When employees are injured or become ill as a result of work-related activities, they are entitled to Workers’ Compensation benefits. The following procedures are designed to assist employees and supervisors when work-related injuries or illnesses initially occur.

**TYPES OF WC CLAIMS**

All reported WC claims fall into one of three categories:

1. **Report Only**: An incident that is reported by an employee to the supervisor, but no medical attention is being sought.
2. **Medical Only**: An incident that is reported by an employee to the supervisor with corresponding medical treatment, but the injured employee loses no time from work.
3. **Lost Time**: An incident that is reported by an employee to the supervisor with corresponding medical treatment, and the injured worker loses time from work.

**WC CLAIM REPORTING PROCEDURE (MINIMUM INITIAL REQUIREMENTS)**

1. All employees are instructed to contact their supervisor immediately when incurring a work-related injury or illness.
2. Supervisor must see that the employee receives necessary medical attention:
   - The Employer is responsible for initial medical treatment at a designated office or facility. The injured employee is required to attend the initial visit with one of the designated initial treatment providers. If the injured employee chooses NOT to visit the designated initial treatment provider or treats outside the Workers’ Compensation provider network, they may risk suspension of their benefits per order of the Workers’ Compensation Commission.
   - The injured employee may choose an attending physician AFTER the initial visit from the State of CT Workers’ Compensation provider network.
   - The WC initial treatment provider network can be found on the DAS Workers’ Compensation website at: [http://ct.primehealthservices.com/Custom/CtIndex](http://ct.primehealthservices.com/Custom/CtIndex)
3. Supervisor must complete with the employee the **DAS First Report of Injury Form (DAS WC-207, Rev. 2/2017)**
   - Form must be thoroughly filled out, including Employee ID #, Social Security #, Date of Birth, Date of Hire, etc. Other helpful information is the caller’s email address and Employee ID#. If you need assistance with any of these fields, please contact the HR Office. The Agency Location Code for NCCC is **BOR78500**.
4. The State of Connecticut’s Third Party Administrator (TPA) for Workers Compensation Claims is **Gallagher Bassett Services, Inc.**
5. Supervisor must report claim to Gallagher Bassett’s Injury Reporting Hotline at **1-800-828-2717**
6. Intake Center will provide a **Report #** towards the end of the call. Please write this number down.
7. Within 24-48 hours, the supervisor will receive a call from an assigned Gallagher Bassett Claims Adjuster. **Please write down the Adjuster’s name, phone number, and Claim # on the form.**
8. Supervisor forwards completed form to NCCC Payroll Office. Payroll will review and process in CORE-CT.
ATTACHMENTS:
1. DAS Memo dated 6/12/17 (Workers’ Compensation Medical Treatment & New Initial Treatment Provider Network Guidelines)
2. Locations of designated initial treatment providers (nearest to Winsted, CT)
3. List of approved pharmacies
5. Employee Information Brochure
6. DAS First Report of Injury Form (DAS WC-207, Rev. 2/2017)

All of these forms are located on our College website at: https://www.nwcc.edu/human-resources/employee-forms/

If you have any questions after reviewing these procedures, please contact Wendy Bovia, HR Director, at 860-738-6325.