



Office of State Employee Workers' Compensation and Prevention

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Website Overview

State Employee Workers' Compensation and Injury Prevention (WCP) – Injury Reporting | Buildings and General Services

The screenshot shows the Vermont Buildings and General Services website. The header includes the Vermont logo and the text "Buildings and General Services Agency of Administration". A navigation bar contains links for "Vermont.gov", "HOME", "BGS DIVISIONS", "COMMISSIONER'S HOTLINE", "OWA", "Phone & Email Directory", and "SITE MAP". A left sidebar lists various services such as "Facilities Operations", "Financial Operations", "Government Business Services", "Information Centers", "Property Management", "Purchasing & Contracting", "Security", "State Curator's Office", "State Employee Workers' Compensation and Injury Prevention", "Human Resources", and "IT Helpdesk". The main content area is titled "State Employee Workers' Compensation and Injury Prevention (WCP) -- Injury Reporting" and includes a breadcrumb trail: "you are at: Home > Financial Operations > Workers Compensation > Injury Reporting". Below the title is a section titled "What do you do if you have been injured on the job?" with a bulleted list of instructions: "Call 911 in a serious medical emergency", "Report your injury to your supervisor immediately", "You, your supervisor, or your HR Representative must complete a Vermont State Employee's Workers' Compensation Incident Report online as soon as possible, but no later than 72 hours following the injury. Please be sure that only one report is created on line to avoid duplicate claims.", and "Call your Workplace Safety Coordinator to discuss any safety concerns". To the right of this text is a "WCP Links" box with a list of links: "Contact us", "Forms and Publications", "Frequently Asked Questions", "Injury Reporting", "Safety Statewide Newsletter", "Training", and "Office of Risk Management". Below the links is a logo for "BGS BUILDINGS & GENERAL SERVICES" with the tagline "PROVIDING SOLUTIONS TO SOME OF VERMONT'S MOST CHALLENGING PROJECTS". Further down, there is a section for "Office of State Employee Workers' Compensation and Injury Prevention (WCP)" with a link to "Instructions for Electronic Incident and Injury Reporting" and a prominent blue button labeled "VT State Employee WCP Incident Reporting Form". At the bottom, there are sections titled "WHO SHOULD REPORT THE INJURY?", "WHEN SHOULD AN INJURY BE REPORTED?", and "HOW DO I REPORT AN INJURY?".

- Contact Information – WCP Staff
- Forms and Publications - Employer' Guide – Workers' Compensation
- FAQ's
- Statewide Safety Newsletter
- Training
- Injury Reporting
- All comments and suggestions are welcome and should be forwarded to riskhelp@state.vt.us



Forms and Publications

http://bgs.vermont.gov/workers_comp/forms

Forms

Workers' Compensation Claim
Questionnaire
WCP Claim Teams
Medical Authorization
Form 20 -- Work Capabilities Form
Mileage Reimbursement Request
Accident/Incident Analysis Form
Ergonomic Assessment Request
Sample - Modified Duty Extension
Letter
Sample - Modified Duty Has Expired
Letter
Sample - Work Related Modified Duty
Agreement Letter
tmesys First Fill Prescription Card

Publications

Employee's Guide to Workers'
Compensation
Employer's Guide to State of Vermont
Workers' Compensation and Injury
Prevention
What Do I Do If I Get Injured On The
Job?
Ergonomic Equipment Guide
Exercise Balls as Office Chairs
General Information & Materials
Vermont Developing an Effective
Safety and Health Program
Administrative Policy - Violence in the
Workplace

Employer's Guide

- *What to do after an injury/illness occurs*
- *Employee Reimbursement*
- *Time Reports*
- *Claim Timelines*
- *Vermont Department of Labor*
- *HR Responsibilities*

Vermont
State Employer's Guide
To
Workers' Compensation and
Injury Prevention

Department of Buildings & General Services
Office of State Employee Workers' Compensation & Injury Prevention
6 Baldwin Street
Montpelier, VT 05633-3801
Tel: (802) 828-2899
Fax: (802) 828-0410
E-mail: riskhelp@state.vt.us
Website: http://bgs.vermont.gov/workers_comp



Buildings and General Services

Agency of Administration



Vermont.gov HOME BGS DIVISIONS COMMISSIONER'S HOTLINE OWA Phone & Email Directory SITE MAP

- Facilities Operations
- Financial Operations
- Government Business Services
- Information Centers
- Property Management
- Purchasing & Contracting
- Security
- State Curator's Office
- State Employee Workers' Compensation and Injury Prevention
- Human Resources
- IT Helpdesk

you are at: [Home](#) > [Financial Operations](#) > [Workers Compensation](#)

Frequently Asked Questions

State Employee Workers' Compensation and Injury Prevention (WCP) -- Frequently Asked Questions

Frequently Asked Questions

- [1. What do I do if I am Injured on the Job?](#)
- [2. What Is Workers' Compensation?](#)
- [3. Who Provides Workers' Compensation for State Employees?](#)
- [4. When Will A Decision Be Made On A Claim?](#)
- [5. What Forms Will Have to Be Completed?](#)
- [6. What Expenses Will Be Paid?](#)
- [7. I received a timesys pharmacy card for obtaining my medications. Where is the nearest pharmacy that will accept this card?](#)
- [8. Will Wages Be Paid For Absence From Work?](#)
- [9. What Is Medical End Result?](#)
- [10. What Is An Independent Medical Evaluation?](#)
- [11. What Is A Permanent Disability?](#)
- [12. What Is A Permanent Impairment Rating?](#)
- [13. What Is Vocational Rehabilitation?](#)
- [14. How Are WCP's Decisions Appealed?](#)
- [15. Which Claim Team Oversees Claims For Each Agency/Department?](#)
- [16. How Do I Code Time Sheets For My Out-of-Work Injured Employees?](#)
- [17. How Do I Code Time Sheets For My Injured Employees Who Must Leave Work For Medical Appointments?](#)
- [18. How Will Wages Be Paid By Workers' Compensation For Time Away From Work?](#)
- [19. Where Do Medical Providers Send Invoices For Services Covered by WCP?](#)
- [20. What Ever Happened To Risk Management?](#)
- [21. How Do I Obtain A Work Capabilities Form \(Vermont Dept. of Labor Form 20\)?](#)
- [22. What Fee Reductions For Medical Services Are Taken By WCP?](#)

WCP Links

- [Contact us](#)
- [Forms and Publications](#)
- [Frequently Asked Questions](#)
- [Injury Reporting](#)
- [Safety Statewide Newsletter](#)
- [Training](#)
- [Office of Risk Management](#)



FAQ's



Buildings and General Services

Agency of Administration

[Vermont.gov](#) [HOME](#) [BGS DIVISIONS](#) [COMMISSIONER'S HOTLINE](#) [OWA](#) [Phone & Email Directory](#) [SITE MAP](#)

Facilities Operations

Financial Operations

Government Business Services

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Human Resources

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Training

State Employee Workers' Compensation and Injury Prevention (WCP) -- Training

TRAININGS

Office Safety

This class addresses hazards associated within the office environment. Topics include tripping hazards, effects of video display terminals, ergonomics, and general safety awareness.

Length of Course: One and one-half to two and one-half hours.

If you would like to schedule a class or have any questions, contact a Workplace Safety coordinator at riskhelp@state.vt.us.

State of Vermont Online University -- [State of Vermont Online University](#)

The Summit: Center for State Employee Development (DHR) and the Office of State Employee Workers' Compensation and Injury Prevention are pleased to announce the availability of on-line courses for state employees!

This collaborative offering was created to:

- Provide additional training and professional development for state employees
- Reduce course costs and associated expenses such as mileage/travel and overtime
- Better serve state employees in outlying/remote areas of the state
- Allow employees to access the trainings according to their schedules and time constraints
- Better serve those who work alternate shifts (2nd & 3rd shifts)

A sample of some of the courses available online are: Defensive Driving, Blood Borne Pathogens, Ergonomics for Supervisors, Ergonomics for the Office, General Ergonomics, and Slips, Trips, and Falls to name a few.

There are also several excellent career development courses such as: Internet Explorer, Office, PowerPoint, etc.

Registration process

To register and take courses employees will need the following:

Employee ID#

Supervisor (or appointing authority) email for course approval

The latest version of Java and Adobe Flash installed on their computer – employees should contact their own IT staff for assistance with this installation.

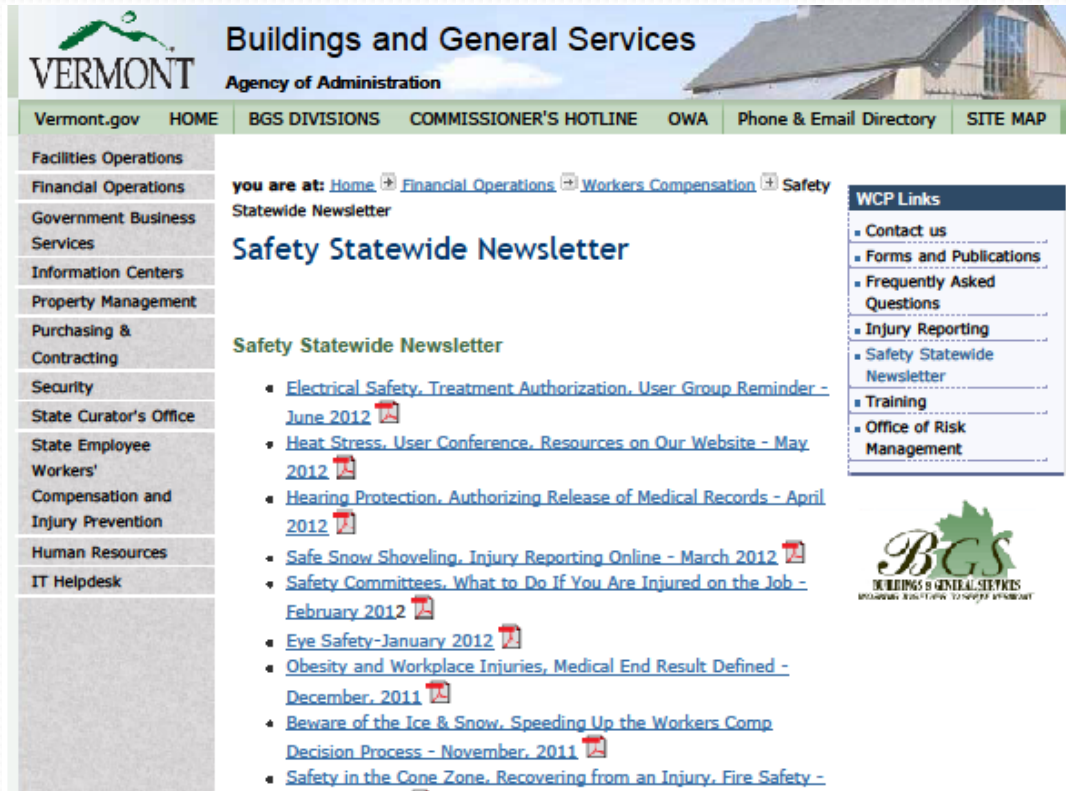
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Training

Safety Statewide Newsletter



VERMONT Buildings and General Services
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Statewide Newsletter


Safety Statewide Newsletter

Safety Statewide Newsletter

- [Electrical Safety, Treatment Authorization, User Group Reminder - June 2012](#)
- [Heat Stress, User Conference, Resources on Our Website - May 2012](#)
- [Hearing Protection, Authorizing Release of Medical Records - April 2012](#)
- [Safe Snow Shoveling, Injury Reporting Online - March 2012](#)
- [Safety Committees, What to Do If You Are Injured on the Job - February 2012](#)
- [Eye Safety-January 2012](#)
- [Obesity and Workplace Injuries, Medical End Result Defined - December, 2011](#)
- [Beware of the Ice & Snow, Speeding Up the Workers Comp Decision Process - November, 2011](#)
- [Safety in the Cone Zone, Recovering from an Injury, Fire Safety -](#)

WCP Links

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Reporting the Injury

VT State Employee WC Incident Reporting Form

- Submit the report once to avoid duplicate claims
- Internet Explorer must be used when submitting this form – no other browsers are compatible
- If the employee does not have valid employee number – please call WCP
- All comments and suggestions should be forwarded to riskhelp@state.vt.us

Reset Submit Print Close

Vermont State Employee's Workers' Compensation Incident Report

Complete form. Copies will be distributed to injured employee, WC Claims Office, HR, and the VT Dept of Labor

*Employee Number: *Employee Last Name:
Form Completed by: *Name of Reporter:
*Employee Number: *Employee Last Name:
*Position No. / Job Title:
*Social Security Number: Email Address:
Home Phone: Work Phone: Cell Phone:
Number of Dependents: Marital Status:
Division:
Supervisor Last Name: Supervisor First Name:
Supervisor Phone: Supervisor Email:
Did you notify supervisor of injury?
Are you also self-employed? Is the SOV your only employer?
*Date of Injury: *Time of Injury: Time Shift Began:
Date Employer Notified: Who was injury reported to:
Location of Injury: Did injury occur on employer's premise?
*Nature of Injury:
Body Part(s) injured:
Was injury gradual?
Describe the events leading up to accident or injury:
What work process was being performed?
How did injury occur?
Cause the Injury:
Machine or tool involved in accident: Was it defective?
Was safety equipment provided?
Could your employer prevent this type of accident?
Were you performing usual work duties? Were other worker(s) injured?
Did you miss time from work other than date of injury?
Were there any witness to your injury?
Did you seek treatment for injury? Is this a report-only (no medical treatment anticipated)?
Physician Name: Physician Phone Number:
Emergency Room Treatment? Overnight In-Patient?
Hospital Name & Address:



Department of Buildings & General Services
State Employee Workers'
Compensation and Prevention
6 Baldwin Street
Montpelier, VT 05633-3801

Agency of Administration

[phone] 802-828-2899
[fax] 802-828-0410
[Email] riskhelp@state.vt.us

Initial Claim Packet

WORKERS' COMPENSATION CLAIM NO.:

DATE OF INJURY:

CLAIM STATUS:

We have received notice of your injury. Your claims adjuster will make a decision regarding your claim within 21 days.

EMPLOYEE GUIDE:

Please refer to the enclosed booklet, "A State of Vermont Employee's Guide to Workers' Compensation," for further information on the claims process and benefits.

CERTIFICATE OF DEPENDENCY AND EMPLOYEE EXEMPTION REPORT:

Please sign and return the enclosed "Certificate of Dependency and Employee Exemption Report" form. Failure to do so may affect future benefits.

CLAIM QUESTIONNAIRE:

Please complete, sign and return the enclosed "Claim Questionnaire" form.

MEDICAL RELEASE AUTHORIZATION:

Please sign and return the enclosed "Medical Release Authorization" form. Your claim will be denied if we do not receive this form promptly. A second copy is included and should be signed and presented at all claim-related medical appointments.

MEDICAL RECORDS:

Your claim will be denied if we do not receive necessary medical records promptly. Medical providers will not send us your records without a signed medical release. Please advise your medical providers to forward claim-related invoices and medical records to this office at the address or fax number listed above.

TMESYS FIRST FILL PROGRAM:

The attached temporary Tmesys First Fill Prescription card will make the process of obtaining medications for your injury easier and more convenient. A permanent prescription card will be mailed to you once your claim has been accepted. Please be sure to read the enclosed letter explaining this program.

INCIDENT FORM AND FIRST REPORT OF INJURY FORM: Copies are enclosed for your records. We have filed your claim electronically with the VT Department of Labor.

CONTACT INFORMATION:

Please feel free to contact this office if you have any questions.

Medical Case Manager: LISTED CONTACT AND PHONE NUMBER

Claims Adjuster: LISTED CONTACT AND PHONE NUMBER

Cc: Human Resources – DEPARTMENT NAME



TMESYS Pharmacy Program

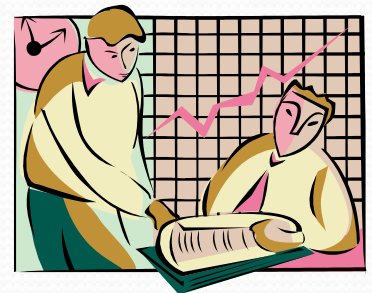
- ❖ Offers convenience for injured workers
- ❖ Provides fast, accurate prescription dispensing with no out-of-pocket expense
- ❖ Over 60,000 participating retail pharmacies nationwide
- ❖ Mitigates risk and controls
- ❖ Temporary Pharmacy Card sent with the initial injury packet
- ❖ Permanent card is sent on claim acceptance
- ❖ To locate a TMESYS PHARMACY:
 - ❖ Call 866-599-5426
 - ❖ Pharmacy locator at www.pmsionline.com



The Employee

The employee has the right to

- Treat with doctor and providers of choice
- Second opinions
- Reimbursement for mileage to and from medical appointments
- Right to appeal a denied claim
- Administrative leave time for medical appointments



The Employee



The employee is responsible for

- Reporting the injury/illness to the supervisor
- Completing and returning all forms promptly
- Addressing return to work plan with medical provider at each appointment
 - Form 20 – VDOL Work Capabilities Form
- Adhering to work restrictions
- Notifying the MCM of all changes in the medical condition and work status
- Notifying WCP, supervisor and HR when released work
 - Part-time or full-time
- Contacting the MCM and supervisor at least every 2 weeks if losing time from work