

# Workers' Compensation

## Frequently Asked Questions (FAQs)

### Does Risk Management have a website for Workers' Compensation information?

Yes. <http://www.stanford.edu/dept/Risk-Management/docs/workcompben.shtml>

### What if the condition is related to stress or mental health?

- Alert Human Resource Officer (HRO) immediately
- SU-17: complete only if the HRO feels it would not aggravate the situation
- If they are filing a claim for work-related mental stress or psychiatric disability, please have them contact their personal physician for a referral even if they have not completed an Employee Personal Physician Pre-designation form
- DWC-1: fill out as follows:
  - Line 1 – print employee's or working student's name only
  - Lines 11, 12 – enter appropriate dates
  - Lines 16, 17, 18 – sign and enter appropriate information
  - Keep instruction cover page for reference
  - Make a photocopy of original claim form and keep as reference for your records
  - Give original and the two information pages to the employee or working student. Tell them that if they wish to see a doctor they should complete the Employee Section, sign it, and return to you
  - If returned to you, make photocopies as needed. Send original and one copy to Risk Management, mail code 6207.
- 5020: complete as usual if they seek medical attention or loose time and indicate it may be work related or they sign and return the DWC-1. Send original to Risk Management, mail code 6207.

### What if the employee or working student is losing time or on restricted duty?

- Complete the SU-17, DWC-1, and 5020 as usual
- Complete the SU-16 when the employee or working student returns to work if they were losing time, or when the employee is off restricted duty. If the employee or working student loses time or goes on restricted work again for the same injury, a separate SU-16 needs to be submitted. The "Date of Injury" is always the original date of injury. If they have not returned to work or off restrictions by 12/31, then a SU-16 must be submitted for the days in the current year. Enter "continuing" in the "Date Returned to Work" field. Once they have returned or off restrictions in the new year, submit another SU-16 with only the new year's days entered. Enter date returned in the "Date Returned to Work" field.
- Stanford Disability and Leave Services (DLS) processes and coordinates all disability leaves of absence (LOA) with Payroll, including those for workers' compensation, as part of the Stanford salary continuation program. Thus, the employee's or working student's DLS representative needs to be informed about all Workers' Compensation LOAs in order to calculate, coordinate, and administrate accurately and in a timely manner all pay for which the employee is eligible. DLS can be reached at [hrleaves@stanford.edu](mailto:hrleaves@stanford.edu).

### What if the employee or working student is still off work or on restrictions at the end of the calendar year?

If they have not returned to work or off restrictions by 12/31, then a SU-16 must be submitted for the days in the current year. Enter "continuing" in the "Date Returned to Work" field. Once they have returned or off restrictions in the new year, submit another SU-16 with only the new year's days entered. Enter date returned in the "Date Returned to Work" field. Always use the original date of injury.

### **What if the employee or working student is not losing time or planning to see a doctor?**

A SU-17 must be completed for any accident involving a Stanford University employee or working student. It must be processed and faxed within 24 hours as indicated on top of the form. These forms are available at:

<http://www.stanford.edu/dept/Risk-Management/docs/workcompben.shtml>

Make copies as needed. Send original to Risk Management mail code 6207.

### **What if a visitor, contractor, student or other third party is injured on Stanford property?**

A SU-17B must be completed for any accident involving a visitor, contractor, student, or other third party. It must be processed and faxed within 24 hours as indicated on top of the form. These forms are available at:

<http://www.stanford.edu/dept/Risk-Management/docs/workcompben.shtml>

Make copies as needed. Send original to Risk Management mail code 6207.

### **What if the employee or working student was not able to return to work and they were not given the SU-17 and DWC-1 before they left?**

*These forms must then be mailed no later than 24 hours after the employer received notification of the injury.*

- SU-17: complete Part 1: "Personal Identification" and "Employee Group." Make a photocopy for your file. Mail the original first page to the employee. Have original second page, Supervisor Section, completed. Fax both pages within 24 hours as directed on form.
- DWC-1: fill out as follows:
  - Line 1 – print employee's or working student's name only
  - Lines 11, 12 - enter appropriate dates
  - Lines 16, 17, 18 – sign and enter appropriate information
  - Keep instruction cover page for reference
  - Make two photocopies of original claim form. Send copy to Risk Management, mail code 6207. Keep the other copy as reference for your records
  - Mail original and the two information pages to the employee or working student along with the SU-17. Provide a self-addressed stamped envelope and a letter asking them to fill out the enclosed forms, sign them, and mail them back to you
- 5020: complete as usual and send it with photocopies of the mailed DWC-1 to Risk Management, mail code 6207.
- When the completed SU17 and DWC are returned by the employee, Fax SU17 as directed on form and mail the original as well as the DWC original plus one copy, to Risk Management, mail code 6207.

### **What if the employee or working student doesn't know if they will see a doctor?**

- SU-17: complete and Fax as directed on form. Send original to Risk Management mail code 6207
- DWC-1: fill out as follows:
  - Line 1 – print employee's or working student's name only
  - Lines 11, 12 – enter appropriate dates
  - Lines 16, 17, 18 – sign and enter appropriate information
  - Keep instruction cover page for reference
  - Make two photocopies of original claim form. Send copy to Risk Management, mail code 6207. Keep the other copy as reference for your records
  - Give original and the two information pages to the employee or working student. Tell them that if they wish to see a doctor they should complete the Employee Section, sign it, and return to you
  - If returned to you, make photocopies. Send original and one copy to Risk Management, mail code 6207.
- 5020: complete as usual if they sign and return the DWC-1. Send original to Risk Management, mail code 6207.

### **What if the employee doesn't want to file a claim at this time?**

- SU-17: complete and Fax as directed on form. Send original to Risk Management mail code 6207
- DWC-1: fill out as follows:
  - Line 1 – print employee's or working student's name only
  - Lines 11, 12 – enter appropriate dates
  - Lines 16, 17, 18 – sign and enter appropriate information
  - Keep instruction cover page for reference
  - Make two photocopies of original claim form. Send copy to Risk Management, mail code 6207. Keep the other copy as reference for your records
  - Give original and the two information pages to the employee or working student. Tell them that if they wish to see a doctor they should complete the Employee Section, sign it, and return to you
  - If returned to you, make photocopies. Send original and one copy to Risk Management, mail code 6207.
- 5020: complete as usual if they sign and return the DWC-1. Send original to Risk Management, mail code 6207.

### **What if you or their Supervisor thinks they should see a doctor and they are unwilling?**

- SU-17: complete and Fax as directed on form. Send original to Risk Management mail code 6207
- DWC-1: fill out as follows: (cont. on next page)
  - Line 1 – print employee's or working student's name only
  - Lines 11, 12 - enter appropriate dates
  - Lines 16, 17, 18 – sign and enter appropriate information
  - Keep instruction cover page for reference
  - Make two photocopies of original claim form. Send copy to Risk Management, mail code 6207. Keep the other copy as reference for your records
  - Give original and the two information pages to the employee or working student. Tell them that if they wish to see a doctor they should complete the Employee Section, sign it, and return to you
  - If returned to you, make photocopies. Send original and one copy to Risk Management, mail code 6207.
- 5020: complete as usual if they sign and return the DWC-1. Send original to Risk Management, mail code 6207.

### **Does Stanford have a designated place for employees to receive medical treatment for work related injuries/illness?**

Yes. If they did not pre-designate their personal physician (in writing) before the injury, all medical care for the first 30 days of treatment must be obtained from Stanford University Occupational Health Center (SUOHC), 480 Oak Rd., Rm B15. For life-threatening emergencies, obtain treatment at the Acute Care Center within the Emergency Room at Stanford Hospital and Clinics, (650) 723-5111.

If they are filing a claim for work-related mental stress or psychiatric disability, please have them contact their personal physician for a referral.

### **May an employee see any doctor of their choosing?**

No. However, if they pre-designated their personal physician before the injury, they may see him or her for treatment. This is done by completing the Personal Physician Pre-designation form ([http://www.stanford.edu/dept/Risk-Management/docs/forms/predesig6\\_04.pdf](http://www.stanford.edu/dept/Risk-Management/docs/forms/predesig6_04.pdf)). Their personal physician must have treated them and maintained their medical history and records before their work injury. If they wish to change doctors in the first 30 days, the claims administrator must select a new physician within five days of their request. (If the employee gave Stanford the name of their personal chiropractor or acupuncturist in writing before they were injured, they may switch to the chiropractor or acupuncturist upon request.) If they still need medical care after 30 days, they can switch to a doctor of their own choice after notifying their Claims Examiner. continued

If they did not pre-designate their personal physician (in writing) before the injury, all medical care for the first 30 days of treatment must be obtained from Stanford University Occupational Health Center (SUOHC), 480 Oak Rd., Rm B15. For life-threatening emergencies, obtain treatment at the Acute Care Center within the Emergency Room at Stanford Hospital and Clinics, (650) 723-5111.

If they are filing a claim for work-related mental stress or psychiatric disability, please have them contact their personal physician for a referral.

SLAC employees' medical care will be coordinated through SLAC Medical.

### **What if a Stanford University closure is in effect? (ie Winter Closure, Earthquake, etc.)**

- ❖ If injured person is a third-party (student, visitor, contractor, etc.) complete the SU17b and fax within 24 hours as directed on form. Send original to Risk Management mail code 6207 <http://www.stanford.edu/dept/Risk-Management/docs/forms/su-17b.html>
- ❖ If injured person is an employee or working student, call Zurich to report the claim within 24 hours of occurrence. The phone number is 800-987-3373. The information they will want is the same information that needs to be filled in on the 5020. <http://www.stanford.edu/dept/Risk-Management/docs/forms/5020.html> . If you do not have all the information, you must still call Zurich. They will take what you have and get the claim started. They will also take the name and phone number of the person reporting the claim and contact them for any additional follow-up information needed during the closure.

Follow the usual procedures for completing the Claim Form paperwork. Download the 5020, DWC, and the SU17 forms from the Risk Management website. <http://www.stanford.edu/dept/Risk-Management/docs/workcompben.shtml> or see specific Form websites below. The DWC and SU17 forms must be given or mailed to the injured employee within 24 hours of the Employer's knowledge.

<http://www.stanford.edu/dept/Risk-Management/docs/forms/5020.html>  
<http://www.stanford.edu/dept/Risk-Management/docs/forms/su-17.html>  
[http://www.stanford.edu/dept/Risk-Management/docs/forms/dwc\\_1\\_092804.pdf](http://www.stanford.edu/dept/Risk-Management/docs/forms/dwc_1_092804.pdf)

continued.

Once the Claim Forms are completed, they should be given to the Workers' Compensation contact person for the Department. This will make sure the appropriate people are back in the loop. They will send the completed original forms to risk Management Mail Code 6207.

After a claim has been reported to Zurich, any claim specific questions may be obtained by calling Zurich at 877-246-3478. They will need the claimant's name or Social Security Number and Date of Loss, or the claimant's claim number in order to identify and transfer the call to the Claims Examiner.