

WORKERS' COMPENSATION NOTICE

The employees of this business are covered by the Virginia Workers' Compensation Act. In case of injury by accident or notice of an occupational disease:

THE EMPLOYEE SHOULD:

1. Immediately give notice to the employer, in writing, of the injury or occupational disease and the date of accident or notice of the occupational disease.
2. Promptly give to the employer and to the Virginia Workers' Compensation Commission notice of any claim for compensation for the period of disability beyond the seventh day after the accident. In case of fatal injuries, notice must be given by one or more dependents of the deceased or by a person in their behalf.
3. In case of failure to reach an agreement with the employer in regard to compensation under the act, file application with the Commission for a hearing within two years of the date of accidental injury or first communication of the diagnosis of an occupational disease.
4. If medical treatment is anticipated for more than two years from the date of the accident and no award has been entered, the employee should file a claim with the Commission within two years from the date of the accident.

NOTE: The employer's report of accident is not the filing of a claim for the employee. The voluntary payment of wages or compensation during disability, or of medical expenses, does not affect the running of the time limitation for filing claims. An award based on a voluntary agreement must be entered or a claim filed within two years; one year in death cases.

THE EMPLOYER SHOULD:

1. At the time of the accident, give the employee the names of at least three physicians from which the employee may select the treating physician.
2. Report the injury to the Commission through your carrier or directly to the Commission.
3. Accurately determine the employee's average weekly wage, including overtime, meals, uniforms, etc.

Questions may be answered by contacting the Commission. A booklet explaining the Workers' Compensation Act is available without cost from:

THE VIRGINIA WORKERS' COMPENSATION COMMISSION
1000 DMV Drive
Richmond, Virginia 23220

1-877-664-2566
vwc.state.va.us

Every employer within the operation of the Virginia Workers' Compensation Act MUST POST THIS NOTICE IN A CONSPICUOUS PLACE in his place of business.

NOTICIA SOBRE COMPENSACIÓN LABORAL

Los empleados de ésta empresa estan cubiertos por la Ley de Compensacion Para Los Trabajadores de Virginia (Virginia Workers' Compesation Act). En caso de lesion por accidente o aviso de una enfermedad ocupacional:

EL EMPLEADO DEBE:

1. Dar aviso inmediato, por escrito, al empleador sobre lesiones o enfermedad ocupacional y dar la fecha del accidente o del aviso de la enfermedad ocupacional.
2. Dar aviso inmediato al empleador y a "Virginia Workers' Compensation Commission" de cualquier reclamo por compensación por periodos de incapacidad de más de siete dias despues del accidente. En caso de lesiones fatales, el aviso debe ser dado por uno o mas de los dependientes o herederos del difunto o las personas que los representan.
3. Presentar una solicitud a la Comisión para una audiencia dentro de dos años de la fecha de la lesión por accidente or de la primera comunicación del diagnóstico de enfermedad ocupacional, si no llega a un acuerdo con el empleador en relacion al pago de compensación bajo la Ley.
4. Presentar una solicitud a la Comisión dentro de los dos años de la fecha del accidente, si el tratamiento médico es anticipado por mas de dos años de la fecha del accidente y el empleado no ha recibido una orden de la Comisión.

NOTA: El reporte de accidente del empleador no es la presentacion del reclamo del empleado. El pago voluntario sueldos o compensacion durante la incapacidad o de los gastos medicos, no afecta el transcurso de la limitación del tiempo para presentar reclamos. La Comisión debe de dar una orden cubriendo acuerdos voluntarios y si no, una reclamación debe de ser presentada por el empleado dentro de los dos anos del accidente; un año en caso de fallecimiento.

EL EMPLEADOR DEBE:

1. Al momento del accidente, dar al empleado los nombres de por lo menos tres médicos, de los cuales el empleado puede escoger un médico para su tratamiento.
2. Reportar las lesiones a la Comision a traves de su representate o directamente a la Comisión.
3. Determinar exactamente el salario semanal del empleado, incluyendo sobretiempo, comidas, uniformes, etc.

Preguntas pueden ser contestadas llamando a la Comision. Un folleto explicando la Ley de Compensación Para Los Trabajadores esta disponible sin costo de:

THE VIRGINIA WORKERS' COMPENSATION COMMISSION
1000 DMV Drive
Richmond, VA 23220
1-877-664-2566
vwc.state.va.us

Cada empleador dentro de la operacion de la Ley de Compensacion Para Trabajadores en Virginia, DEBE DE EXPONER ESTE AVISO EN UN LUGAR VISIBLE, en la empresa o lugar de negocios.



NOTICE TO EMPLOYEE

IN THE EVENT A DIAGNOSIS OF COAL MINERS' PNEUMOCONIOSIS (INCLUDING BLACK LUNG, SILICOSIS, PNEUMOCONIOSIS, COAL WORKERS' PNEUMOCONIOSIS, ROCK DUST, DUST, DUST ON YOUR LUNGS OR TERMS OF SIMILAR MEANING) IS COMMUNICATED TO YOU, YOU MAY HAVE A WORKERS' COMPENSATION CLAIM. HOWEVER, SUCH CLAIM MAY BE LOST IF YOU DO NOT FILE IT WITH THE VIRGINIA WORKERS' COMPENSATION COMMISSION WITHIN THE TIME LIMIT PROVIDED BY LAW. YOU MAY FIND OUT WHAT TIME LIMIT APPLIES TO YOUR CLAIM BY CONTACTING THE WORKERS' COMPENSATION COMMISSION. THE FACT THAT YOU ARE TOLD THAT YOU HAVE COAL MINERS' PNEUMOCONIOSIS WHICH HAS NOT REACHED THE COMPENSABLE LEVEL UNDER THE GUIDELINES OF THE WORKERS' COMPENSATION COMMISSION OR THAT YOU ARE STILL ABLE TO WORK OR ARE WORKING DOES NOT STOP THE TIME FROM RUNNING OR OTHERWISE RELIEVE YOU OF YOUR DUTY TO FILE YOUR CLAIM WITH THE WORKERS' COMPENSATION COMMISSION.

Virginia Workers' Compensation Commission
1000 DMV Drive
Richmond VA 23220
1-(877)-664-2566

VIRGINIA WORK INJURY REPORTING PROCEDURES

This Claim Packet is provided for your use in reporting employee work related injuries. Copy the enclosed forms as needed.

First Report of Injury (VWC Form #3)

This form must be completed at the time of the injury and/or immediately upon the employer's knowledge of the injury. The original form should be immediately mailed, faxed or e-mailed to us. As an alternative, First Reports of Injury (FROI's) may be submitted to us online at: www.berkindcomp.com. Online Reporting Instructions are enclosed. Maintain a copy of the FROI for your records. Keep a separate file for each workers' compensation claim.

Supervisor's Report

The supervisor should fill out this form as soon as the accident is reported. The original should be submitted with the FROI. If the FROI is reported online, then please mail, fax or e-mail the Supervisor's Report to us. Maintain a copy for your records. If you utilize another version of a supervisor's report, it may be substituted for the enclosed report.

Wage Chart (VWC Form No. 7A)

The Wage Chart must be completed on claims involving lost time from work.

Please contact our claims department if you have questions about completing the Wage Chart.

Do not delay reporting the First Report of Injury for completion of the Wage Chart.

Work Status

You must immediately notify Berkley Industrial Comp if an employee begins to lose time from work. You must immediately notify us of the date the employee is scheduled to return to any type work (full duty, modified duty, light duty).

First Report of Injury

Virginia Workers' Compensation Commission
 1000 DMV Drive Richmond Virginia 23220
 1-877-664-2566



Reason for filing: _____
 VWC Jurisdiction Claim #: _____
 (If assigned) _____
 Claim Administrator File#: _____

SEE INSTRUCTIONS ON REVERSE SIDE

www.vwc.state.va.us

Employer		
Employer's Legal Name	Federal Employer Identification Number (FEIN)	
Employer's Mailing Address		
Name/FEIN of Entity on Policy	Nature of Business	
Name and Address of Insurer or Self-Insurer for this Claim	Policy Number	
Time and Place of Accident		
Location where accident occurred	Date of injury	Hour of injury <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Date injury or illness reported	If fatal, give date of death	If fatal, give marital status <input type="checkbox"/> Single <input type="checkbox"/> Divorced
	If fatal, give number of dependent children	<input type="checkbox"/> Married <input type="checkbox"/> Widowed
Injured Worker		
Name of Injured Worker	Phone Number	Injured Worker ID Number
Injured Worker's mailing address		Type of ID <input type="checkbox"/> Social Security No. <input type="checkbox"/> Employment Visa <input type="checkbox"/> Green Card <input type="checkbox"/> Passport No. <input type="checkbox"/> Unknown
Occupation at time of injury or illness	Date of birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Nature and Cause of Accident		
Machine, tool, or object causing injury or illness		
Describe fully how injury or illness occurred		
Describe nature of injury, occupational disease, or illness, including body parts affected		
Signatures		
Submitter (name, signature, title)	Date	Phone number
Submitter's Address		

First Report of Injury

Filing Instructions

The Virginia Workers' Compensation Act requires that **ALL** injuries occurring in the course of employment be reported to the Commission pursuant to Va. Code §65.2-900.

Employer

The employer is responsible for accurately completing all sections of this form when an employee is injured. It should be typed or legibly printed, signed, and dated by the preparer. Send the original form to the claim administrator for the insurance company who provided insurance coverage on the date of the occurrence. The claim administrator will report this information to the Commission. Contact your workers' compensation insurance provider for additional information.

Claim Administrator

Claim administrators who are EDI enabled will use the information contained on the paper form and submit electronic data to the Commission.

Claim administrators who are NOT EDI enabled must immediately file the completed form with the Commission. Please note: EDI is mandatory no later than June 30, 2009, after which time paper reports will no longer be accepted. Until you are in EDI production, mail the completed form to the Virginia Workers' Compensation Commission, 1000 DMV Drive, Richmond, VA 23220. At the top of the form, use a numerical code (1-7) to indicate the reason for filing the form for accidents meeting one of the filing criterion.* If none of the criteria apply, you must still report the accident, but may use either Form 45A or this form to do so. (Leave "reason for filing" blank in such a case.)

For questions or assistance in completing the form, please contact the Commission toll-free at 877-664-2566.

*Criteria for filing are: (1) lost time exceeds seven days; (2) medical expenses exceed \$1,000.00; (3) compensability is denied; (4) issues are disputed; (5) accident resulted in death; (6) permanent disability or disfigurement may be involved; and (7) a specific request is made by the Virginia Workers' Compensation Commission.

Wage Chart

Employer's Statement of Wage Earnings

Virginia Workers' Compensation Commission
1000 DMV Drive Richmond VA 23220

The boxes to the right are for the use of the insurer.	Reserved	VWC File Number
	Insurer Code	Insurer Location
	Insurer Claim Number	

	Employee		Address			
Name of Employee				Date of Accident	Date of Hire	
	Employer		Address			
Name of Employer				Employee's Social Security Number		

PLEASE REFER TO THE FILING INSTRUCTIONS PRINTED ON THE BACK OF THIS FORM

Week No.	Week Ending Date	Days Worked	Gross amount paid, including overtime	Week No.	Week Ending Date	Days Worked	Gross amount paid, including overtime	Week No.	Week Ending Date	Days Worked	Gross amount paid, including overtime
1				19				37			
2				20				38			
3				21				39			
4				22				40			
5				23				41			
6				24				42			
7				25				43			
8				26				44			
9				27				45			
10				28				46			
11				29				47			
12				30				48			
13				31				49			
14				32				50			
15				33				51			
16				34				52			
17				35				Totals			
18				36							

Value of perquisites for entire year: _____ Total gross earning \$ _____ Total weeks worked _____

Bonuses \$ _____	Electricity \$ _____	Total value of perquisites \$ _____
Meals/Lodging \$ _____	Water \$ _____	
Meals Only \$ _____	Telephone \$ _____	Total earnings & perquisites \$ _____
Temporary Lodging \$ _____	Uniforms \$ _____	
House Rent \$ _____	Laundry \$ _____	
Tip Income \$ _____		

VWC use only:

AWW: _____
CR: _____

INSURER OR EMPLOYER (include name & signature)	Date	Telephone number
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FILING INSTRUCTIONS
(Instructions Updated 09/01/07)

Wage Chart
VWC Form No. 7A

The information at the top right of the form should be provided by the insurer. Please note that the insurer code refers to the five-digit numeric code assigned by The National Council on Compensation Insurance (NCCI). Self-insured employers are assigned a similar five-digit code number by the Virginia Workers' Compensation Commission.

Illegible forms will be returned to the insurer.

How to complete the Wage Chart:

- Indicate gross weekly earnings for the 52 weekly periods immediately **preceding** the date of accident.
- Note that these earnings are GROSS earnings and include overtime and tips, before any deductions are made for taxes or Social Security. If there were any perquisites, please list the TOTAL value separately at the bottom of the chart.
- If an injured employee lost more than seven consecutive calendar days, although not in the same week, these periods should be noted on the Wage Chart (VWC Form No. 7-A) using an asterisk in the Week No. column and are not to be counted in the calculations. Va. Code § 65.2-101.
- If injured employee has worked less than 12 months, the earnings for the time worked should be used. The earnings for a similar employee may be used if the employee has worked less than 60 days.

How to calculate the Wage Chart:

- If a full year's wage information **has been** provided covering the 52 week period prior to the date of accident:
 - determine the total wages earned, including yearly perquisites;
 - divide the total wages earned for this period by 52;
 - the sum will be the average weekly wage.
- If a full year's wage information **has not been** provided covering the 52 week period prior to the date of accident:
 - determine the total wages earned, including yearly perquisites;
 - divide the total wages earned by the number of weeks wages were earned (Note: if warranted, the weeks can be converted into days and calculated on that basis);
 - the sum will be the average weekly wage.
- If the form is completed on a **bi-weekly basis**:
 - determine the total wages earned, including yearly perquisites;
 - divide the total wages earned by the number of weeks worked (employee paid 26 times a year represents 52 weeks of wages);
 - the sum will be the average weekly wage.
- Samples of properly completed wage chart(s) are available through the Commission's Website at www.vwc.state.va.us under the forms menu.
- For questions or assistance with completing this form, please contact the Awards Unit using the Commission's Toll-Free number at (1-877) 664-2566.