

STATE OF NEW JERSEY EMPLOYER'S FIRST REPORT OF ACCIDENTAL INJURY OR OCCUPATIONAL DISEASE

**INFORMATION BELOW MUST BE COMPLETED BY THE EMPLOYEE AND
THE EMPLOYEE'S SUPERVISOR IN ACCORDANCE WITH THE ATTACHED INSTRUCTIONS**

Claim Number	Injured Employee Last Name	First Name	M.I.	SS#/EIN#	Date of Birth	Sex
Address		City	County	Zip Code	Gross Biweekly Wage	Daily Wage
Acc. Date (mm/dd/yy)	Date Employee Stopped Work	Official Workstation			Phone No. Home	
Day of Week	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Date employee returned to Work	<input type="checkbox"/> Estimate <input type="checkbox"/> Actual	Department	Phone No. Work
Lost work days	<input type="checkbox"/> Estimate <input type="checkbox"/> Actual	Occupation or Job Title		Division	Emergency Contact	
Place of accident or exposure			Agency		HR Name & Phone number	

Check if additional pages are attached

Describe how the accident occurred in detail

Describe the injury or illness and part of body affected

Identify witnesses on the second page

Witnesses No witnesses

Was employee referred to authorized physician?

If no, explain on other side. Yes No

Name of Treating Physician

Did this accident happen because of the action of others who are not co-employees or because of defective equipment? If so, complete responsible party information on other side.

Yes No

Did the accident happen under normal workplace conditions?

Yes No

34:15-57.4. Workers' compensation fraud: criminal and civil penalties.
A person shall be guilty of a crime of the fourth degree if the person purposely or knowingly makes, when making a claim for benefits pursuant to R.S. 34:15-1 et seq., a false or misleading statement, representation or submission concerning any fact that is material to that claim for the purpose of wrongfully obtaining benefits.

Are you or your spouse currently eligible for Medicare or Medicaid benefits? Yes No

Employee's Signature

Date

Information in this area to be provided by the employee's supervisor

Type of incident:

- 0 - First aid or other non-recordable event
- 1 - Medical treatment but not lost time
- 5 - Medical treatment and lost time
- 9 - Fatality case

Enter number that best describes the incident.

Fatality date if applicable:

Supervisor - Did you witness the accident? Yes No

If yes, please describe:

Do you agree with the employee's description? Yes No

Supervisor Signature and Phone No.
PRINT NAME

Date

STATE OF NEW JERSEY
EMPLOYER'S FIRST REPORT OF ACCIDENTAL INJURY OR OCCUPATIONAL DISEASE
REPORTING INSTRUCTIONS

This form must be completed by the injured employee and the supervisor within 24 hours of the accident in the following cases: (1) accidental injury causing an absence from work beyond the day of injury, or (2) medical treatment by a doctor or hospital, or (3) occurrence of an occupational disease due to working conditions whether or not time is lost. Mail promptly to your Human Resource office. In case of fatal or serious injury, (hospital admission), immediately notify the Human Resource office by telephone. Retain a copy for your records and forward all other copies to your Human Resource office per your departmental procedures.

The Human Resource office shall review the report for completeness and accuracy and file the original no later than three days after the injury occurred with the Division of Risk Management Department of the Treasury.

NOTE: If the employee is too severely injured to complete the report, the employee's supervisor will complete the report within the 24 hour time span and submit it to Human Resources.

ORIGINAL TO: DEPARTMENT OF THE TREASURY
DIVISION OF RISK MANAGEMENT
PO BOX 620
TRENTON NJ 08625-0620

INCIDENT CODE DEFINITIONS

- 0 - First aid or other Non-recordable cases: Indicates that treatment by a licensed physician and time off work were not necessary.
- 1 - Medical treatment case: Indicates that treatment by a licensed physician was required, but no time off work other than day of injury for recovery.
- 5 - Lost work day case: Indicates that time off work, beyond day of injury, for recovery was necessary.
- 9 - Fatality case: Employee died from injuries received.

FOR EMPLOYEE'S SUPERVISOR USE

TABLE C - Unsafe Act or Hazardous Condition Classification

- | | |
|--|--|
| B1 -- Failure to use available personal protective equipment | P -- Unsafe placing, mixing, combining, etc. (e.g. box improperly placed, piled in proper area falling on an employee). |
| C1 -- Failure to wear safe personal attire (wearing high heels, loose hair, long sleeves, loose clothing, etc.) | Q -- Using unsafe equipment (e.g. equipment tagged as defective or obviously defective). |
| D -- Failure to secure or warn | R -- Defects of equipment, tools, materials, or work area. (Generally the opposite of the desirable and proper characteristic such as being dull when it should be sharp) |
| E1 -- Horseplay (distracting, teasing, abusing, starting, quarrelling, practical joking, throwing material, showing off, etc.) | V -- Placement hazards (materials, equipment, telephone wires, etc., placed in wrong areas, aisles, etc.) |
| E2 -- Under the influence of alcohol, drugs or medication | W -- Inadequately guarded |
| F1 -- Assault from fight, hold-up, robbery, client, inmate | X -- Hazards of outside work environments other than public hazards (encountered while working in or on premises not controlled by the employer and not arising from the activities of the injured or his co-employees or from the tools, materials, or equipment used in those activities). |
| G -- Improper use of equipment | Y -- Public hazards (encountered in public places away from employer's premises including public transportation). |
| H -- Improper use of hand or body parts | |
| J -- Inattention to footing or surroundings | |
| K -- Making safety devices inoperative | |
| L -- Operating or working at unsafe speed | |
| M -- Taking unsafe position or posture | |
| N -- Driving errors (by vehicle operator or public roadways.) | |



**WORKER'S COMPENSATION
INITIAL REPORT OF AN EMPLOYEE INJURY**

Horizon Casulty Insurance Claim #: _____

Name:	SS#:	Date of Birth:
Home Address:	Job Title:	Home Tele #:
Department:	Superviosr Tele #:	Work Tele#
Supervisor Name:	Work Shift:	Accident Date:

Date of Injury _____ Time of Injury: _____ Date Injury Was Reported _____

Description of Injury: _____

Body Part (s) Injured _____

Related Previous Injury: _____

RELEASE OF INFORMATION

I HEARBY AUTHORIZE THE RELEASE OF THIS MEDICAL INFORMATION TO THE INSURANCE CARRIER, MY EMPLOYER, AND/OR AGENTS OF MY EMPLOYER.

Employee Signature: _____ Date: _____

Disposition:

Employee Returned to work- No treatment requiried or requested

Employee returned to work- First Aid Only with no further treatment requested or required

Employee sent to Emergency Room at Capital Health Medical Center-Hopewell, 1 Capital Way, Pennington NJ or any other provider on list of approved hosiptals (See approved list of Initial Treating Hospitals)

Employee sent to Concentra, 2542 Brunswick Ave, Lawrenceville, NJ 08648 or any other provider on approved list of Intial Treaters (See approved list of Intial Treaters)

Benefits Representative Signature: _____ Date: _____

Distribution: Employee, Supervisor, TCNJ Occupational Health and Safety, TCNJ Office of Human Resources

Employee Name (Please Print) _____

RM-2 Request for Accepting or Declining Medical Treatment

I am requesting treatment with a State authorized physician at this time as a result of the incident described in the attached form. Employer's First Report of Accidental Injury or Occupational Disease (RM-2).

I understand that I must submit medical documentation from the State physician to the Human Resources Representative immediately after I have seen the State authorized physician. The documentation must indicate the diagnosis, prognosis, treatment plan, limitations, if any, and duration of absence from work as well as the projected return to work.

I am NOT requesting treatment for my injury/illness at this time. I understand that by not requesting treatment at this time, the State will have no information about my physical condition as a result of the incident detailed in the attached form. Employer's First Report of Accidental Injury or Occupational Disease (RM-2). If I seek unauthorized treatment on my own, I will be responsible for any medical bills incurred. I do understand that if my condition worsens or I feel that I need to see a State authorized physician. I am to contact the Human Resources Representative prior to seeing a State authorized physician.

Signature _____

Date _____

Time _____



WORKER'S COMPENSATION

Employee Procedures

Employees who incur work related injuries or illnesses are eligible to receive medical treatment through the New Jersey Worker's Compensation Program. Under this program the employee's initial medical treatment is scheduled through the Office of Human Resources and coordinated by Horizon Casualty Services, a managed care service contracted by the state of New Jersey.

There are no out-of-pocket expenses for the medical services authorized by Horizon Casualty Services. Unauthorized medical expenses elected by the employee shall, however, become the sole responsibility of the employee. The procedures for obtaining treatment for work related injuries or illnesses are provided in the following section. It is important to read and follow the procedures as outlined to ensure prompt medical treatment.

Procedures for Receiving Treatment and Reporting Your Injury/Illness

Emergency Situations

When life or limb is threatened, seek care immediately. Employees should contact Campus Police at extension 911 or 609-771-2167 from any cell phone immediately. Campus Police will make all necessary arrangements for your emergency care.

You are responsible for reporting your injury to the Office of Human Resources and your supervisor **as soon as possible**. Call the Office of Human Resources at 609-771-3306 or 609-771-2118.

Non-Emergency Situations

Step 1: Non-emergency work-related injuries include mild sprains/strains, contusions, abrasions, minor cuts, and other minor injuries. Report your injury or illness to your supervisor **immediately**. Your supervisor will refer you to the Office of Human Resources. The phone number is 771-3306 or 771-2118. Please note that reports of injury will be investigated by the NJ Division of Risk Management before the worker's compensation claim will be accepted and medical treatment authorized.

Step 2: The Manager of Benefits in the Office of Human Resources will have you complete the **Employer's First Report of Accidental Injury or Occupational Disease**. Your claim of accident or occupational injury will be reported to the NJ Division of Risk Management and you will be assigned a claim number. During normal business hours, if you feel that you need medical treatment, the Manager of Benefits will arrange for you to be evaluated at Concentra, 2542 Brunswick Avenue, Lawrenceville, NJ 08648, (609) 493-5440.

Step 3: The treating physician at Concentra will carefully examine you and treat your injury/illness. If necessary you will be referred to a participating specialist.

Step 4: Following every doctor's visit, it is your responsibility to notify the Office of Human Resources and your supervisor of the status of your condition. Each time you see your treating physician you will receive a Patient Treatment and Referral form. This form should be submitted to the Office of Human Resources ***within 24 hours of receipt***.

Step 5: A Horizon Casualty Services Case Manager will be assigned to you and will serve as your personal service representative. The Case Manager will contact you to address concerns regarding your medical care. The Case Manager is also responsible for coordinating your treatment with the doctor or specialist.

Step 6: When you are released from the treating physician's care, you must report to the Office of Human Resources before reporting to your work site. You are required to bring medical clearance documentation from the doctor who is treating you, which allows you to return to work.

Non-Emergency Situations after Normal Business Hours

In the event that you experience a non-life threatening work related injury outside the hours of 8:00 a.m.-5:00 p.m. Monday through Friday, you should seek treatment at:

Doctors Express Hamilton
Hamilton Shops
Hamilton, NJ 08690
Phone: 609-890-4100

The Doctors Express Group is open until 7 p.m. daily and Saturday and Sunday from 9 a.m. to 6 p.m. While at Doctors Express Group, you will be evaluated and assigned a treating physician, if necessary, or released to return to work. The employee and supervisor must complete an **Employer's First Report of Accidental Injury or Occupational Disease and TCNJ Workers Compensation Initial Report** and return the form to the Office of Human Resources as soon as possible.

Employees who sustain non-life threatening work-related injuries outside of normal business hours and after Doctors Express Group has closed and would like immediate treatment should seek treatment at the closest hospital emergency room.

General Information

Personal Case Manager: In addition to a Worker's Compensation Primary Care Physician (PCP), injured employees are assigned a personal case manager. Each case manager is experienced in managing medical care and return-to-work plans for injured workers. They will serve as a personal service contact with Horizon Casualty Services to help facilitate your recovery. You may contact your case manager with any questions at 1-800-985-7777.

Participating Pharmacies: Any medication prescribed by your PCP can be obtained at Blue Cross Blue Shield member pharmacies throughout the state. More than 98 percent of New Jersey pharmacies are in network.

Personal Identification Card: A Worker's Compensation identification card will be completed and issued to you by the Office of Human Resources. This identification card must be presented when you obtain medical services or prescription drugs in connection with a job-related injury or illness. You are the only person authorized to use the ID card. Please keep it with you at all times.

Questions and Concerns

Questions regarding any aspect of TCNJ's Worker's Compensation Program may be directed to the Office of Human Resources at 609-771-3306. You may also contact a Horizon Casualty Services representative at 1-800-985-7777 or the State of New Jersey Division of Risk Management at 609-984-9676.



Horizon Casualty Services, Inc.
 PO Box 10175
 Newark, NJ 07101-3175
 HorizonCasualty.com

TREATMENT FOR YOUR WORK-RELATED INJURY

We're here to help you. Your employer has chosen Horizon Casualty Services, Inc. (HCS), a subsidiary of Horizon Blue Cross Blue Shield of New Jersey, to manage your workers' compensation claim. For your treatment, we carefully select doctors, hospitals and other health care professionals who have expertise in treating work-related injuries and illnesses.

For information, call or visit:

- ✦ HCS at 1-800-985-7777 or HorizonCasualty.com and mouse over *Services* and select *State of New Jersey Injured Worker*.
- ✦ State of New Jersey Division of Risk Management at 1-609-292-3475 or state.nj.us/treasury/riskmgmt/workers-comp.shtml.

How to save money

You will pay NO OUT-OF-POCKET COSTS if you:

- ✦ Use medical services authorized by us.
- ✦ Fill your prescriptions using the ID card below at participating pharmacies such as CVS/pharmacy, WalMart, Rite Aid and most independent pharmacies.

You may be responsible to pay ALL OF THE COSTS if you:

- ✦ Use medical services not authorized by us.
- ✦ Fill prescriptions at nonparticipating pharmacies.
- ✦ Use the attached ID card for medications not prescribed by your State of New Jersey-authorized doctor for your work-related injury. If you fill a prescription not prescribed by your authorized doctor for your work-related injury, you may be responsible for reimbursing the State of New Jersey Division of Risk Management for the cost.

If you need emergency care

In an emergency, immediately call 911 or go to the nearest Emergency Room. Report your injury to your supervisor as soon as possible (within 24 hours).

Your satisfaction matters to us

If you have questions or concerns, call us at 1-800-985-7777. We will make every effort to resolve your concerns. Visit HorizonCasualty.com to review your rights and responsibilities.

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CMC00046009 (05/15)



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Workers' Compensation ID Card

Claim Number: _____

Employee Name: _____

Employer: **The State of New Jersey**

Rx Group #: **CS0195601** Date of Injury: _____

RXBIN: **015499** RXBPCN: **NZNWC**

Visit HorizonCasualty.com to review your rights and responsibilities.

Important Information

1-800-985-7777

This card is for information only and is not a guarantee of benefits. Mail all bills to:

Horizon Casualty Services
 Attn: Claims Department
 PO Box 10175
 Newark, NJ 07101-3175

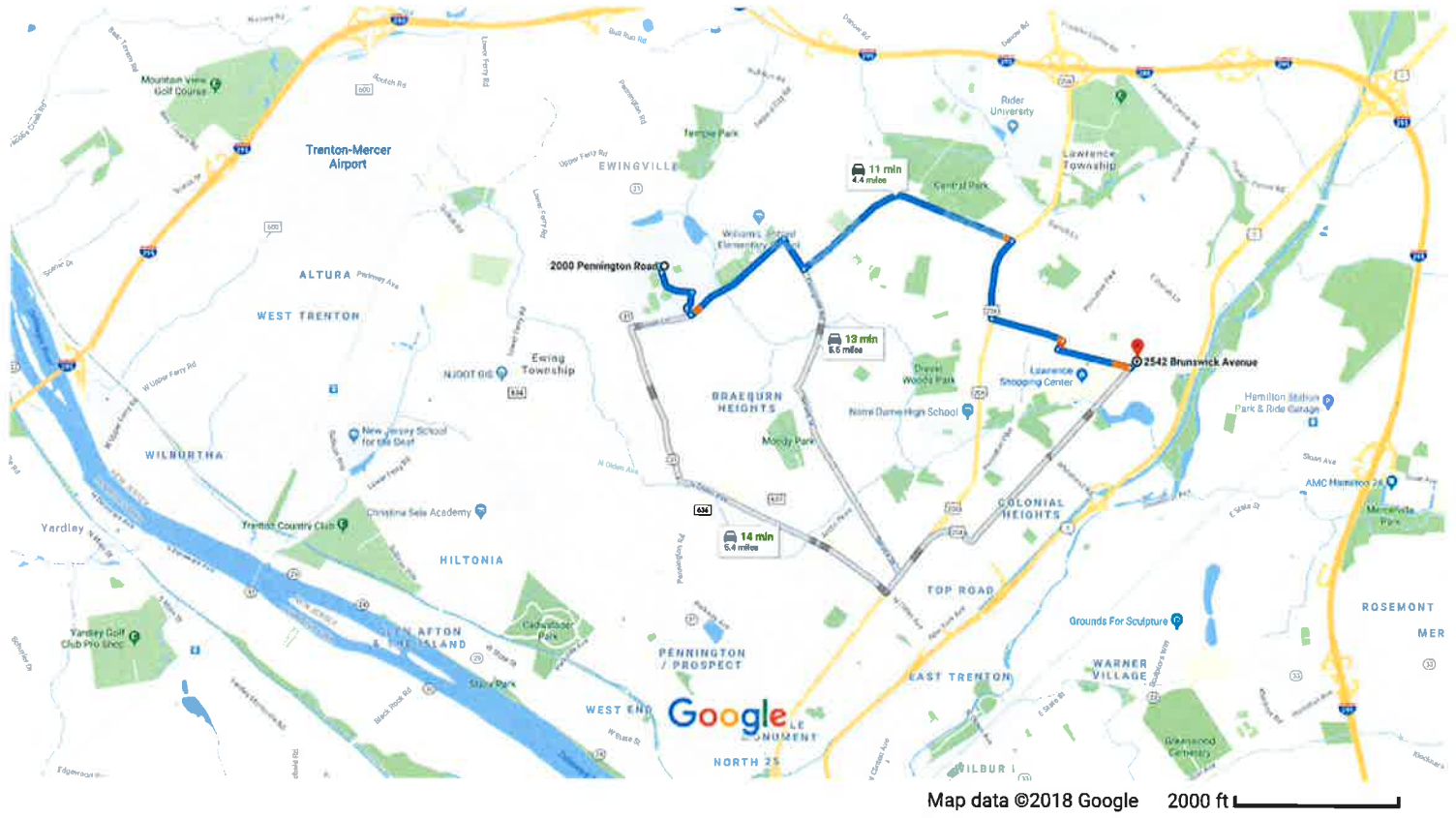
Please call 1-800-985-7777 with any questions.

Pharmacists, please call 1-877-606-6675 with any questions.

Horizon Blue Cross Blue Shield of New Jersey and Horizon Casualty Services, Inc. are independent licensees of the Blue Cross and Blue Shield Association.

Google Maps 2000 Pennington Rd to 2542 Brunswick Ave

Drive 4.4 miles, 11 min



2000 Pennington Rd

Ewing Township, NJ 08628

Take C St and Metzger Dr to Green Ln

-
- 1. Head south 2 min (0.5 mi)
-
- 2. Continue onto C St 210 ft
-
- 3. Turn right onto Metzger Dr 0.3 mi
-
- 4. Turn left toward Lion Dr 0.1 mi
-
- 5. Turn left onto Lion Dr 72 ft
-
- 236 ft

Take Eggert Crossing Rd to Gainsboro Rd in Lawrence Township

- 6 min (2.9 mi)
- 6. Turn left onto Green Ln 0.7 mi
-
- 7. Turn right onto Ewingville Rd 0.2 mi
-
- 8. Turn left onto Eggert Crossing Rd 1.5 mi
-
- 9. Turn right onto US-206 S 0.5 mi
-
- 10. Turn left onto Gainsboro Rd 1 min (0.5 mi)
-
- 11. Turn right onto Princeton Pike 13 s (312 ft)
-
- 12. Turn left onto Texas Ave 1 min (0.4 mi)
-
- 13. Turn left onto US-1 BUS 18 s (328 ft)

i Destination will be on the right

2542 Brunswick Ave

Lawrence Township, NJ 08648

