



EMPLOYEE'S REPORT OF ON-THE-JOB INJURY

Name (first, middle, last)	Circle One Male Female	SS #	Home Phone #	Date of Birth
Mailing Address	Race ___ White ___ Black ___ Asian	Ethnicity ___ Hispanic ___ Native American ___ Other	Marital Status ___ Married ___ Divorced ___ Single ___ Separated	
Street or P.O. Box			Spouse's Name	# children under 18
City State Zip Code County				

Date and Time of Injury/Exposure / / : __am __pm mm/dd/yy time	Date Lost Time Began / / mm/dd/yy	Did You Seek Medical Treatment? ___ Yes ___ No
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Doctor Seen For Injury/Exposure

Name _____ Address _____

Give Brief Description of Treatment Received From Doctor

If You Did Not Seek Medical Treatment, Please Explain Why

When Did You Return to Work After Injury/Exposure ?

___ I returned to work on: ___ I did not return to work ___ I expect to return to work

/ / : __am __pm / / / /

mm/dd/yy time mm/dd/yy

Type of Injury/Exposure (example: fall, dog bite, blood, etc)	Parts of Body Injured or Exposed
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Explain How and Why Injury or Illness Occurred - Please give details regarding incident

Address Where Injury or Exposure Occurred - Give name of business if incident occurred on a business site

Street Address City State Zip County

Worksite Location Where Incident Occurred (example: stairs, dock, street, parking lot)	Were You Doing Your Regular Job? ___ Yes ___ No
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Cause of Injury (example: fall, tool, machinery, etc)	Witnesses
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Supervisor's Name & Title	Date Reported to Supervisor / / : __am __pm mm/dd/yy time	Date This Form Completed / / mm/dd/yy
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I swear that the information provided on this form is true and accurate and that giving false information is grounds for disciplinary measures, including termination, by the City of Bonham.

Please attach any police report, departmental report, doctor's order or any other documentation pertinent to this incident.

Signature _____ Date _____



THE STAR OF NORTH TEXAS

ACKNOWLEDGEMENT OF RECEIPT

By signing below I acknowledge receipt of a copy of:

NOTICE OF INJURED EMPLOYEE RIGHTS AND
RESPONSIBILITIES IN THE TEXAS WORKERS'
COMPENSATION SYSTEM.

I understand it is my responsibility to read and comply with the rights and responsibilities set forth in this document.

Printed Name _____

Signature _____

Date of Injury _____ Date Signed _____

Keep the Injured Worker's Rights and Responsibilities and information sheets.

Attach this receipt to the Employee's Report of On-the-Job Injury and return both documents to the Human Resources Director.



OFFICE OF INJURED EMPLOYEE COUNSEL

Notice of Injured Employee Rights and Responsibilities in the Texas Workers' Compensation System

As an injured employee in Texas, you have the right to free assistance from the Office of Injured Employee Counsel (OIEC). This assistance is offered at local offices across the State. These local offices also provide other workers' compensation system services from the Texas Department of Insurance (TDI). TDI is the State agency that administers and regulates the workers' compensation system through the Division of Workers' Compensation (DWC).

Many services provided by OIEC and DWC can be completed over the telephone. You can contact OIEC by calling the toll-free telephone number 1-866-EZE-OIEC (1-866-393-6432). Additional information, including office locations, is available on the Internet at: www.oiec.texas.gov. You can contact DWC by calling the toll-free telephone number 1-800-252-7031. Information about DWC is available on the Internet at: www.tdi.texas.gov.

Your Rights in the Texas Workers' Compensation System:

- 1. You have the right to hire an attorney to help you with your workers' compensation claim.**
For assistance locating an attorney, contact the State Bar of Texas' lawyer referral service at 1-877-983-9227 or <http://www.texasbar.com/>. Attorney referral information can also be found on OIEC's website at www.oiec.texas.gov.
- 2. You have the right to receive assistance from OIEC if you do not have an attorney.**
OIEC Customer Service Representatives and Ombudsmen are available to answer your questions and provide assistance with your workers' compensation claim by calling OIEC or visiting an OIEC office. **You must sign a written authorization before an OIEC employee can access information on your claim.** Call or visit an OIEC office to fill out the written authorization. Customer Service Representatives and Ombudsmen are trained in the field of workers' compensation and can help you with scheduling a dispute resolution proceeding about your workers' compensation claim. An Ombudsman can also assist you at a benefit review conference (BRC), contested case hearing (CCH), and an appeal. However, Ombudsmen cannot make decisions for you or give legal advice.
- 3. You may have the right to receive medical and income benefits regardless of who was at fault for your injury, with certain exceptions. Your beneficiaries may be entitled to death and burial benefits.**
Information about the exceptions can be found at www.tdi.texas.gov or by visiting with OIEC staff.
- 4. You may have the right to receive medical care to treat your workplace injury or illness for as long as it is medically necessary and related to the workplace injury.**
You may have the right to reimbursement of your incurred expenses after traveling to attend a medical appointment or required medical examination if the trip meets qualifying conditions.
- 5. You may have the right to receive income benefits for your work-related injury.**
There are several types of income benefits and eligibility requirements. Information on the types of income benefits that may be available and the eligibility requirements can be found at www.tdi.texas.gov or by visiting with OIEC staff.
- 6. You may have the right to dispute resolution regarding income and medical benefits.**
You may request Medical Dispute Resolution if you disagree with the insurance carrier regarding medical benefits. You may request Indemnity (Income) Dispute Resolution if you disagree with the insurance carrier regarding income benefits. The law provides that your dispute proceedings will be held within 75 miles from your residence.
- 7. You have the right to choose a treating doctor.**
If you are in a Workers' Compensation Health Care Network (network), you must choose your doctor from the network's treating doctor list. You may change your treating doctor once without network approval. If you are not in a network, you may initially choose any doctor who is willing to treat your workers' compensation injury; however,

changing your treating doctor must be pre-approved by the DWC if you are not in a network. If you are employed by a political subdivision (e.g. city, county, school district,) you must follow its rules for choosing a treating doctor. It is important to follow all the rules in the workers' compensation system. **If you do not follow these rules, you may be held responsible for payment of medical bills.** OIEC staff can help you to understand these rules.

8. You have the right for your workers' compensation claim information to be kept confidential.

In most cases, the contents of your claim file cannot be obtained by others. Some parties have a right to know what is in your claim file, such as your employer or your employer's insurance carrier. Also, an employer that is considering hiring you may get limited information about your claim from DWC.

Your Responsibilities in the Texas Workers' Compensation System

- 1. You have the responsibility to tell your employer if you have been injured at work while performing the duties of your job. You must tell your employer within 30 days of the date you were injured or first knew your injury or illness might be work-related.**
- 2. You have the responsibility to know if you are in a Workers' Compensation Health Care Network (network).**
If you do not know whether you are in a network, ask the employer you worked for at the time of your injury. If you are in a network, you have the responsibility to follow the network rules. If there is something you do not understand, ask your employer or call OIEC. If you would like to file a complaint about a network, call TDI's Customer Help Line at 1-800-252-3439 or file a complaint online at <http://www.tdi.texas.gov/consumer/complfrm.html#wc>.
- 3. If you worked for a political subdivision (e.g., city, county, school district) at the time of your injury, you have the responsibility to find out how to receive medical treatment.**
Your employer should be able to provide you with the information you will need in order to determine which health care providers can treat you for your workplace injury.
- 4. You have the responsibility to tell your doctor how you were injured and whether the injury is work-related.**
- 5. You have the responsibility to send a completed Employee's Claim for Compensation for a Work-Related Injury or Occupational Claim Form (DWC041) to DWC.**
You have one year to send the form after you were injured or first knew that your illness might be work-related. Send the completed DWC041 form even if you already are receiving benefits. You may lose your right to benefits if you do not timely send the completed claim form to DWC. For a copy of the DWC041 form you may contact DWC or OIEC.
- 6. You have the responsibility to provide your current address, telephone number, and employer information to DWC and the insurance carrier. DWC can be contacted at 1-800-252-7031.**
- 7. You have the responsibility to tell DWC and the insurance carrier anytime there is a change in your employment status or wages.** (Examples of changes include: you stop working because of your injury; you start working; or you are offered a job).
- 8. Eligible beneficiaries or persons seeking death and burial benefits have the responsibility to send a completed Beneficiary Claim for Death Benefits (DWC-042) to DWC within one year following the employee's date of death.**
- 9. You are prohibited from making frivolous or fraudulent claims or demands.**