

# **MORRIS ESSEX INSURANCE GROUP**

**LUNCHEON MEETING**

**THURSDAY, OCTOBER 12, 2017**

**12:00 NOON**

**CAFFE NA VONA**

**(973-627-1606)**

**(DIRECTIONS ON LINE)**

**[WWW.CAFFENAVONA.COM](http://WWW.CAFFENAVONA.COM)**

The New Jersey Open Public Meetings Act was enacted to ensure the right of the public to have advance notice and to attend the meetings of public bodies at which any business affecting their interest is discussed or acted upon. In accordance with the provisions of the act, the Morris Essex Insurance Group approved this meeting date at its organization meeting of June, 2017.

**RSVP IF YOU CANNOT ATTEND**

# MORRIS ESSEX INSURANCE GROUP

THURSDAY, OCTOBER 12, 2017

## AGENDA

- I. Roll Call
  
- II. Approval of the June 15, 2017 Minutes
  - **MOTION TO APPROVE THE MINUTES OF JUNE 15, 2017**  
**MOVED:**  
**SECOND:**  
**VOTE:**
  
- III. Treasurer's Report
  - A. Approval of the Treasurer's Report and Bills List
    - **MOTION TO APPROVE TREASURER'S REPORT FOR JUNE, JULY AUGUST, AND SEPTEMBER 2017 AND BILLS LIST**  
**MOVED:**  
**SECOND:**  
**VOTE:**
  
- IV. Executive Director's Report
  - A. Workers Compensation, Paid and Reserved
  - B. Payroll Audit: 2016-2017 - MEIG Payroll Form (attached)  
**\*\* Payroll Information Due on or before December 1, 2017**
  - C. WC Forms
    - Employee Accident Form
    - Supervisor's WC Incident Report Form
    - WC Reporting procedures
    - Sample Memo to Staff
    - INSERVCO Contacts

# MORRIS ESSEX INSURANCE GROUP

THURSDAY, OCTOBER 12, 2017

- V. Inservco
  - A. Distribute and Review Annual Claims Report
  
- VI. Willis
  - Review of All Lines
  
- VII. Safety Report, Michael Halik, Chair
  - A. Safety Committee will be scheduling a meeting in October
  
- VIII. First MCO
  - A. Status Report
  
- IX. OLD Business
  - Stagger Membership Renewals 2018

<u>2016-2019</u>	<u>2016-2018</u>	<u>2017-2020</u>
West Morris Reg.	Washington Twp	Madison
Hanover Twsp.	Dover	West Essex Reg.
Verona	Mt. Lakes	Glen Ridge
Mine Hill	Mt. Arlington BOE	Mendham Twp.
Roseland	Ed Services of Morris Co	N. Caldwell
Morris Co. School of Tech.		Long Hill
  
- X. New Business
  
- XI. Meeting Adjourned

**MORRIS ESSEX INSURANCE GROUP  
MINUTES  
BOARD OF TRUSTEES MEETING  
JUNE 15, 2017**

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The June 15, 2017 Board of Trustees meeting of the Morris Essex Insurance Group was called to order 12:00 Noon, by the Chairperson, Liz George, at Café NaVona in Rockaway, NJ.

**ROLL CALL OF TRUSTEES:**

**CHAIRPERSON**

Liz George	WASHINGTON TWSP	PRESENT
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**VICE CHAIR**

Vanessa Wolsky	HANOVER TWSP	PRESENT
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**SECRETARY**

Cheryl Nardino	VERONA	PRESENT
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Susan Young	MCS of TECHNOLOGY	PRESENT
Doug Pechanec	WEST MORRIS REG	PRESENT
Catarina Bilotta	ED SERVICES OF MO CO	PRESENT
Michael Halik	NORTH CALDWELL	PRESENT

**Alternate #1**

John Esposito	LONG HILL TWP BOARD	PRESENT
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**Alternate #2**

Catherine Jenisch	DOVER BOARD	PRESENT
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**MEMBERS**

JASON M. BOHM	ROSELAND BOARD	ABSENT
PETER CAPRIO	GLEN RIDGE BOARD	ABSENT
MELISSA KIDA	WEST ESSEX REGIONAL	PRESENT
CAROLINA RODRIGUEZ	MINE HILL BOARD	PRESENT
THOMAS KRYGER	MENDHAM TWSP	ABSENT
TONYA FLOWERS	MT. ARLINGTON BOARD	ABSENT
DANIEL BORGIO	MT. LAKES BOARD	ABSENT
GARY LANE	MADISON BOARD	PRESENT

**FUND PROFESSIONALS PRESENT**

**EXECUTIVE DIRECTOR**

**Deb Ginetto**

**TREASURER**

**Jon Rheinhardt**

**INSERVCO**

**Nancy Fowlkes**

**SAFETY**

**Michael Berta**

**FIRST MCO**

**Kelly Royce**

**WILLIS**

**John Moore**

**AUDITOR**

**Bud Jones**

**ATTORNEY**

**John Tort**

**OTHERS PRESENT**

**None**

**MOTION TO APPROVE THE MINUTES OF THE March 16, 2017**

**MOVED: Gary Lane**  
**SECOND: Doug Pechanec**  
**VOTE: UNANIMOUS**

**MOTION TO APPROVE THE TREASURER'S REPORT FOR MARCH 1, 2017  
THROUGH May 31, 2017 AND THE BILLS LIST**

**MOVED: Doug Pechanec**  
**SECOND: Gary Lane**  
**VOTE: UNANIMOUS**

**MOTION TO ADJOURN SINE DIE MEETING:**

**MOVED: Catarina Bilotta**  
**SECOND: Michael Halik**  
**VOTE: Unanimous**

**SINE DIE MEETING ADJOURNED -CHAIRS VACATED. Liz George  
ASKED Executive Director TO CONDUCT THE MEETING.**

**ROLL CALL OF THE MEMBERS:**

Doug Pechanec	WEST MORRIS REGIONAL	PRESENT
Liz George	WASHINGTON TWSP	PRESENT
Vanessa Wolsky	HANOVER TWSP	PRESENT
Susan Young	MCS of TECHNOLOGY	PRESENT
John Esposito	LONG HILL TOWNSHIP	PRESENT
Cheryl Nardino	VERONA BOARD	PRESENT
Catarina Bilotta	ED SERVICES OF MO CO	PRESENT
Cathy Jenisch	DOVER BOARD	PRESENT
Jason M. Bohm	ROSELAND BOARD	ABSENT
Peter Caprio	GLEN RIDGE BOARD	ABSENT
Melissa Kida	WEST ESSEX REGIONAL	PRESENT
Carolina Rodriguez	MINE HILL BOARD	PRESENT
Thomas Kryger	MENDHAM TWSP	ABSENT
Tonya Flowers	MT. ARLINGTON BOARD	ABSENT
Daniel Borgo	MT. LAKES BOARD	ABSENT
Michael Halik	NORTH CALDWELL BOARD	PRESENT
Gary Lane	MADISON BOARD	PRESENT

It was determined that there was a quorum of membership and the Reorganization Meeting would take place.

**MOTION TO ACCEPT THE FOLLOWING NOMINATIONS OF TRUSTEES AND (2) ALTERNATES FOR JULY 1, 2017 THROUGH JUNE 30, 2018**

Doug Pechanec	WEST MORRIS REGIONAL			
Liz George	WASHINGTON TWSP			
Vanessa Wolsky	HANOVER TWSP			
Susan Young	MCS of TECHNOLOGY			
Michael Halik	NORTH CALDWELL			
Cheryl Nardino	VERONA BOARD			
Catarina Bilotta	ED SERVICES OF MO CO			
John Esposito Alternate #1	Long Hill			
Cathy Jenisch Alternate #2	Dover			
MOVED:	Susan Young			
SECOND:	Mike Halik			
VOTE:	12 Yeas	0 Nays	0 Abstention	

MEIG 6/15/17

**MOTION TO CONFIRM OFFICERS: CHAIRPERSON, Liz George, VICE CHAIRPERSON, Vanessa Wolsky and SECRETARY, Cheryl Nardino, for 2nd year of 2 year term, July 1, 2017-June 30, 2018**

**MOVED: Doug Pechanec**  
**SECOND: Catarina Bilotta**  
**VOTE: 7 Yeas 0 Nays 0 Abstention**

**MOTION TO APPROVE THE APPOINTMENT OF THE PROFESSIONALS FOR FUND YEAR 2017 - 2018 AS per RESOLUTION IN THE AGENDA.**

**Executive Director - Burton Agency Inc**  
**Actuary - O'Neil Consulting Services**  
**Auditor - Nisivoccia & Company**  
**Safety - Aero Environmental, Michael Berta**  
**Claims Administrator – Inservco**  
**Treasurer – Jon Rheinhardt**  
**Defense Attorney - John Tort, Esq.**  
**First MCO**  
**Safe Schools**  
**Chilton Occupational Center**

**MOVED: Doug Pechanec**  
**SECOND: Catarina Bilotta**  
**VOTE: Unanimous**

**MOTION WAS MADE TO ACCEPT THE 2017-2018 WC ASSESSMENTS/BUDGET and INSURED ASSESSMENT**

**MOVED: Mike Halik**  
**SECOND: Gary Lane**  
**VOTE: Unanimous**

**MOTION WAS MADE TO ADOPT THE AMENDED MEETING DATES, DECEMBER DATE CHANGED TO 5<sup>TH</sup>, 2017 CASH MANAGEMENT & INVESTMENT POLICY, THE 2017 FISCAL MANAGEMENT PLAN, 2017 RISK MANAGEMENT PLAN AND ADOPT THE 2017 WORKER'S COMPENSATION COVERAGE POLICY**

**MOVED: Catarina Bilotta**  
**SECOND: Mike Halik**  
**VOTE: Unanimous**

**EXECUTIVE DIRECTOR'S REPORT**

Executive Director reported on the Paid and Reserved Claims in the Agenda. For the 2017 year as of May 2017, the Fund is doing very well. We have Paid and Reserve of \$396,551 against a Loss Fund of \$1,981,757. Last year this time the paid and reserve was \$429,911 with 162 claims. Average potential Return of Surplus, excluding the 2016 year, is 61%.

Once again the Members received surplus checks distributed by the Treasurer during the June meeting.

WC Assessments for 2017-2018. The mod for the Fund is .622. Overall, the Fund's average increase was less than 1%. The upfront discount for each member, that received the 3% discount for attendance at the meetings, was an average of 38%.

The Excess WC purchased by the Fund remained at a specific retention of \$500,000. We continue to fund the retention and have \$92,502 accumulated so far since 2013.

All Lines had a 3.2% overall increase over last year, including exposure changes. School Board Legal flat, Cyber, no increase and CAP, 0% increase.

**WILLIS/John Moore**

John Moore reviewed the Insured Program. Package Umbrella Policy was placed with American Alternative, School Board Legal with XL all other companies remained same. He reminded All Line BOE to make sure that School Board Legal, Employment Practices, and IEP incidents that could potentially become a claim be reported to Darwin before end of June.

**FIRST MCO**

Quarterly reports were reviewed by Kelly Royce of 1<sup>st</sup> MCO.

**SAFETY COMMITTEE REPORT**

Michael Halik reported on the Joint Playground Safety Seminar sponsored by Galfeter.

**OLD BUSINESS**

None

**NEW BUSINESS**

Hanover Twp BOE joined the Fund for All Lines



**Quotes are out to Roxbury, Manchester and Chester BOE.**

**MOTION WAS MADE TO CONDITIONALLY APPROVE Roxbury, Manchester and Chester BOE TO JOIN MEIG WITH APPROVAL OF PROFESSIONALS AND THEIR BOE.**

**MOTION: Gary Lane  
SECOND: Cheryl Nardino  
VOTE: UNANIMOUS**

**MOTION TO ADJOURN MEETING**

**MOTION: John Esposito  
SECOND: Catarina Bilotta  
VOTE: UNANIMOUS**

**MEETING ADJOURNED: 1:30 PM**

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**Liz George  
Chairperson**

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**Date**

MEIG 6/15/17

**REPORT OF THE TREASURER OF THE BOARD OF DIRECTORS**  
**MORRIS ESSEX INSURANCE GROUP**  
**FOR THE PERIOD: June 1, 2017 through September 30, 2017**

		Cash Report			
		Beginning Cash Balances	Cash Receipts	Cash Disbursements	Ending Cash Balances
<b>Operating Funds:</b>					
Valley Bank (Investment)	(5266)	11,050,984.38	2,205,564.45	2,433,564.48	10,822,984.35
New Jersey Cash Management	(5171)	70,645.36	201.63		70,846.99
Subtotal		11,121,629.74	2,205,766.08	2,433,564.48	10,893,831.34
<b>Imprest Accounts:</b>					
Valley Bank (Operating Clearing)		-	2,293,634.01	2,262,183.01	31,451.00
Valley Bank (Claims)		-	139,930.47	139,930.47	-
Total All Accounts		\$ 11,121,629.74	\$ 4,639,330.56	\$ 4,835,677.96	\$ 10,925,282.34

Prepared and Submitted by:

Jon Rheinhardt, Treasurer	Date
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**MORRIS ESSEX INSURANCE GROUP**

**BILL LIST**

**From: June 1, 2017**

**To: September 30, 2017**

**CLAIM CHECKS:**

		<u>Check #</u>	<u>Amount</u>
6/1/2017	Inservco Processed Claims	2064 - 2114	25,151.13
6/14/2017	Inservco Processed Claims	2115 - 2149	23,155.99
6/27/2017	Inservco Processed Claims	2150 - 2187	13,249.44
7/10/2017	Inservco Processed Claims	2188 - 2223	17,274.61
7/25/2017	Inservco Processed Claims	2224 - 2264	17,906.57
8/10/2017	Inservco Processed Claims	2265 - 2290	9,174.91
8/22/2017	Inservco Processed Claims	2291 - 2318	6,303.93
9/7/2017	Inservco Processed Claims	2319 - 2354	21,473.37
9/19/2017	Inservco Processed Claims	2355 - 2370	6,240.52
	Subtotal (Claims)		<u>139,930.47</u>

**OPERATING CHECKS:**

6/15/2017	Boonton BOE	1032	14.00
6/15/2017	Chatham BOE	1033	10,864.00
6/15/2017	Chester BOE	1034	38.00
6/15/2017	Dover BOE	1035	78,819.00
6/15/2017	Glenn Ridge BOE	1036	50,375.00
6/15/2017	Hanover BOE	1037	63,777.00
6/15/2017	Harding BOE	1038	14.00
6/15/2017	Long Hill BOE	1039	42,971.00
6/15/2017	Madison BOE	1040	59,105.00
6/15/2017	MC Vo-Tech	1041	31,997.00
6/15/2017	Mendham Borough BOE	1042	21.00
6/15/2017	Mendham Township BOE	1043	39,437.00
6/15/2017	Mine Hill BOE	1044	9,738.00
6/15/2017	MC ESC	1045	55,266.00
6/15/2017	VOID	1046	-
6/15/2017	Mountain Lakes BOE	1047	58,690.00
6/15/2017	Mt Arlington BOE	1048	27,457.00
6/15/2017	North Caldwell BOE	1049	20,409.00
6/15/2017	Roseland BOE	1050	14,352.00
6/15/2017	Verona BOE	1051	90,896.00
6/15/2017	Washinton Twp BOE	1052	82,682.00
6/15/2017	West Essex BOE	1053	55,688.00
6/15/2017	West Morris Regional	1054	113,239.00
6/15/2017	VOID	1055	-
6/15/2017	Dover BOE	1056	14,925.00
6/15/2017	Glenn Ridge BOE	1057	9,200.00
6/15/2017	Long Hill BOE	1058	4,767.00
6/15/2017	Mendham Township BOE	1059	1,640.00
6/15/2017	Mine Hill BOE	1060	5,920.00
6/15/2017	MC ESC	1061	6,387.00
6/15/2017	Mountain Lakes BOE	1062	1,358.00

**MORRIS ESSEX INSURANCE GROUP**  
**BILL LIST**

**From:**           **June 1, 2017**

**To:**               **September 30, 2017**

6/15/2017	Mt Arlington BOE	1063	5,717.00
6/15/2017	North Caldwell BOE	1064	301.00
6/15/2017	Roseland BOE	1065	7,014.00
6/15/2017	VOID	1066	-
6/15/2017	Washinton Twp BOE	1067	9,507.00
6/15/2017	Aero Environmental	1068	8,954.46
6/15/2017	Atlantic Health System	1069	520.00
6/15/2017	DocuSafe Records Mgt	1070	23.66
6/15/2017	FMCO	1071	10,323.08
6/15/2017	Inservco Insurance Services	1072	16,399.25
6/15/2017	Jon Rheinhardt	1073	2,659.50
6/15/2017	Verona BOE	1074	13,558.00
7/28/2017	Burton Agency	1075	73,568.00
7/28/2017	DocuSafe Records Mgt	1076	23.62
7/28/2017	FMCO	1077	20,646.16
7/28/2017	Jon Rheinhardt	1078	2,629.50
7/28/2017	Polaris Galaxy Insurance	1079	3,526.92
7/28/2017	Willis of New Jersey, Inc.	1080	1,136,765.86
			<hr/>
	Subtotal (Operating)		2,262,183.01
			<hr/>
	Grand Total all Payments		2,402,113.48
			<hr/> <hr/>

# MEIG

PAID & RESERVED TO DATE		August 31, 2017									
DATE	PAID	RESERVE	RECOVERY	TOTAL	LOSS FUND	POTENTIAL RETURN	OPEN CLAIMS	CLOSED CLAIMS	TOTAL CLAIMS		
*7/1/17-2018	\$ 2,085	\$ 18,791		\$ 20,877			13	4	17		
7/1/16-2017	\$ 286,280	\$ 312,885		\$ 599,165	\$ 1,981,757	\$ 1,382,592	19	160	179		
7/1/15-2016	\$ 482,302	\$ 175,154		\$ 657,456	\$ 2,061,739	\$ 1,404,283	7	173	180		
7/1/14-2015	\$ 523,796	\$ 184,653		\$ 708,449	\$ 2,019,278	\$ 1,310,829	5	166	171		
7/1/13-2014	\$ 567,533	\$ 305,825	\$ (1,250)	\$ 872,108	\$ 2,025,807	\$ 1,153,699	4	208	212		
7/1/12-2013	\$ 563,056	\$ 64,189		\$ 627,245	\$ 2,030,242	\$ 1,402,997	3	231	234		
7/1/11-2012	\$ 573,708	\$ 61,521		\$ 635,229	\$ 1,941,767	\$ 1,306,538	2	227	229		
				TOTAL 2016-2011	\$ 4,099,652	\$ 12,080,590			7,980,938		
				66% Potential Return							
*Total Claims 2016: 9 \$34,174 Total Claims 5/31/16 - '162 \$429,911											



EMPLOYEE NAME	I.D.	TIME OF INJURY	DATE OF INJURY	FILE NUMBER
PLEASE LIST YOUR PRIMARY CARE PHYSICIAN AND HIS/HER ADDRESS FOR THE PAST TEN YEARS				
PLEASE LIST YOUR CURRENT MEDICATIONS				
BRIEFLY DESCRIBE HOW YOU GOT HURT AND WHEN THE INJURY OR ILLNESS OCCURRED.				
WHAT PART(S) OF THE BODY WERE HURT; AND IN WHAT PART(S) OF THE BODY DO YOU CURRENTLY FEEL PAIN?				
HAVE YOU HAD TREATMENT IN THE PAST FOR THE SAME OR SIMILAR MEDICAL CONDITION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE PROVIDE THE NAME AND ADDRESS OF THE TREATING PHYSICIAN(S) FOR THIS CONDITION. LIST ANY MEDICATIONS YOU ARE OR WERE TAKING FOR THIS CONDITION/INJURY?				
HAVE YOU BEEN TREATED IN THE PAST BY A CHIROPRACTOR? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE PROVIDE THE NAME AND ADDRESS OF THE CHIROPRACTOR(S).				
HAVE YOU FILED ANY WORKERS' COMPENSATION CLAIM(S) IN THE PAST FOR THIS MEDICAL CONDITION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE PROVIDE THE DETAILS OF THE PREVIOUS CLAIM(S).				
HAVE YOU BEEN INVOLVED IN ANY MOTOR VEHICLE COLLISIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE PROVIDE THE DETAILS OF THE CRASH, DATE, AND THE NATURE OF THE INJURY AND TREATMENT.				
ARE YOU CURRENTLY ENGAGED IN ANY OTHER EMPLOYMENT OR HAVE YOU EVER BEEN ENGAGED IN ANY OTHER EMPLOYMENT WHILE YOU WERE EMPLOYED BY US? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE LIST THE NAMES AND ADDRESSES OF THESE EMPLOYERS.				
DO YOU CURRENTLY (IN THE PAST 12 MONTHS) PARTICIPATE IN ANY ATHLETIC, RECREATIONAL OR SPORTING ACTIVITIES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE LIST THE ACTIVITIES YOU PARTICIPATE IN.				
TO WHOM DID YOU FIRST REPORT THE INJURY TO AND WHEN?				
WERE THERE ANY WITNESSES TO YOUR INJURY? IF SO, WHO?				
HAVE YOU EVER RECEIVED PAIN MANAGEMENT TREATMENT? IF SO, BY WHOM?				

**I CERTIFY THAT THE ABOVE STATEMENTS MADE BY ME ARE TRUE AND CORRECT. I AM AWARE THAT IF ANY OF THE STATEMENTS ARE WILLFULLY FALSE, I MAY BE SUBJECT TO DISCIPLINARY ACTION BY MY EMPLOYER.**

**AUTHORIZATION TO RELEASE INFORMATION:** I hereby authorize any physician, hospital or other person or institution to permit the Inservco Insurance Services or its representative to examine, make, or be furnished with any information concerning illness or injury sustained by me including treatment, consultations, medical history, hospital records, prescriptions, diagnosis, or findings. A Photostatic or scanned copy of this authorization shall be considered as valid as the original.

EMPLOYEE SIGNATURE	SOCIAL SECURITY #.	DATE
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**Supervisor's Workers' Compensation Incident Report Form**

**EMAIL: [insvni@pnat.com](mailto:insvni@pnat.com)**

INJURED EMPLOYEE NAME	DATE OF THIS REPORT	ALLEGED INJURY DATE
DID YOU PERSONALLY OBSERVE THE INCIDENT INVOLVING THIS EMPLOYEE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
TO YOUR KNOWLEDGE, WAS THIS INCIDENT WITNESSED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> I DON'T KNOW		
IF YOU DID PERSONALLY OBSERVE THE INCIDENT, PROVIDE A DESCRIPTION OF WHAT YOU PERSONALLY OBSERVED, INCLUDING THE DATE, TIME AND LOCATION OF THE INCIDENT.		
IF YOU DID NOT PERSONALLY OBSERVE THE INCIDENT, DID OTHERS TELL YOU ABOUT IT? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF OTHERS TOLD YOU ABOUT IT, DESCRIBE EXACTLY WHAT THEY TOLD YOU AND WHEN THEY TOLD YOU ABOUT IT.		
DID THE EMPLOYEE REPORT THIS INCIDENT TO YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF YES, STATE THE DATE AND TIME THAT THE EMPLOYEE REPORTED THIS INCIDENT TO YOU.		
DID THE EMPLOYEE REPORT THE INCIDENT TO ANYONE ELSE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> I DON'T KNOW		
IF YES, STATE WHO THAT PERSON IS AND WHAT THE EMPLOYEE REPORTED TO THAT PERSON.		
IF THIS INCIDENT WAS WITNESSED BY OTHERS, IDENTIFY THE NAMES OF ALL WITNESSES AND THEIR RELATIONSHIP TO THE EMPLOYEE (i.e., co-employee, subordinate, etc.)		
WERE YOU AWARE OF ANY PHYSICAL DIFFICULTIES ON OR OFF THE JOB WHICH THE EMPLOYEE WAS HAVING BEFORE THE INCIDENT HAPPENED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> I DON'T KNOW		



IF YES, WHAT WERE YOU AWARE OF AND HOW DID YOU BECOME AWARE OF IT?

DESCRIBE THE EMPLOYEE'S JOB DUTIES AND WHETHER THE ACTIVITIES ON THE DATE OF INJURY WERE UNUSUAL FOR HIM OR HER TO PERFORM?

WAS THE EMPLOYEE WEARING OR USING PROTECTIVE GEAR?

YES  NO  I DON'T KNOW

DOES THE EMPLOYER REQUIRE THE USE OF SUCH PROTECTIVE GEAR?

YES  NO

DID THE EMPLOYEE ASK FOR MEDICAL ATTENTION?

YES  NO  I DON'T KNOW

DID THE EMPLOYEE DECLINE MEDICAL ATTENTION?

YES  NO  I DON'T KNOW

IF MEDICAL ATTENTION WAS OFFERED, WHERE WAS THE EMPLOYEE SENT?

IF YOU ARE AWARE OF ANY HOBBIES, SECOND JOBS, SPORTS OR OTHER PHYSICAL ACTIVITIES ENGAGED IN BY THIS EMPLOYEE IN THE PAST FEW YEARS, PROVIDE THAT INFORMATION BELOW.

IF YOU ARE AWARE OF ANY MOTOR VEHICLE ACCIDENTS, HOME INJURIES, OR SPORTS INJURIES INVOLVING THIS EMPLOYEE IN THE PAST FEW YEARS, PROVIDE THAT INFORMATION BELOW?

ARE ANY OF THE WITNESSES TO THIS INCIDENT NO LONGER EMPLOYED BY YOUR ENTITY?

YES  NO

IF ANY OF THE WITNESSES ARE NO LONGER EMPLOYED, PLEASE PROVIDE AN ADDRESS OR PHONE NUMBER OF SUCH WITNESS, IF YOU HAVE IT.

*I CERTIFY THAT THE ABOVE STATEMENTS MADE BY ME ARE TRUE AND CORRECT. KINDLY PRINT, SIGN, AND DATE BELOW.*

NAME	SIGNATURE	JOB TITLE	DATE
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## WORKERS' COMPENSATION REPORTING PROCEDURES

1. All accidents must be reported **immediately** to an employee's supervisor **and** the school nurse. (*or designated staff member*)
2. The school nurse (*or designated person*) will contact First MCO via the 800 number (800) 831-9531 to report the injury. First MCO's toll-free number, for the reporting of injuries, is available 24 hours, seven days per week.
3. A First MCO specialist will gather all information required by the State during your call, such as: Name, address, telephone number, date of birth, Social Security Number, how the incident occurred, what the injuries are, date hired, hours worked and salary.
4. First MCO **will direct** the injured employee to a medical facility.
  - Should the injury be life-threatening they should report to the nearest hospital emergency room. **Following treatment** in the Emergency Room the employee will need to call the school nurse (*or designated staff member*) so the report of injury can be made with First MCO and further care will be directed.
  - In all cases, First MCO will manage the injured employee's care, referring them and making their appointments when necessary with specialists as well as following up to monitor the improvement of their medical condition.
5. First Report of Injury is sent electronically to Inservco by First MCO. Inservco sets up the claim and assigns a Claim Number which is emailed automatically to the Board of Education's contact.
6. The following (2) two forms must be completed and sent to the (*school nurse or designated person at the Board of Education*):
  1. **EMPLOYEE ACCIDENT FORM** – injured person should complete this form and sign (sample attached)
  2. **SUPERVISOR'S ACCIDENT INVESTIGATION REPORT** – completed by immediate supervisor (sample attached)

Once the forms are completed, the designated person puts the **claim number** on each form and sends them to Inservco by fax (866) 334-1348 or email to [insvni@pnat.com](mailto:insvni@pnat.com). All MEIG Claim Numbers start with **227**. These (2) forms are **extremely important** to the WC Claim Process, especially when an injury becomes suspicious.

7. If you have additional information or a suspicious claim, please call your Inservco Adjuster to report this. The Adjuster assigned will be:
  - Kathleen Rizzo – (800) 334-1348 ex. 5570

[Krizzo@pnat.com](mailto:Krizzo@pnat.com)

8. Strict adherence to the above procedures will facilitate processing of all Workers' Compensation Claims or possible claims timely.
9. Final determination of benefits shall be determined by INSERVCO and not the Board of Education.

## BOARD OF EDUCATION

*SAMPLE MEMO TO STAFF MEMBERS*

**DATE:**

**TO:** All Staff

**FROM:**

**RE:** Workers' Compensation

Please be advised that should a **work-related injury** occur as a result of performing your job responsibilities the required procedure for reporting and/or seeking treatment for the injury is as follows:

1. All accidents must be reported **immediately** to an employee's supervisor **and** the school nurse. *(or designated staff member)*
2. The school nurse *(or designated person)* will contact First MCO via the 800 number (800) 831-9531 to report the injury. First MCO's toll-free number, for the reporting of injuries, is available 24 hours, seven days per week.
3. A First MCO specialist will gather all information required by the State during your call, such as: Name, address, telephone number, date of birth, Social Security Number, how the incident occurred, what the injuries are, date hired, hours worked and salary.
4. First MCO **will direct** the injured employee to a medical facility.
5. Should the injury be life-threatening you should report to your nearest hospital emergency room. **Following treatment** in the Emergency Room you will need to call the school nurse *(or designated staff member)* so the report of injury can be made with First MCO and further care will be directed.

In all cases, First MCO will manage your care, referring you and making your appointments when necessary with specialists as well as following up with you to monitor the improvement of your medical condition.

6. The following two forms must be completed and sent to the (*school nurse*):
  1. **Workers' Compensation Questionnaire** – injured person should complete this form and sign
  2. **Supervisor's Accident Investigation Report** – completed by immediate supervisor
7. Strict adherence to the above procedures will facilitate processing of all Workers' Compensation Claims or possible claims.
8. Final determination of benefits shall be determined by the administrator of the Plan and not the Board of Education.

## **INSERVCO INSURANCE SERVICES, INC.**

PO Box 1457  
Harrisburg, PA 17105-3899  
(800) 334- 1348  
Fax (866) 334-1348

### **Morris Essex Insurance Group/MEIG Workers' Compensation Contacts**

#### **Contacts – Office (800) 334-1348**

*Kathleen Rizzo, Claims Representative*  
*Kimberly Weiderhold, Claims Associate*  
*Nancy Fowlkes, Team Leader*  
*Staci L. Ulp, AIC, Vice President & COO*

*Ext. 5570 [Krizzo@pnat.com](mailto:Krizzo@pnat.com)*  
*Ext. 5537 [Kweiderhold@pnat.com](mailto:Kweiderhold@pnat.com)*  
*Ext. 5588 [Nfowlkes@pnat.com](mailto:Nfowlkes@pnat.com)*  
*Ext. 4057 [Sulp@pnt.com](mailto:Sulp@pnt.com)*

To file a First Report of Injury or Accident, kindly contact  
First Managed Care Options at the Injury Hotline @ 800-831-9531

Please forward all Medical Billing, Medical Reports, and any other claims related  
correspondence to **INSERVCO INSURANCE SERVICES, INC.** to any of the following:

<b>Address:</b>	<b>P.O. Box 1457 Harrisburg, PA 17105-3899</b>
<b>Fax:</b>	<b>1-866-334-1348</b>
<b>Email:</b>	<b><a href="mailto:insvnj@pnat.com">insvnj@pnat.com</a></b>

**\*\*\*Please place a claim number on all correspondence when possible.\*\*\***

Please forward all other non-imagable correspondence to our physical address below:

**INSERVCO INSURANCE SERVICES, INC.**  
**P.O. Box 1457**  
**Harrisburg, PA 17105**  
**Fax: (800) 334-1348**