



Rockwood*

Workers' Compensation Claims Kit

*Rockwood claims may service policies issued by any of the following:

- Rockwood Casualty Insurance Company
- Somerset Casualty Insurance Company
- Colony Specialty Insurance Company
 - Colony Insurance Company
 - Argonaut Insurance Company
- Argonaut Great Central Insurance Company
- Argonaut-Midwest Insurance Company

654 Main St., Rockwood, PA 15557

WAYS TO REPORT A CLAIM

1.



ONLINE

<https://www.argolimited.com/rockwood/claims/acs-first-notice-loss/>

2.



PHONE

814-926-5219

3.



EMAIL

LOSSREPORTS@ROCKWOODCASUALTY.COM

4.



FAX

814-926-5215

Rockwood Claim Reporting

Rockwood is deeply committed to delivering exceptional service to you, our clients. We are also passionate about continuing to develop new ways to ease your administrative burdens and enhance the performance that we achieve for you.

Rockwood is pleased to announce that we have enhanced our service program by simplifying our Internet Loss Reporting capabilities. You can report all of your workers' compensation claims electronically using the same form regardless of the state in which the accident occurs.

Rockwood's Internet Loss Reporting is easy to use. Simply follow these steps.

Go to www.argolimited.com/rockwood/

- Click the link "Claims" and then the link "Workers Compensation Online Claim Reporting"
- Click the link for "Report a New Claim"
- Required information to report a claim:
 - Employer Information; Name, Mailing Address, Contact Name and Phone Number, Email Address.
 - Employee Information; First and Last Name, SSN, Mailing Address, Phone Number, DOB.
 - Injury Information; Date and Time of Injury, Nature of Injury, Part of Body Injured, What Job Task was the Employee Doing When injured, How Did Injury Occur, Initial Treatment, Date Employer had Knowledge of Injury.
 - Accident Location; Did Accident Occur on Employer's Property, Is Accident Location Same as Employer Physical Address, Site Mine/Location Code.
 - Attachments of Work Restrictions or Investigative Report.
 - Wage and Lost Time Information; Date of Hire, Initial Date of Last Day Worked, Initial Return to Work Date, Initial Date Disability Began.
 - Witness Information; if applicable
 - Person Completing this Form; as much as possible.
- Confirm the information reported is correct and click "Submit Form". A separate window will open with your confirmation number. If an email address was entered on Person Completing This Form, you will receive an email confirmation.

Reporting claims promptly over the Internet enables Rockwood to implement three-point contact (Injured Employee, Medical Provider and the Employer/Insured) strategy sooner. Prompt communication among the parties helps eliminate confusion, allows for investigation of facts to make a compensability determination, sets expectations early for estimated length of the disability and lays the foundation for prompt return to work. We encourage you to report claims immediately.

Please also note that Rockwood's website has been enhanced recently and provides valuable tools for your risk management initiatives.

We appreciate your continued loyalty and your business. If you have questions, please contact your agent/broker or Rockwood representative.

Report a Claim Online:

<https://www.argolimited.com/rockwood/claims/acs-first-notice-loss/>



HOME MINING APPLICATIONS & SUPPLEMENTS RISK CONTROL ▾ FIND AN AGENT CONTACT CLAIMS ▾

Report Workers Compensation Claims

To report a Workers Compensation claim online, click on the box below.

Note: Enter the Injured worker's legal name on the injury reports as it appears on their social security card as well as their social security number. This information is required as per Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007.

REPORT A NEW CLAIM

Employers' Report of Occupational Injury or Disease

Employer Information

Employer FEIN:

Insured Name:

Employer Name:

Nature of Business:

Physical Address 1:

Physical Address 2:

Physical City:

Physical State:

Physical Postal Code:

Physical County:

Physical Country:

Contact Name:

Contact Phone Number:

Mailing Information/Attention Line:

Is mailing address the same as physical?

Yes No

Mailing Address 1:

Mailing Address 2:

Mailing City:

Mailing State:

Mailing Postal Code:

Mailing County Code:

Mailing Country Code:

Email Address:

Insurance Carrier:

Policy Number:

Employee Information

First Name:

Middle Name/Initial:

Last Name:

Social Security Number:

Mailing Address 1:

Mailing Address 2:

Mailing City:

Mailing State:

Mailing Postal Code:

Home or Cell Number:

Work Phone:

Email Address:

Assigned Dept/ Dept #:

Date of Birth:

Gender:

Marital Status:

Number of Dependents:

Occupation/Job Title:

State of Hire:

Does employee participate in a certified workplace medical plan?

Yes No

Injury Information

Date of Injury:

Time of Injury:

Time Workday Began:

Nature of Injury or Disease:
(cut, bruise, strain, etc.)

Part of Body Injured:

What job task was the employee doing when injury occurred?
(loading truck, walking down stairs, etc.)

How did injury or disease occur?
Be specific, describe the sequence of events and include any objects, equipment, tools, substances connected to the injury

Initial Treatment:

Physician Healthcare Provider Name:

Provider Street:

Provider City:

Provider State:

Provider Postal Code:

Date employer had knowledge of the injury:

Supervisor to whom injury or disease report to:

If fatal, Employee Date of Death:

Were safeguards or safety equipment provided?

Yes No

Were safeguards or safety equipment used?

Yes No

Accident Location

Did accident occur on Employer's property:

Yes No

Is accident location same as employer physical address?

Yes No

Site Organization Name:

Site Mine/Location Code:

Site Address 1:

Site Address 2:

Site City:

Site State:

Site Postal Code:

Site County/Parish:

Site Country Code:

Wage and Lost Time Information

Employee ID#:

Payroll Class on Policy:

Employment Status:

Employee Date of Hire:

Years of Mining Experience:

Wage on Date of Injury:

Wage Period:

Number of Days Worked per Week:

Work Days Scheduled:

Mon Tue Wed Thu
 Fri Sat Sun

Initial Date Last Day Worked:

Full Wages Paid for Date of Injury Indicator:

Yes No

Initial Return to Work Date:

Work Week Type:

Initial Date Disability Began:

Witness Information

Name:

Business Phone Number:

Number of Witnesses:

Person Completing this Form

Contact Title or Relationship to Insured:

Contact Name:

Contact Phone:

Contact Email:

Fraud Language

APPLICABLE IN ALABAMA

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.

APPLICABLE IN ALASKA

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

APPLICABLE IN ARIZONA

For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

APPLICABLE IN ARKANSAS

Any person or entity who willfully and knowingly makes any material false statement or representation or who willfully and knowingly omits or conceals any material information, or who willfully and knowingly employs any device, scheme or artifice for the purpose of obtaining any benefit or payment, or for the purpose of defeating or wrongfully decreasing any claim for benefit or payment or obtaining or avoiding workers' compensation coverage or avoiding payment of the proper insurance premium (or who aids and abets for either said purpose), under this chapter shall be guilty of a Class D. felony.

APPLICABLE IN CALIFORNIA

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers compensation benefits or payments is guilty of a felony.

APPLICABLE IN COLORADO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN CONNECTICUT

This form must be completed in its entirety. Any person who intentionally misrepresents or intentionally fails to disclose any material fact related to a claimed injury may be guilty of a felony.

APPLICABLE IN DELAWARE AND OKLAHOMA

Any person who knowingly and with intent to injure, defraud, or deceive any Insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony. The lack of such a statement shall not constitute a defense against prosecution under this section. *Delaware Statutes Regulations: Del #C Section 913(B)

APPLICABLE IN FLORIDA

Pursuant to S. 817.234, Florida Statutes, any person who, with the intent to injure, defraud, or deceive any insurer or insured, prepares, presents, or causes to be presented a proof of loss or estimate of cost or repair of damaged property in support of a claim under an insurance policy knowing that the proof of loss or estimate of claim or repairs contains any false, incomplete, or misleading information concerning any fact or thing material to the claim commits a felony of the third degree, punishable as provided in S. 775.082, S. 775.083, or S. 775.084, Florida Statutes.

APPLICABLE IN HAWAII

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN IDAHO

Any person who knowingly and with the intent to injure, Defraud, or Deceive any Insurance Company Files a Statement of Claim Containing any False, Incomplete or Misleading information is Guilty of a Felony.

APPLICABLE IN INDIANA

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

APPLICABLE IN KANSAS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN KENTUCKY, LOUISIANA, MAINE, MICHIGAN, NEW JERSEY, NEW MEXICO, NEW YORK, NORTH DAKOTA, PENNSYLVANIA, RHODE ISLAND, SOUTH DAKOTA, VIRGINIA AND WEST VIRGINIA

Any person who knowingly and with intent to defraud any insurance company or another person files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and subjects the person to criminal and [NY: substantial] civil penalties. In LA, ME and VA, insurance benefits may also be denied.

APPLICABLE IN MARYLAND

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

APPLICABLE IN MINNESOTA

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN NEVADA

Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

APPLICABLE IN NEW HAMPSHIRE

Any person who, with purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

APPLICABLE IN OHIO

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

APPLICABLE IN TENNESSEE

It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.

APPLICABLE IN TEXAS

Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

APPLICABLE IN UTAH

Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

APPLICABLE IN WASHINGTON

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.



Pharmacy Coverage – PRESENT TO PHARMACIST

Injured Employee:		Employee Date of Birth:	
Employee Phone:			

Date of Injury:	
Description of Injury:	

Insured Name:			
Policy Date:		Policy #:	

Insured: Preferred Medical has been selected to administer your prescription drug program for your injured employee's workers compensation claim. Please complete the top portion of this insert and present it to your injured employee when you receive first notice of the injury.

Please fax a copy of this letter to Preferred Medical at 502-489-5045.

Employee: On your first visit please present this notice to any of the participating pharmacies on the reverse side. By selecting a participating pharmacy, you provide yourself with an option to bill your out-of-pocket workers' compensation pharmacy expenses directly to **Rockwood Casualty Insurance Company, Somerset Casualty Insurance Company, Colony Insurance Company, Colony Specialty Insurance Company, Argonaut Insurance Company, Argonaut-Midwest Insurance Company, or Argonaut Great Central Insurance Company.**

More than 74,000 pharmacies, both large and small, participate in this program.

This card is to be used for your initial fill of medication only, based on the established parameters by your workers' compensation carrier. This letter will provide your pharmacist electronic access to information regarding your eligibility for workers compensation benefits.

Use of this letter of intent or the card is limited to medications associated with your workers compensation injury.

Pharmacist: Preferred Medical Network administers this workers compensation prescription drug program through the National Pharmaceutical Services (NPS) network. For immediate online billing information, contact Preferred Medical Network at **888-586-4650**. *Please Note: You may be required to fax a copy of this letter to 502-489-5045 for verification purposes.

Pharmacy processing steps:

1. Call Preferred Medical Network at **888-586-4650** to obtain the Member ID and Group Number.
2. Enter BIN number **004758**.
3. Enter Processor Control Number (PCN) **NPS**.
4. Enter Group Number provided by Customer Service.
5. Enter the Member ID provided by Customer Service.
6. Enter Person Code **00**

Managing Workplace Injuries and Illnesses

A workplace injury is the start of a series of events. These series of events can last several days to several months. An organized plan with implemented practices is a major influence on the timeline of these series of events. Implementation of the practices below will aid in a timely recovery, return of the employee to work and the ability to control expenses associated with a workplace injury or illness.

Prevention

Identification and elimination of workplace hazards is the best way to control expenses associated with workplace injuries and illnesses. Management must be committed to safety with an active and visible role. This commitment to safety must be passed down to managers, supervisors, and employees. The following are prevention and control practices that should be implemented:

- Employee hiring and screening practices.
- Drug and alcohol testing.
- New employee job and safety orientation.
- Safety and health education and training.
- Routine hazard identification and elimination.
- Written safety guidelines.
- Workplace safety committee made up of management and employee representatives.
- Incident investigation.

Plan/Prep

Failure to have a plan is planning to fail. A plan provides a road map to ensure prompt and effective claims management. A good foundation starts with a packet that contains the forms and other information related to the reporting and managing of a workplace injury or illness. Some of the information that should be included in the packet is:

- First Notice of Loss or Injury Form.
- Employer specific incident investigation and reporting form.
- If applicable, copy of your medical provider or panel list.
- Return to work program overview and availability.
- Return to work paperwork to be provided to medical providers.

- Post-Injury drug and alcohol testing policy.
- Other documentation or information required by the specific State government to be communicated to the employee.

Workplace Postings

Provide an area where information related to preventing and reporting workplace injuries and illnesses can be posted for employee access. Below is a summary of postings for employee awareness:

- Notice of Workers' Compensation specific to the governing State agency.
- If applicable, physician panel or medical provider panel.
- Rockwood "Hey You" poster.
- Employer's general steps or guidance related to reporting workplace injuries or illnesses.
- Health and safety posters or tips.

Employee Awareness

Employees must be educated on what to do if they are injured at work. It should be expressed that no matter how minor the injury, all injuries need to be reported immediately. Reporting of a minor injury will help document the injury if it should become a more serious issue after the original occurrence date.

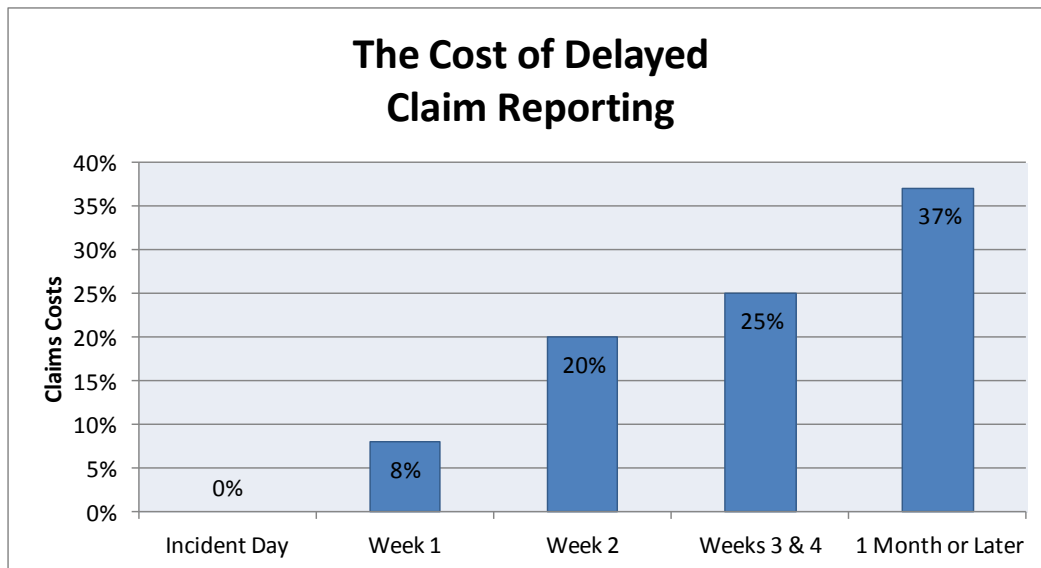
Employees need to know who to report the injury to, where they should receive medical attention for their injury or illness, and availability of a return to work program. These procedures for reporting a workplace injury and illness must be communicated to employees when first hired and at least annually thereafter.

Prompt Reporting

Prompt reporting involves prompt reporting of the injury by the employee and prompt reporting of the injury to your workers' compensation provider. Delay of receiving and reporting of the claim can significantly impact the management of the claim. This delay can potentially affect the following:

- Employee receiving prompt medical care.
- Payment of lost wages to employee.
- Final cost of the claim.
- Timeframe to close the claim.
- Third party legal involvement.

A study by the Hartford Financial Service Group (2000) supports the prompt reporting of a claim. The study reported that the cost of a workers' compensation claim became more expensive when the reporting of the claim was delayed. The graph below shows the increased costs associated with delayed reporting.



If a reported injury or illness is believed to be suspicious, do not delay in reporting it. Report the injury and communicate your suspicion to the claims adjuster. Allow the claims adjusters to do their investigation and if warranted issue a denial.

Medical Treatment

Medical facilities should be identified that are familiar with workplace injuries/illnesses and workers' compensation insurance. Ideally, for non-life threatening injuries or illnesses, employees should seek medical attention at the nearest urgent care facility. If this is not possible, medical attention should be sought at the nearest hospital emergency room.

An introduction and relationship should be established with the identified medical facilities. An invitation to the medical provider to visit your facility, to observe what you do pays significant dividends, especially when they are able to gain an understanding of the types of jobs you are able to provide for modified/transitional duty.

Post-Injury drug and alcohol testing at the time of medical treatment should be considered and communicated to the medical provider. Post-injury testing is an effective way to send a strong, zero-tolerance message to employees and reduce an employer's liability for drug-related workplace incidents.

Drug and Alcohol Testing

Drug and alcohol use in the workplace creates significant health and safety hazards which can result in decreased quality and productivity. Pre-Employment, random, reasonable suspicion, post-accident, and return-to-duty testing should be considered. A program should be implemented in accordance to the applicable State(s) where business is conducted and communicated to employees. The testing facility can assist you with implementing a program. An implemented program can have the following benefits:

- Deter employees from abusing drugs and alcohol.
- Prevent hiring individuals who use illegal drugs.
- Be able to identify early signs of abuse and appropriately refer employees who have drug and/or alcohol problems.

- Provide a safe workplace for employees.
- Ensure quality and productivity goals are sustained.

Incident Investigation

After the employee has received medical attention and hazards at the incident location are eliminated, an incident investigation should occur. This provides an opportunity to identify the cause of the incident and make changes to the workplace to prevent a future occurrence of this type.

Post Injury Communication

It is important that you stay in contact with an injured worker, especially if they are not permitted to return to work. Knowing someone cares goes a long way to aid in the recovery process and returning to work. Inform the employee that if they receive any medical bills at home to forward them immediately to the person who oversees workers' compensation reporting. This will allow for the prompt payment of bills by the workers' compensation carrier and keep bill collectors from contacting the worker at home.

Adjuster Communication

In addition to the injured worker, communication must be maintained with the claims adjuster. Keep the claims adjuster up to date with any additional information that was not provided in the first notice of loss report or learned after the injury was reported. Provide the claims adjuster with a statement of wages if the employee is expected to be off from work. Inform the claims adjuster of available return to work jobs or tasks to accommodate the worker. Feel free to contact the claims adjuster if you should have any questions or would like an update of the status of the claim.

Accommodations for Injured Worker

Permitting workers to return to work, subject to doctor's guidelines, is a win-win for the employee and the employer. A return to work program is an effective way to control costs for the employer and employee. It is a proactive approach endorsed by many health care providers designed to help restore injured workers to their former lifestyle in the safest and most effective manner possible.

Don't wait for an injury or illness to occur. Take time to identify meaningful and productive jobs or tasks that can be offered to a worker. The identified jobs or tasks should be communicated to the medical provider and workers' compensation carrier. Various changes to the employees work day or tasks can be implemented to assist them with returning to work. The following are examples:

- Daily work hours and/or the work week can be shortened.
- Mid-day or more frequent periodic breaks during the work day can be permitted.
- Employee can be assigned to a different job that fits within his/her medical restrictions.
- Workspace or environment can be adjusted or altered to accommodate the employee's restrictions.
- Physical assistive devices can be provided to the employee to assist them with their task.

It is essential that a partnership among the workers, employer, insurer, and health care providers is developed in a collaborative effort to return the injured worker back to his/her pre-injury status.

Summary

An organized workers' compensation program with pre-injury and post-injury practices will help to control costs associated with a workplace injury or illness. Planning and communication of the program will help with prompt reporting of workplace injuries and illnesses. The prompt reporting will assist with proper medical treatment and management of benefits. If these practices are implemented, it can help to make a win-win situation for the worker and management.

SUBROGATION

Subrogation is the legal right to recover monies paid on a Workers' Compensation claim when a third party is responsible for the accident and resulting injuries. Workers' Compensation, by law, is a primary payor for benefits when a claim is filed for a work injury. Subrogation allows you to recover those benefits paid due to the fault or negligence of the third party.

You should immediately contact your Risk Control Representative or Claims Adjuster at Rockwood if the following types of accidents or injuries occur:

1. Motor vehicle accident;
2. Slips and falls on someone else's property;
3. Machinery accidents: Including drills, saws, farm and earthmoving equipment, industrial machinery, forklifts, ladders, scaffolding, roof falls, etc;
4. Electrical accidents;
5. Chemical exposures;
6. Falling objects;
7. Assault by another individual;
8. Animal bites or attacks.

It is extremely important that equipment and the accident site be preserved until an investigation is made. If that is not possible, pictures taken with a good camera should be made to preserve the view of the accident site for future evidence.

All contacts, photographs, accident and official reports should be submitted to Rockwood immediately to help in a thorough investigation of the subrogation possibilities.

As you can see, prompt reporting of injuries and accidents caused by other responsible parties can help reduce loss payments made on claims; therefore, helping to reduce the exposure to your company.

Should any accident occur due to the negligence of a third party, as noted above, please call your claim adjuster or risk control representative immediately at 1-800-837-9062.

MODIFIED WORK PROGRAM

An effective method for any employer to reduce their workers' compensation premium is to develop a program for providing modified work positions for injured employees. In many cases, the injured employee is released by the physician for modified work. However, the employer advising that such a position is not available results in the insurance carrier to continue total disability benefits.

This places the account claim representative in a position of providing work availability within the limitations described by the physician or finding a position elsewhere. If the original employer will not provide a modified position, it is not difficult to understand the reluctance of other employers to hire an individual presently collecting workers' compensation benefits.

Petitioning to prove work availability is a time-consuming process during which time the injured employee continues to collect total disability benefits. In cases such as this, the insurance carrier is forced to maintain adequate reserves because of projected future costs that affect the premium. Cooperation with your account claims representative in providing such positions and a written job description for submission to the attending physician is very important.

The chances of success before the court are much greater when the employer is offering modified work, as opposed to attempting to prove work availability. It is also advisable for the employer to have someone designated to make regular contacts with the attending physician, the claim representative, and particularly the injured employee. The employer's interest and assurance that the employee's job remains available is a positive factor in the success of recovery.

MEDICAL RECORDS RELEASE AUTHORIZATION

In order for your claim to be fully evaluated for purposes of determining your eligibility for the receipt of benefits with respect to this claim, you must sign the following authorization. Please note that the amount and type of medical information sought pursuant to this authorization will depend upon the nature of the claim, but that it will be used solely to facilitate determinations regarding the validity of the claim and the payment of benefits or the administration of the insurance program under which the claim has been made. The authorization is subject to your revocation at any time except to the extent that any party has already acted in reliance upon it. Any revocation must be submitted in writing to Rockwood, at 654 Main Street, Rockwood, Pennsylvania, 15557, otherwise this authorization will continue to be valid. Your acceptance of benefits shall be considered an acceptance of the terms in this medical authorization, unless you indicate to the contrary in writing.

Authorization to Release Medical Information

I hereby authorize any employer, insurance company, government agency, medical prepayment plan, or service organization, and my physician, surgeon, therapist, pharmacist, or other duly licensed practitioner of the healing arts, and any hospital, including the Veteran's Administration, or medical transportation company, to release to any of the Rockwood Casualty Insurance Companies* (hereafter "Rockwood"), and its subsidiaries, affiliates, representatives and agents any and all applicable medical records, medical information and benefit payment information with respect to any illness, injury, medial history, consultations, prescriptions, treatment or benefits, and copies of all applicable records thereof, which may be appropriate or necessary to establish the validity of this claim.

This authorization shall specifically include but shall not be limited to medical records, medical information and benefit payment information pertaining or relating to the treatment of AIDS, HIF, mental illness, and drug or alcohol related medical problems.

I also authorize the Social Security Administration to release to Rockwood information concerning entitlement dates and benefit amounts for myself and my dependents.

I further authorize Rockwood Casualty to release any such medical information to its reinsurers, attorneys or to medical peer review panels, state insurance or fraud agencies, managed care vendors, industry anti-fraud or law enforcement organizations, research and statistical reporting organizations, or my employer and its excess insurer, to the extent that Rockwood considers doing so to be reasonably appropriate or necessary for purposes of its administration of the claim or the insurance program under which the claim has been made. I understand the information released to Rockwood as a result of this authorization many no longer be subject to certain protections provided under the Health Insurance Portability and Accountability Act of 1996.

Unless revoked earlier by me in writing this authorization shall be valid for three years after the claim has been closed by Rockwood. A copy of this authorization is to be considered as valid as the original.

Employee Signature: _____ **Date:** _____
Employee Name: _____

**Rockwood companies includes policies issued by Rockwood under any of the following:*

- Rockwood Casualty Insurance Company
- Somerset Casualty Insurance Company
- Colony Specialty Insurance Company
- Colony Insurance Company
- Argonaut Insurance Company
- Argonaut Great Central Insurance Company
- Argonaut-Midwest Insurance Company



If a work related injury or illness occurs, Your Company **REQUIRES YOU** to report the claim **IMMEDIATELY!!!!**

Reporting a work related claim in a timely manner helps with speedy payment of medical bills and lost wages.

Responsibility	Immediate Action
Employee	<ul style="list-style-type: none"> • Notify your supervisor. • If necessary, obtain medical attention as soon as possible. If your employer has a physician panel, please seek medical attention from a medical provider on this list.
Supervisor	<ul style="list-style-type: none"> • Attend to employee's medical needs. • Notify your management.
Management	<ul style="list-style-type: none"> • Notify your insurance company (see information below) • Follow up on employee medical status. • Make any changes to your worksite to prevent future incident of this type.

Complete First Report of Injury or Illness Form and Submit to:

Web: Complete form online at- www.argolimited.com/rockwood

Email: LossReports@RockwoodCasualty.com

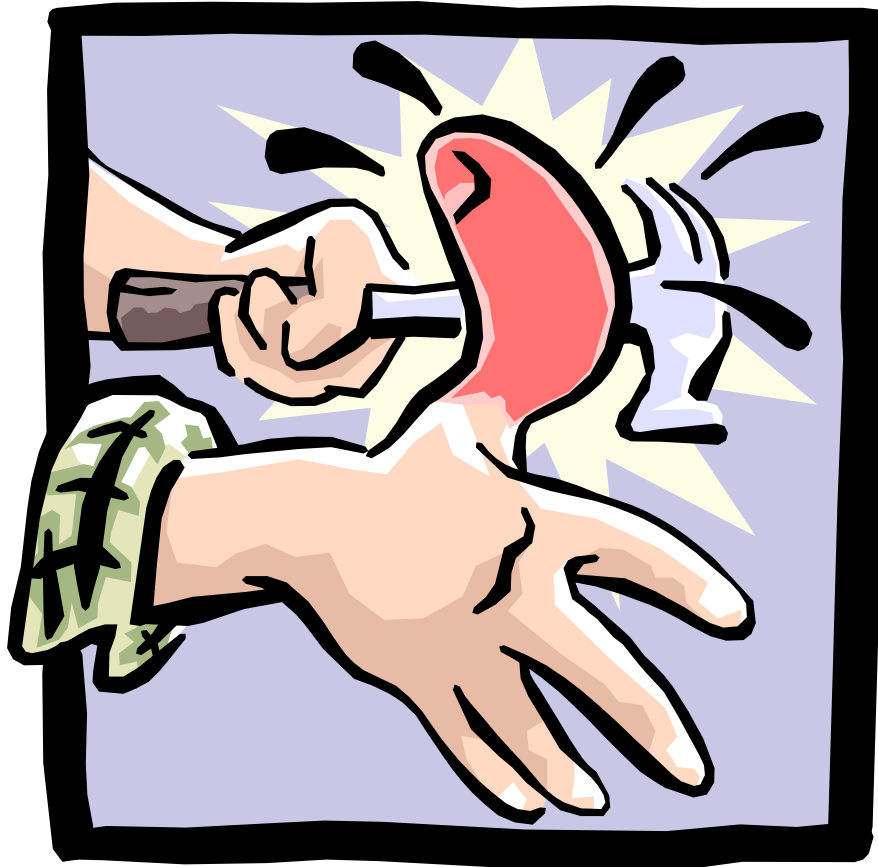
Fax: (814) 926-5215 (Loss Reports Only)
 (814) 926-4070 (All other claims correspondence)

Call: 1-800-837-9062, press "2" for claims, then "1" for Loss Reporting or
 Dial Direct: (814) 926-5219

Mail: Rockwood Casualty Insurance Company
 Attn: Claims Department
 654 Main Street
 Rockwood, PA 15557

July 2, 2019

INJURED AT WORK



**Report all work related
injuries and illnesses
immediately
to your supervisor.**



Rockwood Casualty Insurance Company (Rockwood) may provide safety management services to its insureds in order to reduce the risk of loss that may lead to insurance claims. The information and advice we provide is not intended to include all possible safety measures and controls. Rockwood does not warrant that losses and claims will be avoided or mitigated if our recommendations are followed. The safety management services we provide do not relieve the insured of its own duties and obligations with regard to safety matters, nor does Rockwood guarantee to the insured or others that the insured's property and/or operations are safe, healthful, or in compliance with applicable laws, regulations or standards. The insured remains responsible for its own operations, safety practices and procedures and should consult with legal counsel and safety professionals, of its own choosing, as it deems appropriate.

Safety Tip # 116
02-11-08

\$1,000 REWARD*

For information leading to arrest and conviction



WANTED

Name: Workers' compensation fraud perpetrator

Offense: Theft of workers' compensation benefits

Do you know anyone who:

- May be faking an injury or illness?
- Reported an injury that did not happen at work?
- Is working while receiving workers' compensation benefits?

Call Rockwood Casualty Insurance Company, anonymous tip line

1-800-837-9062 ext. 5202

or

e-mail: fraud.hotline@RockwoodCasualty.com

- ☛ You do not have to give your name.
- ☛ You can earn a reward up to \$1,000.



*Rockwood Casualty Insurance Company (Rockwood) will pay a maximum \$1,000 reward to any individual or group of individuals who provide Rockwood with information that leads to the arrest and conviction of any person who committed or is committing workers' compensation fraud and has received, is receiving or is seeking to receive workers' compensation benefits from Rockwood.

Rockwood, in its sole discretion, shall determine the eligibility, amount and apportionment of any reward that is granted. Rockwood's decisions in this regard are final and not subject to appeal.

Introducing...**Training Network NOW!**

Rockwood Casualty Insurance Company is pleased to announce our new partnership with Training Network, an industry leader with over 38 years of experience providing Safety & Health video training content. Beginning December 2nd, 2019, our policyholders can request complimentary access to Training Network NOW, an online Video-On-Demand platform with a comprehensive library of Safety & Health Training Videos. We are excited to be adding this resource as a benefit to our policyholders, and we believe that Training Network NOW will be a useful tool in driving Safety Awareness and instilling a positive Safety Culture!

+ Key Features & Benefits



- + Delivers high-quality Safety & HR training content directly to your computer, tablet, or mobile device.
- + 700+ videos, 450+ in Spanish, making TN NOW! one of the largest Video-On-Demand libraries available.
- + Unlimited, 24/7 access means training content is available whenever & wherever you need it!
- + Access to support materials for every video, including downloadable Leader's Guides, Quizzes, Attendance Logs, & Completion Certificates.
- + Video-on-demand format is perfect for both group/instructor-led training & Individual Training.

For more information on how to access our video-on-demand safety training programs, please visit [our website](#), [email us](#) or call **800-837-9062 ext. 5308** for additional information.

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