Workers’ Compensation
Informational Materials and Filing Overview

Call 911, as applicable, and/or seek medical attention as necessary.

Report the incident to the supervisor/department. The supervisor/department may provide application packet upon report of injury or upon request.

Call Tristar to report injury at 855-495-1554.

Contact the Workers’ Compensation Coordinator (WCC) at 815-753-8505 or workerscomp@niu.edu for additional information.

As forms are completed, please fax to 815-753-6777 or scan to workerscomp@niu.edu. If scan or fax is unavailable, please send via campus mail to Human Resource Services at Swen Parson.

The HR website regarding Workers’ Compensation contains two drop-downs: Application Forms Packet and Information Only Packet. The Application Forms Packet contains required forms to be completed by the employee, supervisor, witness(es), and physician, as applicable. The Information Only Packet is recommended viewing for all employees as it provides detailed workers’ compensation information, including rights and responsibilities involving the claim process.

It is recommended that employees remain within the parameters of their own insurance in the event the claim is deemed noncompensable.

Pursuant to Public Act 97-895, the administration of the State Employee Workers’ Compensation Program conducted a competitive procurement, resulting in a new third party administrator. As of 3/16/13, Tristar Risk Enterprise Management, Inc., is the current administrator.
Northern Illinois University is subject to the Illinois Workers’ Compensation Act (820 ILCS 305) and the Occupational Diseases Act (820 ILCS 310/1). The State of Illinois is self-insured for workers’ compensation. Compensable claims are those injuries or illnesses that are caused, in whole or in part, by the employee’s work. Failure to follow provisions of the Act and university filing procedures may affect the employee’s rights for compensation and/or for reimbursement of incurred expenses.

Nearly every employee who is hired or whose employment is localized in the state of Illinois is covered by workers’ compensation if injured, in whole or in part, by the employee’s work. The employee is covered from the moment he/she begins the job. Additional information regarding workers’ compensation benefits is contained in the Handbook on Workers’ Compensation and Occupational Diseases published by the Illinois Workers’ Compensation Commission and is available on the IWCC website at http://www.iwcc.il.gov/handbook.htm.

Employee’s Responsibilities

- Seek medical attention as necessary, contacting 911 if applicable, notifying a physician of the work-related injury/illness;

- Promptly inform his/her supervisor regarding the nature of injury/illness, including when, how and where the injury occurred. The application packet may be obtained from the employing department, by printing from the Human Resource website at www.hr.niu.edu or by contacting the workers’ compensation coordinator (WCC);

- Report injury/illness to Tristar Risk Enterprise Management at 855-495-1554 (TTY) 866-932-5779 within 48 hours of accident/illness or as soon as practicable. A Tristar representative will conduct an intake interview, initiate a claim, and monitor the claim throughout the process;

- Contact the WCC at 815-753-8505 or workerscomp@niu.edu for additional information;

- The employee may seek medical assistance from a medical facility of his/her choice, keeping in mind to remain within the parameters of the employee’s insurance in the event the claim is denied. The employee may choose two of the following: physicians, surgeons, hospitals. If NIU has notified the employee of a Preferred Provider Program, the PPP counts as one of the two choices of providers;

- Complete and/or distribute all necessary application packet forms. Completed forms should be faxed to 815-753-6777, scanned to workerscomp@niu.edu, or returned to Human Resource Services at Swen Parson;

- Please note: It is the employee’s responsibility to review his/her policies with outside insurance carriers (e.g.: Prudential) to determine whether or not he/she is eligible for additional benefits. If so, additional steps may be required by the outside insurance carrier.
Supervisor’s Responsibilities

- Document the nature of the injury, including when, how and where the injury occurred as reported by the employee. This information must be maintained in a confidential location separate from any employee personnel file;

- Ensure the employee is aware of his/her responsibility to seek immediate medical attention if needed and/or to utilize 911 emergency services when medically necessary;

- Provide the employee with the workers’ compensation packet when appropriate. The employee may also obtain the packet from the WCC at 815-753-8505 or sfarley@niu.edu, or the HRS website at www.hr.niu.edu;

- Return the completed Tristar Supervisor’s Report of Injury form. Scan or fax to 815-753-6777 as soon as possible;

- Each step must be completed by the appropriate parties to ensure proper benefits are determined and administered as applicable. The employing department should not receive medical documentation at any time. Should the employee attempt to provide medical documentation to the department, the employee should be directed to forward such to HRS directly.

EagleOne CMS, Medical Case Management

EagleOne, under the direction of Tristar, the university’s third-party administrator, is the nurse case management company that may work directly with injured employees who are missing work. EagleOne may also work directly with medical facilities, assisting to ensure employees are safely returned in a timely manner.

Physician’s Leave Approval

The employee is responsible for notifying the WCC of any days that he/she is absent from work due to a work-related injury/illness and providing a physician’s statement verifying the inability to work. The required Tristar Medical Report to be completed by the physician is located in the workers’ compensation packet.

Return To Work Without Restriction

A physician’s written notification stating the employee is able to return to the workplace without restriction is required prior to the employee returning to the workplace. The employee may not return to the workplace until the WCC has received such notification and authorized return. Other departmental fitness for duty requirements may be applicable. At all times, the employee is responsible for adhering to departmental policies regarding report of absence(s).

Return To Work With Restriction

In the event the physician determines an employee may return to work with restriction(s), the physician’s written notification must be received by the WCC before the employee may return to the workplace. The coordinator will promptly contact the employing department to determine whether suitable restricted duty is available. If restricted duty or other accommodations are unavailable, the employee will be required to remain off work. Once the coordinator has received proper medical documentation for the employee to return to work without restriction(s), the employee may return to the workplace as directed. An employee’s refusal to accept suitable restricted duty may result in a forfeiture of any rights to workers’ compensation benefits.
**Compensation Benefits for Lost Wages**

Subject to compensability determination by Tristar, Total Temporary Disability (TTD) benefits may be paid to the injured employee who needs to be absent from work to recover from a work-related injury or illness. The employee is entitled to collect TTD benefits until he/she is able to return to work. Approved TTD benefits are paid at the rate of two-thirds (66 2/3%) of his/her average weekly wages one year prior to the date of injury/illness. The Illinois Workers’ Compensation Commission, subject to certain legal maximums and minimums, establishes the amount of these benefits. Payment is based on a 7-day workweek, regardless of the number of days per week the employee is normally scheduled to work. This means the daily payment is one-seventh of the weekly payment.

There is a waiting period before benefits can be paid. TTD benefits are not paid for the first three full work days the employee is absent from work due to an injury or illness, unless the disability continues for 14 or more calendar days.

The employee may utilize his/her own accumulative benefits while awaiting determination from Tristar. An employee may not receive any other form of employer compensation, including but not limited to, available sick and/or vacation leave benefits, during the effective dates the TTD benefit is received. If the employee utilizes his/her available sick and/or vacation leave benefits during the waiting period, he/she will be required to repay the university, on a dollar-for-dollar basis, the amount of the benefits utilized, subsequent to the effective date of the TTD benefit. Please contact the WCC for more information regarding this procedure.

Please note: Northern Illinois University applies all absences due to workers' compensation toward an employee’s Family and Medical Leave Act entitlement.

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**Compensation for Medical Expenses**

Subject to compensability determination by Tristar, the injured employee is entitled to receive all necessary medical, surgical and hospital services reasonably required to cure or relieve the employee from the effects of the injury/illness. Where necessary, the employee is also entitled to receive appropriate physical, mental or vocational rehabilitation. If the treatment is reasonably required to cure or relieve the employee from the effects of the injury or illness and the provider of the services has given the employer the information required by law, the employer is required to pay all reasonable charges. It is the employee’s responsibility to provide the contact information of all medical facilities that have rendered services to the employee. It is also imperative that the employee provide information on any treatment plan(s) including follow-up medical care.

Medical bills should be forwarded to Human Resources Services, Workers’ Compensation Coordinator, Northern Illinois University, 1515 West Lincoln Highway, DeKalb, IL 60115 or directly to Tristar, PO Box 2803, Clinton, IA 52733.

If prompt medical attention is deemed reasonably necessary by Tristar, the employer will be responsible for payment of those medical costs. The employer is also responsible for costs of first aid and/or emergency medical treatment. It is recommended that employees remain within the parameters of their personal insurance network, as applicable, to avoid paying medical costs if the claim is denied.
**Permanent Impairment**

Once the employee has reached maximum medical improvement from his/her injury/illness, the employee’s physician will provide the written medical findings of whether he/she has a permanent impairment. If permanent impairment is determined, the employee may be entitled to additional compensation. Compensation amounts vary and are based on the extent of loss to various parts of the body. For further clarification, please refer to the *Handbook on Workers’ Compensation and Occupational Diseases* at [http://www.iwcc.il.gov/handbook.htm](http://www.iwcc.il.gov/handbook.htm). Claims for additional compensation must be filed within three (3) years of the date of incident, or within two (2) years of the last compensation payment or medical bill, whichever is later.

**Death Benefits**

If the death of an employee is due to a work-related injury/illness, the employee’s family may be entitled to weekly compensation.

**NIU Policies and Procedures**

All periods of disability leave are subject to Northern Illinois University’s policies and procedures, whether work-related or not.

**Disclaimer**

Northern Illinois University, Human Resource Services, provides this information as guidance for employees. All procedures, terms and conditions of the Illinois Workers’ Compensation program are as provided by Tristar and the State of Illinois. While every effort has been made to ensure the accuracy and completeness of information, it is recommended employees directly access the information provided by the designated care providers who establish and maintain official policies and procedures.

**Contact Information**

Human Resource Services  
Workers’ Compensation Coordinator  
1515 West Lincoln Highway  
DeKalb, IL  60115  
Phone: 815-753-8505  
Fax: 815-753-6777
Illinois Workers’ Compensation Commission
Fact Sheet

If an employee is injured on the job, he/she may be entitled to benefits under the Illinois Workers’ Compensation Act – regardless of who is at fault.

To protect his/her rights and obtain benefits he/she may be entitled to, an **INJURED EMPLOYEE** should:

1. Promptly seek proper medical care;
2. Inform his/her employer of his/her injury as soon as possible;
3. Provide Human Resource Services with the name, address and contact information of the physician;
4. Ask the physician to promptly provide information requested by the employer regarding the employee’s condition due to the injury;
5. Keep records of all bills, dates of treatment, compensation payments, dates worked and not worked, to whom the accident was reported, and any other information relating to the employee’s right to benefits;

**The employer cannot provide any benefits if it is not made aware of the injury/illness. If the employer does not have notice within 45 days of the incident, claims for any compensation may be barred.**

To protect the rights and ensure proper administration of the Act, the **EMPLOYER** who receives notice of an accident should:

1. Immediately notify the insurance carrier and service organization responsible for paying benefits;
2. Promptly conduct a thorough investigation to determine if the incident was caused by a work-related accident;
3. Promptly contact the employee and his/her physician to determine the extent of injury and other necessary information in order for benefits to be paid in a timely manner;
4. Provide the employee with the location of the IWCC handbook published by the Illinois Workers’ Compensation Commission and the Workers’ Compensation Packet;
5. Within 14 days or first notice of incident, (i) begin payment of temporary total disability benefits, (ii) tell the employee what additional information the employer needs to begin compensation payments; or (iii) inform the employee that the employer will not pay compensation benefits;

**Absent good cause, Temporary Total Disability Benefits must be paid within 14 days of the first notice of injury.**
Benefits for employees injured by a work-related accident:

1. Reasonable and necessary medical care. If treatment is necessary, the employer must pay the reasonable costs of necessary treatment by any two physicians chosen by the employee and of all the physicians and hospitals to whom the first two physicians refer the employee. The employer must also pay the costs of emergency treatment for first aid;

2. Weekly benefits while the employee cannot work and is receiving treatment for the injury. These benefits equal two-thirds (66 2/3%) of the gross average weekly wages calculated over the 12 months prior to the injury, subject to certain legal maximums and minimums. These benefits are not paid for the first three working days off work following the incident unless the disability extends to 14 or more calendar days. The employee should start receiving these benefits within 14 days following the first notice of incident to the employer;

3. Reasonable and necessary vocational retraining and maintenance may be provided if, as a result of the incident, the employee is unable to return to work;

4. After medical treatment has ended, the employee may be entitled to any of the following additional benefits:
   (a) Compensation for permanent partial disability if the employee cannot use a part of his/her body in the same way as before the injury;
   (b) Compensation for serious and permanent disfigurement;
   (c) Compensation for fractures of certain bones in the face or spine or for loss of use of certain organs;
   (d) Compensation for amputation of certain members or parts of members;
   (e) Compensation for loss of ability to earn as much as the employee could prior to the accident;
   (f) Weekly compensation for the rest of the employee’s life if he/she cannot return to work;
   (g) Weekly compensation for the employee’s family if the accident causes his/her death.

Not all injuries/illnesses entitle an employee to additional benefits.

If the employee thinks he/she is not receiving all the benefits he/she is entitled to, the employee should:

1. Review the IWCC handbook published by the Illinois Workers’ Compensation Commission and be aware of his/her rights and obligations;
2. Contact his/her employer’s representative to inquire about the claim. There may be a misunderstanding that may be easily rectified through conversation;
3. Seek information from the:

   Illinois Workers’ Compensation Commission
   100 W. Randolph St., #8-200
   Chicago, IL 60601
   Telephone: 312-814-6611    IL Toll Free: 866-352-3033    TDD 312-814-2959

4. If a dispute still exists, the employee may file a claim with the Illinois Workers’ Compensation Commission, which will adjudicate the dispute based on legal evidence presented at a hearing. Claims must be filed within 3 years of the date of accident or within 2 years of last compensation payment;
5. The employee or the employer may wish to seek legal counsel.

The person to administer Workers’ Compensation for the employer is:

   Workers’ Compensation Coordinator
   Human Resource Services
   1515 West Lincoln Hwy
   DeKalb, IL 60115
   815-753-8505
WORKERS' COMPENSATION

is a system of benefits provided by law to most workers who have job-related injuries or illnesses. Benefits are paid for injuries that are caused, in whole or in part, by an employee's work. This may include the aggravation of a pre-existing condition, injuries brought on by the repetitive use of a part of the body, heart attacks, or any other physical problem caused by work. Benefits are paid regardless of fault.

IF YOU HAVE A WORK-RELATED INJURY OR ILLNESS, TAKE THE FOLLOWING STEPS:

1. GET MEDICAL ASSISTANCE. By law, your employer must pay for all necessary medical services required to cure or relieve the effects of the injury or illness. Where necessary, the employer must also pay for physical, mental, or vocational rehabilitation, within prescribed limits. The employee may choose two physicians, surgeons, or hospitals. If the employer notifies you that it has an approved Preferred Provider Program for workers' compensation, the PPP counts as one of your two choices of providers.

2. NOTIFY YOUR EMPLOYER. You must notify your employer of the accidental injury or illness within 45 days, either orally or in writing. To avoid possible delays, it is recommended the notice also include your name, address, telephone number, Social Security number, and a brief description of the injury or illness.

3. LEARN YOUR RIGHTS. Your employer is required by law to report accidents that result in more than three lost work days to the Workers' Compensation Commission. Once the accident is reported, you should receive a handbook that explains the law, benefits, and procedures. If you need a handbook, please call the Commission or go to the Web site.

If you must lose time from work to recover from the injury or illness, you may be entitled to receive weekly payments and necessary medical care until you are able to return to work that is reasonably available to you.

It is against the law for an employer to harass, discharge, refuse to rehire or in any way discriminate against an employee for exercising his or her rights under the Workers' Compensation or Occupational Diseases Acts. If you file a fraudulent claim, you may be penalized under the law.

4. KEEP WITHIN THE TIME LIMITS. Generally, claims must be filed within three years of the injury or disablement from an occupational disease, or within two years of the last workers' compensation payment, whichever is later. Claims for pneumoconiosis, radiological exposure, asbestosis, or similar diseases have special requirements.

Injured workers have the right to reopen their case within 30 months after an award is made if the disability increases, but cases that are resolved by a lump-sum settlement contract approved by the Commission cannot be reopened. Only settlements approved by the Commission are binding.

For more information, go to the Illinois Workers' Compensation Commission's Web site or call any office:


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<thead>
<tr>
<th>Party handling workers' compensation claims</th>
<th>Tristar Risk Enterprise Management, Inc.</th>
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<tbody>
<tr>
<td>Business address</td>
<td>216 W. Jackson Blvd. #650 Chicago IL 60606</td>
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<tr>
<td>Business phone</td>
<td>855-495-1554</td>
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<tr>
<td>Effective date</td>
<td>March 16, 2013</td>
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<tr>
<td>Termination date</td>
<td>2/8/18</td>
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BY LAW, EMPLOYERS MUST DISPLAY THIS NOTICE IN A PROMINENT PLACE IN EACH WORKPLACE AND COMPLETE THE INFORMATION BELOW.

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