ASSOCIATED
CLAIMS
ADMINISTRATORS

Dear Employer:

Associated Claims Administrators (ACA) will be administering your Workers' Compensation claims on behalf of National Liability & Fire Insurance Company.

ACA professionals are experienced in Workers' Compensation Law. Please feel free to call our office with any questions you may have regarding your Workers' Compensation concerns.

Early involvement in a claim is important. It is not only cost effective for you, but it also can help the injured employee get proper medical care and return to work as soon as possible. We look forward to working with you to accomplish these goals.

You, the employer, are a vital part of making this happen and listed below are some things you can do:

Review the attached list of Frequently Asked Questions.

1. Report all work related injuries to ACA as soon as you are aware of them. Our toll-free fax number is **1-800-988-4722.**
2. You may report all work-related injuries to ACA by email at **claims@acaworkcomp.com**, or call **1-800-388-6268** for assistance reporting a claim.
3. Refer all medical authorization requests to ACA.
4. Communicate with your employee and ACA throughout the claim.
5. Have some light duty work available for restricted duty.
6. Advise ACA when the employee returns to work.

Please keep copies of the attached forms to have on hand if needed.

We look forward to a long and pleasant working relationship with you and your employees.

Please call anytime between 8:00am and 5:00pm Central Time, Monday through Friday if you have any questions regarding Worker's Compensation claims procedures.

Best Regards,

Associated Claims Administrators

Frequently Asked Questions re: Claims

What is the "waiting period"?

Each state regulates the number of days an injured worker must be off work due to a work related injury before compensation (wage) payments may begin. This period is referred to as a "waiting period" and the number of days varies by state law. The State of Alabama defines the waiting period as 3 days. Compensation payments begin on the 4th day.

Will an injured worker be paid for the days within the waiting period?

An injured worker may receive compensation payments for the number of days off comprising the waiting period, if he or she is out of work due to the injury longer than a specified period of time.

The reimbursement of waiting period for the State of Alabama is defined as 21 days following the date of disability according to state law. If an injured worker's disability lasts longer than 21 days, he/she will be reimbursed for the 3 day waiting period.

How do we obtain a list of medical providers or the Employers' Posted Panel?

Rules and regulations regarding approved medical providers and/or Employers' Posted Panels for treatment of injured workers vary by state. It is important for every employer to understand how to identify and utilize medical providers and/or Employers' Posted Panels. For assistance obtaining a list of preferred providers and/or help setting up an Employers' Posted Panel, please contact the claims office at (800) 388-6268.

Do we have to provide light duty?

Providing light duty within the guidelines of a medically restricted employee of a compensable claim often shortens the length and reduces the total cost of the claim. While light duty may not be possible for some employers, it is recommended that all employers work to incorporate a light duty/return to work program.

How is the compensation rate calculated?

The compensation rate is 2/3 of the average weekly gross earnings of the injured worker. The number of weeks used for calculating varies by state and is subject to the state's minimum/maximum at the time of accident. The State of Alabama uses gross wages for 52 weeks preceding the date of accident to determine the average weekly gross earnings.

How does the claimant obtain their medication?

The injured worker can obtain their medication from any pharmacy. They should provide the pharmacy with the contact information for ACA for further billing instructions and/or approval as provided below:

Associated Claims Administrators, Inc.	Toll Free:	(800) 388-6268
P.O. Box 230848	Fax (Toll Free):	(800) 988-4722
Montgomery AL 36123-0848	Email:	claims@acaworkcomp.com

Can an employer be reimbursed for medical billing they pay?

If the authorized medical billing relates to the compensable claim, the billing will be reviewed for possible reimbursement at the state fee schedule rate.

If we have a deductible can we pay the claims up to the deductible amount?

No. A deductible applies per claim and is set up on a reimbursement basis. That means you, the employer, should file a First Report of Injury on all work related accidents. If our investigation leads to payment of the claim, we will cover costs first dollar and submit one or more invoices to you for reimbursement as payments are made up to the total/maximum per claim deductible amount noted on your policy.

Not all policies have a deductible. Your policy will include a deductible amount on the Workers' Compensation Policy Information Page if your policy has a deductible.

THE USE OF THIS FORM IS REQUIRED UNDER THE PROVISIONS OF THE ALABAMA WORKMEN'S COMPENSATION LAW

WCC Form 2
Rev. 10/2012

STATE OF ALABAMA
EMPLOYER'S FIRST REPORT OF INJURY
OR OCCUPATIONAL DISEASE

CLAIM REFERENCE

1. Insured Report Number	2. Filing Office Claim Number	3. OSHA Log Case Number

EMPLOYER

4. Employer Business Name 5. Physical Address 1 6. Physical Address 2 7. City 8. State 9. Zip	ADDRESS, IF LOCATION DIFFERENT FROM BUSINESS ADDRESS 10. Mailing Address 1 11. Mailing Address 2 12. City 13. State 14. Zip

15. Federal ID Number	16. U.C. Account Number	17. NAICS

INSURER / FILING OFFICE

18. Insurer Name 19. Insurer Federal ID Number 20. Type Insurer Ins Co ☐ Self-Insurer ☐ Group Fund ☐	21. Filing Office Name 22. Mailing Address 1 23. Mailing Address 2 or Telephone Number 24. City 25. State 26. Zip 27. Filing Office Federal ID Number

EMPLOYEE / WAGES

28. First Name 29. Middle Name 30. Last Name 31 Last Name Suffix (ie. Jr., Sr., III)	32. Employee ID Number 33. Type Employee ID Number SSN ☐ Passport Number ☐ Green Card ☐ Employment Visa ☐ Assigned by Jurisdiction ☐

34. Mailing Address 1 35. Mailing Address 2 36. City 37. State 38. Zip 39. Phone	40. Gender Male ☐ Female ☐	41. Date of Birth 42.Nbr of Dependents

43. Marital Status Unmarried (Single or Divorced or Widowed) ☐ Married ☐ Separated ☐ Unknown ☐	44. Date Hired
45. Occupation Description	46. Number of Days Worked Per Week
47. Wages $ 48. Hourly ☐ Daily ☐ Weekly ☐ Bi-weekly ☐ Monthly ☐	49. Received Full Pay For Day of Injury? Yes ☐ No ☐ 50. Did Salary Continue? Yes ☐ No ☐

INJURY / TREATMENT

51. Date of Injury	52. Time of Injury a.m. ☐ p.m. ☐ unk ☐	53. Time Employee Began Work a.m. ☐ p.m. ☐	54. Date Disability Began	55. Date of Death

PLACE OF ACCIDENT, INJURY, OR EXPOSURE 56. Site Address 57. City 58. State 59. Zip 60. County	61. Injury Occurred on Employer's Premises? Yes ☐ No ☐ 62. Date Employer Notified

63. DESCRIBE WHAT THE EMPLOYEE WAS DOING JUST BEFORE THE INCIDENT AND HOW THE INJURY OCCURRED. (Ex. While climbing a ladder and carrying roofing materials, ladder slipped on wet floor causing worker to fall 20 feet.)

PROVIDE DESCRIPTION CODES to identify **Nature of Injury**, **Part of Body** that was affected, and **Cause of Injury**.
(FOR COMPLETE LIST OF CODES, GO TO HTTP:// LABOR.ALABAMA.GOV/WC

64. Nature of Injury Code	65. Part of Body Code	66. Cause of Injury Code

67. Initial Treatment First Aid By Employer ☐ Emergency Room ☐ Hospitalized > 24 Hours ☐	No Medical Treatment ☐ Minor Clinic / Hospital ☐ Hospitalized Overnight ☐ Outpatient Treatment ☐	68. Name of Treatment Facility 69. Address 70. City 71. State 72. Zip

73. Name of Physician or Other Health Care Professional	74. Has Injured Returned to Work Yes ☐ No ☐	If so, 75. Date 76. Time a.m. ☐ p.m. ☐

OTHER

77. Date Prepared	78. Preparer's First Name	79. Last Name	80. Title	81. Preparer's Telephone Number

ASSOCIATED CLAIMS ADMINISTRATORS
P.O. Box 230848
Montgomery, AL 36123-0848
334-271-6767 (main)
1-800-388-6268 (toll free)
1-800-988-4722 (fax)

WAGE STATEMENT

CLAIMANT: _____ DATE OF INJURY: _____

A. The following table shows the wages earned by _____ employed as a _____ during the period stated.

	MONTH	DAY	YEAR	GROSS WAGES		MONTH	DAY	YEAR	GROSS WAGES		MONTH	DAY	YEAR	GROSS WAGES
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					TOTAL				
18					36					GRAND TOTAL				

I HEREBY CERTIFY THAT THE ABOVE IS TRUE AND CORRECT STATEMENT.

_____, TITLE _____

DATE: _____

AcA Associated Claims Administrators

RE: WAGE STATEMENT

Employee:	
Employer:	
Date of Injury:	
File Number:	

Dear Insured:

In order to calculate this employee's Workers' Compensation Benefits, we must have the gross weekly wages for the 52 weeks immediately preceding this accident. Include the value of any fringe benefits that will not be paid in behalf of the claimant during the disability period.

Please complete the form and return it to this office as soon as possible. If this employee has not been in your employment for longer than two months, submit the wages of a similar employee doing the same type of work over a one-year period of time.

Your immediate response will help speed the processing of this claim. If you have any questions, please contact us at the number above.

Sincerely,

Associated Claims Administrators

STATE OF ALABAMA
WORKERS' COMPENSATION INFORMATION

If you are injured on the job, or contract an occupational disease, notify your employer immediately.

Your employer will advise you of the physician to see for authorized medical treatment.

WORKERS' COMP INSURANCE CARRIER_____

TELEPHONE NUMBER_____

ASSISTANCE IS AVAILABLE UNDER THE ALABAMA WORKERS' COMPENSATION LAW INCLUDING MEDIATION SERVICE.
FOR INFORMATION CALL:
1-800-528-5166
Alabama Department of Labor
Workers' Compensation Division
649 Monroe Street
Montgomery, AL 36131
CODE OF ALABAMA, 1975, § 25-5-290(d), REQUIRES THAT THIS NOTICE BE POSTED
IN ONE OR MORE CONSPICUOUS PLACES IN YOUR BUSINESS.

FORM WCC#1 10/12

WORKERS' COMPENSATION PROCEDURES

YOU MUST DO THE FOLLOWING:

1. REPORT INJURY TO YOUR EMPLOYER/SUPERVISOR **IMMEDIATELY**.
2. TREATMENT MAY BE PERFORMED AT ONE OF THE FOLLOWING FACILITIES:

1.	Doctor: _____ Phone: _____ Address: _____
2.	Doctor: _____ Phone: _____ Address: _____
3.	Doctor: _____ Phone: _____ Address: _____

You have rights under the Alabama Workers' Compensation Law Including Mediation (Ombudsman) Service. For Information Call: 1-800-528-5166

Alabama Department of Labor
Workers' Compensation Division
649 Monroe Street
Montgomery, AL 36131

ACT No. 92-537 Requires that this notice be posted in one or more conspicuous places in your business.

Claims Administered By:

Associated Claims Administrators
P.O. Box 230848
Montgomery, AL 36123-0848

800-388-6268 (Toll Free)
334-271-6767 (Main)
334-271-6733 (Fax)

claims@acaworkcomp.com

Fraud Warning: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.