

Memorandum

To: ALL MEMBERS OF QUINNIPIAC UNIVERSITY COMMUNITY
From: Human Resources
Re: Work-Related Injuries (Workers' Compensation)

Quinnipiac University has received a Certificate of Approval to participate in a Workers' Compensation Medical Care Plan from the State of Connecticut Workers' Compensation Commission. The University is now a participant in the St. Paul-Travelers Medical Care Plan.

Employees are covered for medical expenses for immediate treatment and during the period of convalescence (**providing they receive medical care through the St. Paul-Travelers Managed Care Program**). This program, which also ensures that such injured or ill employees receive weekly income when they are unable to work, is administered by St. Paul-Travelers, Quinnipiac University Workers' Compensation insurer.

St. Paul-Travelers' CorVel Healthcare Management has designated the **Concentra, 370 James Street (Suite 304), New Haven, CT 06513** as the health care provider. In the event you need to seek medical treatment for a work related illness or injury, your supervisor will provide you with an authorization form which will identify you as a Quinnipiac University employee.

Anyone who obtains medical care from a provider who is not a participant in CorVel Healthcare through St. Paul-Travelers's (except as explained in #3 below) will risk denial of both medical benefits and compensation for lost wages, subject to the directive of the Workers' Compensation Commissioner.

Please Note -- if you are injured at work you must:

1. **Notify your supervisor immediately.** In addition, an accident report must be filled out and forwarded to my attention and sent to the Department of Human Resources, 554 Mt. Carmel Ave., Maildrop: OF-HMN.
2. **Use St. Paul-Travelers' CorVel designated provider, Concentra-** 370 James Street (Suite 304), New Haven, CT 06513, Telephone: 203-503-0482. If you seek medical attention after 5 pm, please see Yale New Haven Hospital Emergency Room, 20 York Street, New Haven, CT 06510, Telephone: (203) 688-4242.
3. **If you believe you are in a life threatening situation,** proceed to the nearest hospital or emergency room regardless of whether or not the facility is an approved CorVel provider. Payments of claims will not be forfeited in such instances.

Employees who follow these steps will not jeopardize receipt of their Workers' Compensation benefits. Please contact Nicole Lambusta or Tina Monteiro in Human Resources with immediate questions regarding Workers' Compensation benefits.

Enclosure - Employee Acknowledgement Form



QUINNIPIAC UNIVERSITY

WORKERS' COMPENSATION

EMPLOYEE ACKNOWLEDGEMENT FORM

I, _____, hereby acknowledge receipt of
Employee's Name (please print)

information about the Quinnipiac University Compensation Managed Care Program and understand that for any work related illnesses or injuries I must use physicians and hospitals in the CorVel Network. I understand that if this procedure is not followed, my Workers' Compensation benefits will be at risk for denial of both medical benefits and compensation for lost wages, subject to the directive of the Workers' Compensation Commissioner.

Employee's Signature

Date

**** RETURN PROMPTLY TO HUMAN RESOURCES ****