

**Roman Catholic Diocese of Boise**  
**1501 S. Federal Way Boise, ID 83705**  
**tel (208) 342-1311 (fax) 208-342-1571**

# Memo

**To:** Pastors, Parish Bookkeepers and Office Managers

**From:** Chuck Lawrence

**Date:** 06/26/2023

**Re:** Workers Compensation

The Diocese is moving to a new Workers Compensation company starting July 1, 2023. AmTrust will be the new carrier. I will post information on the finance page of the Diocesan website by July 1, 2023. I will keep Church Mutual claim forms online because if the injury occurred on or before June 30, 2023 the claim will be filed with them. Please remember, it is when the injury occurred and not when you file it.

I have attached the WC Posting that needs to be on display near your other required postings; as well as the toll-free number to report a claim. The policy # for AMTrust is WWC3659332.

It is recommended to call in your claims rather than using the online portal. Please remember volunteers that are injured need to be filed under workers compensation.

If you have any questions, please don't hesitate to contact me.

TO THE EMPLOYER: THIS NOTICE MUST BE POSTED IN A CONSPICUOUS PLACE UPON YOUR PREMISES.

# NOTICE

## REGARDING WORKERS' COMPENSATION INSURANCE

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ALL WORKERS EMPLOYED BY THE UNDERSIGNED ARE HEREBY NOTIFIED THAT THE EMPLOYER HAS COMPLIED WITH THE LAW AS TO SECURING THE PAYMENT OF COMPENSATION TO EMPLOYEES AND THEIR DEPENDENTS, IN ACCORDANCE WITH THE PROVISIONS OF THE WORKERS' COMPENSATION LAW.

Roman Catholic Diocese of Boise  
Employer

07/01/2023  
Date

AmTrust North America  
Employer's Authorized Agent

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An employee receiving an injury by accident must immediately notify his/her supervisor, superintendent, or undersigned, who will provide medical attendance.

Claim or compensation must be made in writing and given to the employer. Forms for giving notice of injury and making claim for compensation will be furnished by the employer; by the surety.

P.O. Box 89453  
Cleveland, OH 44101

or upon application, by the Industrial Commission in Boise, Idaho.

PARA EL PATRON: ESTE AVISO DEBE SER PUESTO EN UN LUGAR CONSPICUO EN SU SITIO DE NEGOCIO

# AVISO

## RESPECTO A EL SEFURO DE COMPENSACION PARA TRABAJADORES

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TODOS LOS TRABAJADORES EMPLEADOS POR EL SUSCRITO SON, POR LA PRESENTE, NOTIFICADOS QUE EL PATRION HA CUMPLIDO CON LA LEY CON RESPECTO A ASEGURAR EL PAGO DE COMPENSACION A LOS EMPLEADOS Y SUS DEPENDIENTES, DE ACUERDO CON LAS PROVISIONES DE LA LEY DE COMPENSACION PARA TRABAJADORES.

Diócesis Católica Romana de Boise  
Patron

07/01/2023  
Fecha

AmTrust North America  
Agente Autorizado del Patron

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Un empleado que recibe un dano en un accidented tiene que notificar inmediatamente a su mayordomo o mayordoma, superintendente o a la persona suscrita, quien proveera atencion medica.

Reclamacion para compensacion tiene que ser hecha por escrito y entregada al patron. Formas explicando el dano y reclamando compensacion seran proveidas por el patron; por el fiador,

P.O. Box 89453  
Cleveland, OH 44101

o con solicitud, por La Comision Industrial en Boise, Idaho.



AmTrust North America  
An AmTrust Financial Company

*Provide 24/7 Toll-Free Claim Reporting*

**For ALL States**

Phone: (866) 272-9267

Fax: (775) 908-3724 or (877) 669-9140

Email: [Amtrustclaims@qrm-inc.com](mailto:Amtrustclaims@qrm-inc.com)

Online: [www.amtrustfinancial.com](http://www.amtrustfinancial.com) (Must Register)

**Information Required for All Claims reported.**

1. Name of the insured and policy number
2. Date, Time & Place of Accident
3. Description of accident or incident
4. Name, phone and/or e-mail of person making the report

**Additional Information Required for Specific Claim Types**

A. For Workers' Compensation

1. **MUST have the injured employee's social security number as it is required by law**
2. Description of injury

AmTrust North America  
An AmTrust Financial Company

***Reporte De Reclamo Gratuito 24/7***

***Para todos los Estados - Demanda Informes Sólo***

***Teléfono: (866) 272-9267***

***Fax: (775) 908-3724 o (877) 669-9140***

***Correo electrónico: [Amtrustclaims@qrm-inc.com](mailto:Amtrustclaims@qrm-inc.com)***

***En línea: [www.amtrustfinancial.com](http://www.amtrustfinancial.com) (deben registrarse)***

**Información necesaria para todos los reclamos registrados.**

1. Nombre de la cantidad asegurada y la política
2. Fecha, hora y lugar del accidente
3. Descripción del accidente o incidente
4. Nombre, teléfono y/o correo electrónico de la persona que hace el informe

**Información adicional requerida para los tipos de demanda específica**

A. Para la compensación

1. **Debe tener número de seguro social del empleado lesionado como es requerido por la ley**



Optum  
 PO Box 152539  
 Tampa, FL 33684-2539

## MAKING IT EASY... TO GET WORKERS' COMPENSATION PRESCRIPTIONS FILLED.

Optum has been chosen to manage your workers' compensation pharmacy benefits for your employer or their insurer. Below is your First Fill card that will allow you to receive your injury-related prescriptions at your local pharmacy. Please fill out the card based on the instructions below.

### Injured Employee:



If you need a prescription filled for a work-related injury or illness, go to an Optum Tmesys® network pharmacy. Give this temporary card to the pharmacist. The pharmacist will fill your prescription at low or no cost to you.



If your workers' compensation claim is accepted, you will receive a more permanent pharmacy card in the mail. Please use that card for other work-related injury or illness prescriptions.



Most pharmacies, including Walgreens, our preferred provider, and all major chains, are included in the network. To find a network pharmacy call 1-866-599-5426 or visit [tmesys.com](http://tmesys.com).

### Questions? Need Help?



**1-866-599-5426**

**WORKERS' COMPENSATION PRESCRIPTION DRUG PROGRAM**

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**AmTrust North America**  
CARRIER/TPA EMPLOYER

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INJURED WORKER NAME

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**Please provide directly to Pharmacist**

SOCIAL SECURITY NUMBER DATE OF INJURY (YYMMDD)

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**Notice to Cardholder:** Present this card to the pharmacy to receive medication for your work-related injury. To locate a pharmacy: [tmesys.com](http://tmesys.com).

**Attention Pharmacists:** Enter RxBIN, RxPCN and GROUP. Member ID # format is the date of injury and SSN combined as follows: YYMMDD123456789.

Tmesys is the designated PBM for this patient.

**Tmesys Pharmacy Help Desk**  
**1-800-964-2531**

	<u>NDC</u>	or	<u>Envoy</u>
RxBIN	004261	or	002538
RxPCN	CAL	or	Envoy Acct. #
GROUP	<u>FF</u>		

**NOTE:** This First Fill card is only valid for your workers' compensation injury or illness.



### Employer:

Immediately upon receiving notice of injury, fill in the information above and give this form to the employee.

The following entities comprise the Optum Workers Compensation and Auto No Fault division: PMSI, LLC, dba Optum Workers Compensation Services of Florida; Progressive Medical, LLC, dba Optum Workers Compensation Services of Ohio; Cypress Care, Inc. dba Optum Workers Compensation Services of Georgia; Healthcare Solutions, Inc., dba Optum Healthcare Solutions of Georgia; Settlement Solutions, LLC, dba Optum Settlement Solutions; Procura Management, Inc., dba Optum Managed Care Services; Modern Medical, dba Optum Workers Compensation Medical Services, collectively and individually referred as "Optum."



IMP14-1614-109-FFWG



Optum  
 PO Box 152539  
 Tampa, FL 33684-2539

## HACEMOS MÁS SENCILLO... EL ABASTECIMIENTO DE LAS RECETAS MÉDICAS DEL PROGRAMA DE COMPENSACIÓN POR ACCIDENTES LABORALES.

Optum ha sido elegido para administrar los beneficios farmacéuticos de su programa de compensación por accidentes laborales para su empleador o su asegurador. Más adelante incluimos su tarjeta First Fill que le permitirá recibir las recetas médicas relacionadas con su lesión en su farmacia local. Llene esta tarjeta siguiendo las instrucciones que se indican a continuación.

### Empleado lesionado:



Si necesita que se le abastezca su receta médica para una lesión o enfermedad relacionada con su trabajo, visite una farmacia de la red Optum Tmesys®. Entregue esta tarjeta temporal al farmacéutico. El farmacéutico abastecerá su receta médica bajo costo o sin costo alguno.




Si se acepta su reclamación del programa de compensación por accidentes laborales, recibirá una tarjeta permanente por correo. Use esa tarjeta para otras recetas médicas de lesiones o enfermedades relacionadas con su trabajo.



La mayoría de farmacias, incluyendo Walgreens, nuestro proveedor preferido, y todas las grandes cadenas de farmacias, forman parte de la red. Para encontrar una farmacia de la red, llame al 1-866-599-5426 o visite tmesys.com.

**¿Tiene alguna pregunta?  
 ¿Necesita ayuda?**

**1-866-599-5426**



**WORKERS' COMPENSATION PRESCRIPTION DRUG PROGRAM**

**AmTrust North America**

PORTADORA \_\_\_\_\_ EMPLEADOR \_\_\_\_\_

NOMBRE DEL TRABAJADOR LESIONADO \_\_\_\_\_

Please provide directly to Pharmacist

NUMERO DE SEGURO SOCIAL \_\_\_\_\_ FECHA DE ALA LESION (AAMMDD) \_\_\_\_\_

**Aviso para el titular de la tarjeta:** Presente esta tarjeta a la farmacia para recibir los medicamentos para la lesión relacionada con su trabajo. Para ubicar una farmacia, visite tmesys.com.

Attention Pharmacists: Enter RxBIN, RxPCN and GROUP. Member ID # format is the date of injury and SSN combined as follows: YYMMDD123456789.

Tmesys is the designated PBM for this patient.

**Tmesys Pharmacy Help Desk**  
**1-800-964-2531**

	NDC	or	Envoy
RxBIN	004261	or	002538
RxPCN	CAL	or	Envoy Acct. #
GROUP	FF		

**NOTA:** Esta tarjeta First Fill solo es válida para una lesión o enfermedad cubierta por su programa de compensación por accidentes laborales.



### Empleador:

Inmediatamente después de recibir un aviso sobre una lesión, llene la información antes indicada y entregue este formulario al empleado.

The following entities comprise the Optum Workers Compensation and Auto No Fault division: PMSI, LLC, dba Optum Workers Compensation Services of Florida; Progressive Medical, LLC, dba Optum Workers Compensation Services of Ohio; Cypress Care, Inc. dba Optum Workers Compensation Services of Georgia; Healthcare Solutions, Inc., dba Optum Healthcare Solutions of Georgia; Settlement Solutions, LLC, dba Optum Settlement Solutions; Procura Management, Inc., dba Optum Managed Care Services; Modern Medical, dba Optum Workers Compensation Medical Services, collectively and individually referred as "Optum."



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# RETURN-TO-WORK; A GREAT IDEA

We at the AmTrust Group, are convinced that an employer who provides light, or restricted work for injured employees, enjoys numerous benefits. This is not just an opinion, it's something we see day in and day out. Consider:

- Unless an injured worker returns to the workplace within 60 days, chances of him/her ever returning drop dramatically. (resulting in a very expensive permanent disability situation.)
- After 6 months away from the workplace, only 50% chance of return.
- After 12 months, only a 10% chance of return.

## Some Return-to Work Benefits Include:

- "Test" of malingering potential. Injured employees who refuse light duty are more prone to being malingerers.
- Opportunity for employer to demonstrate true concern for workers' well-being.
- Promotion of rehabilitation and recovery.
- Lower medical and rehabilitation costs.
- Productivity.
- Morale improvement for the injured worker.
- Ability for the employer to monitor the injured employee's recovery progress.
- Decrease of WC claims costs, with resultant downstream WC premium savings.

*(Notice we're not just talking about 'feel-good' issues, but also hard dollars !)*

## Some common misconceptions (and truths) about Return-to-Work / Light Duty:

**Misconception:** *We've already got too many "programs" around here, and don't need any more paper.*

**Truth:** While it is true a written, planned program works best, in many cases a Light Duty "program" can be nothing more than a management understanding of the benefits and principles of Return-to-Work, how it works, and the commitment to 'just do it', when light-duty recommendations are made by WC physicians.

**Misconception:** *It will get me into an Americans With Disabilities (ADA) "situation".*

**Truth:** Light-duty and ADA "reasonable accommodation" are two entirely separate issues. Generally, light duty is a temporary assignment, for a relatively short period. ADA accommodations are made for serious, permanent disabilities that impair major life activities.

**Misconception:** *I'll have to devise a whole new job each time an employee needs light duty.*

**Truth:** The vast majority of light-duty restrictions require accommodating only one or two factors, such as "no lifting over 10 pounds", or the like. In many cases, if you break the jobs down into individual **tasks**, you'll see that only one or two tasks within the employee's normal job are affected, and can be handled in some other way.

**Misconception:** *Once an employee gets into a "cushy" light-duty job, s/he'll never leave it, and I'll be stuck with it.*

**Truth:** Light duty is always defined by, and monitored by the attending physician. An employee on light duty is periodically monitored by the physician for improvement, and is released for full-duty as soon as medically indicated.

**Misconception:** *We're a union company. Our union won't allow us to pay lower rates, or move employees between classifications, or between bargaining groups.*

**Truth:** Any Local that objects to a Return-to-Work program should be referred to its national body for guidance. Return to Work is universally recognized as a very positive influence on an injured worker (as well as benefiting the employer). Labor unions, whose major purpose for existence is the benefit of the workers they represent, should not only "tolerate" Return-to-Work programs, but enthusiastically promote, and assist in such programs' implementation and operation. It is strongly suggested that management approach labor representatives to solicit their input, and assistance in making Return to Work a positive force in your workplace.

**Misconception:** *I might be willing to place a worker in a light-duty position, but I can't afford pay them their full pay, for the decreased productivity.*

**Truth:** Talk to your WC insurer's claims professional. In many cases, states' WC plans provide for "make-up" pay to replace some, or all of the injured employees' decreased earnings. The goal of getting them back to the workplace, and doing some productive work is that important!