



## INJURED WORKER HANDOUTS

As soon as you know one of your employees may have been injured at work, or that a crime has occurred at the workplace, please provide the following documents to the injured worker. Delivery may be made personally or by first-class mail.

### **Injured Worker's First Fill Prescription Form:**

This document contains a first fill card that an injured worker can use for a one-time fill of prescription medicines for their work injury. **It is important that you give the worker this card right away when they report an injury.** The temporary card is only valid if used within 5 days of the reported date of injury. Once the injury is reported to us, our claims staff will provide further instructions to the worker on how to get subsequent prescription fills and refills.

### **DWC-1 – Claim Form and Notice of Potential Eligibility:**

When a workplace injury causes an employee to miss work past the employee's shift or requires any medical treatment beyond first aid, this form must be given to the injured worker or to the deceased worker's dependents within one working day of your knowledge. Then, within one working day after you receive the claim form from the injured worker, you must sign and date the form and send completed copies to Omaha National and the worker. Make sure to save a copy for your records.

### **Employee Medical Provider Network Notice:**

Give this form to an employee when you learn of a workplace injury that may require medical treatment. The notification must be provided in Spanish if the injured worker primarily speaks Spanish.

### **Notice to Victims of Workplace Crimes:**

Employers are required to provide employees who are victims of a crime at their place of employment written notice that the employees are eligible for workers compensation benefits for injuries, including psychological injuries, that may result from the crime. This notice must be provided within one working day of the crime or within one working day of the employer's knowledge of the crime.

### **Employee Acknowledgement Form – Part Two:**

Have the injured worker complete and sign part two of this form to indicate they received the Employee Medical Provider Network Notification. If you are unable to locate the original document with part one completed, please have the employee complete both sections.