete the enabled Coverage Certification form posted on the secure benefits representative website at <https://reps.omb.delaware.gov/benrep/dip.shtml>. The enabled form must be returned to

the Hartford and the Office of Pensions. Instructions on how to complete the enabled Coverage Certification form are addressed in DIP-002 procedure (<https://reps.omb.delaware.gov/benrep/procedures/index.shtml>). The A delay in responding can result in a delay in the claim adjudication process or a claim denial; therefore, a response is required within two business days.

- Follow your employing organizations internal procedures to verify the employee's intentions to supplement the STD benefit payment with available leave accruals, donated leave and/or compensatory time and if applicable, upon exhaustion of the 3 or 12 month Salary Supplement.

### **At any point during the claim process, HR must**

- When a request for a Physical Demands Analysis (PDA) is received from The Hartford and/or the Return to Work Coordinator (RTW-C) from the Statewide Benefits Office, please have the form completed by the authorized personnel within the employing organization and return to The Hartford and the RTW-C **within two business days of the request**. The email address for The Hartford is [gbd\\_syrstd@hartfordlife.com](mailto:gbd_syrstd@hartfordlife.com) and the RTW-Coordinator is [returntowork@state.de.us](mailto:returntowork@state.de.us).
- If the PDA request is made by an analyst from The Hartford, use this address [gbd\\_syrstd@hartfordlife.com](mailto:gbd_syrstd@hartfordlife.com) to return the completed form.
- When contacted by the Return to Work Coordinator (RTW-C) or The Hartford for return to work assistance for the employee, please respond in writing within **two business days**.
- If unable to accommodate the employee's return to work for any reason, a written response must be provided to the RTW-C or The Hartford indicating why the employing organization is unable to accommodate.

### **No later than 10 days after the date of the first evaluation or treatment**

- The primary healthcare provider (the provider most responsible for the treatment of the employee's work-related injury) shall complete and submit, as expeditiously as possible and no later than 10 days after the date of first evaluation or treatment, a report of employee condition and limitations using the Physician's Report of Worker's Compensation Injury form, and shall expeditiously provide copies of the report of employee condition and limitations to the employee, the employer, and the employer's insurance carrier, if applicable, as required by 19 Del. C. §2322E(b).

- Physician's Report of Worker's Compensation Injury  
Date Received \_\_\_\_\_ Date Faxed to WCV \_\_\_\_\_

## Within 14 days of the issuance of an “Agreement As To Compensation” HR must

- Provide the Employer’s Modified Duty Availability Report to the health care provider/physician most responsible for the treatment of the employee’s work-related injury, and to the employer’s insurance carrier, if applicable. The insurance carrier for an insured employer shall send to such employer the Employer’s Modified Duty Availability Report for completion, and shall be independently responsible for providing a completed report of modified duty jobs to the health care provider/physician, as required by 19 Del. C. §2322E(d).
  - Employer’s Modified Duty Availability Report:  
Date Sent \_\_\_\_\_ Date Received \_\_\_\_\_ Supervisor \_\_\_\_\_

## When the employee returns to work, HR must

- The day the employee returns to work, please notify The Hartford and the RTW-C using the following email addresses: [GBDHartfordReturnToWork@thehartford.com](mailto:GBDHartfordReturnToWork@thehartford.com) and [returntowork@state.de.us](mailto:returntowork@state.de.us). Be sure to include the following:

- ⇒ RTW and last name on the subject line of the email
- ⇒ Date that the individual returned to work
- ⇒ Indicate if the individual is returning from STD or LTD
- ⇒ Indicate status (i.e. full time or part time and with or without restrictions)
- ⇒ Indicate if the individual is returning to same job/different job/modified duty
- ⇒ Indicate if the individual received Workers’ Compensation (WC)

- If the employee is scheduled to return to work, with or without accommodations, and does not report to work, please immediately notify the RTW- C.
- Workers’ Compensation / Auto Accident Claims / Personal Injury Protection:
  - 3 month Workers Compensation salary supplement expiration notice – employee can apply to receive full pay by utilizing sick/annual leave
  - WCV EME/DME Scheduled: \_\_\_\_\_
  - WCV Permanency Identified: \_\_\_\_\_
  - Return to work notice (if applicable) \_\_\_\_\_
  - ICO DME Scheduled: \_\_\_\_\_

**Please note:** Individuals receiving DIP benefits (STD, LTD or after the exhaustion of the STD benefit period) AND at the same time receiving Workers’ Compensation (WC) and/or state Personal Injury Protection (PIP), are eligible to work with the RTW-C.

The WC program and the DIP are two separate programs operating under different governing regulations. As a result, the process flow and materials (e.g., forms) required by the employee for RTW may vary.



For more information on the WC process, please refer to Delaware Code Title 19, Chapter 23 Workers' Compensation §2322, §2322E and §2325 (<http://delcode.delaware.gov/title19/c023/sc02/index.shtml>).

**By the 20<sup>th</sup> week of the STD benefit period, HR must**

- Make contact with the employee to advise they will be receiving the Transitioning to LTD documentation and alert them of the time-sensitive necessity of their responses. This contact provides additional opportunity to engage in the ADA interactive process with the employee.
- Complete a Vested Pension Application on PenAps and provide the employee with the Transitioning to LTD documentation if the employee will be transitioning to LTD. These documents are located on the Secure Ben Rep Website at <https://reps.omb.delaware.gov/benrep/dip.shtml> and at the bottom of SBO's DIP page [www.ben.omb.delaware.gov/disability](http://www.ben.omb.delaware.gov/disability) under "**Agency/District Human Resource Use Only.**"
- NOT** complete a Vested Pension Application if the employee will be working while transitioning from STD to LTD. **Important: Employees who continue to work when transitioning to LTD or upon the exhaustion of the STD benefit period are not terminated.**
- Permit employees working on a temporary reduced, alternate, light duty and/or part-time basis upon the exhaustion of the maximum STD benefit period, to continue working while transitioning to LTD. All employing organizations are responsible for engaging in the ADA interactive process <http://hrm.omb.delaware.gov/policies/index.shtml> with their employees. The employee will:
  - Provide written notification to their HR Department indicating their intent to work while transitioning to LTD or upon the exhaustion of the STD benefit period.
  - Be paid for the hours worked in their regular paycheck.
  - Maintain current benefits (life/medical/dental/vision/flex spending) with the employing organization.
  - Accrue annual and sick leave on a pro-rated basis (non-Merit employees must comply with the rules that apply to their employing organization).
  - Receive holiday pay in accordance with the employing organizations rules.
  - If approved for LTD, the employee will receive the LTD benefit once they have provided The Hartford with verification for all income received for the month in which they have worked.



**Disclaimer -**

If there is any conflict in interpretation between the information contained in this document and the Short-Term Disability (STD) and Long-Term Disability (LTD) program contract provisions and existing law, the contract provisions and/or law govern.

**Questions regarding the Disability Insurance Program?**

Please contact the Statewide Benefits Office Customer Service Team by telephone at (302) 739-8331 or (800) 489-8933 or by email at [benefits@state.de.us](mailto:benefits@state.de.us).

Please refer to the Disability Insurance Program Rules & Regulations at [www.ben.omb.delaware.gov/disability](http://www.ben.omb.delaware.gov/disability) for more information.

**Questions regarding Workers' Compensation, state Personal Injury Protection or the Salary Supplement?**

Please contact the Insurance Coverage Office at (302) 739-3651 or by email at [inscov@state.de.us](mailto:inscov@state.de.us).

