INSURANCE CARRIER
JWF SPECIALTY
P O Box 40996
Indianapolis, IN  46240-0996

Phone: 800-359-6659
Direct: 317-706-9565
Fax: 317-706-9765

Contact Information

Office of Insurance and Risk Management

Susan Butts
Manager, Insurance & Risk Management
Extension 8457

Rose-Hulman Institute of Technology
5500 Wabash Ave.
Terre Haute, IN  47803-3999
812-877-1511

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WORKER’S
COMPENSATION
REFERENCE GUIDE

Office of Insurance and Risk Management
Susan Butts
Manager, Insurance and Risk Management

812-877-8457
**PRESCRIPTION & RETURN-TO-WORK PROGRAM**

**FILLING A PRESCRIPTION**

If a prescription is required, due to your workers compensation injury, **DO NOT** use your RHIT prescription card. Work Comp will pay for your Prescription. Prescription information is provided within the “Employee Care Packet.”

**RETURN-TO-WORK PROGRAM**

If the injury prohibits the employee from performing their normal job functions, we will look for other work available within the employee’s immediate department. If there is no work available within the employee’s immediate department, the Institute will temporarily place the injured employee in an alternative department on or off campus.

The work hours while on light duty (restricted work) may be different than the employees normally scheduled hours or shift. If there is no light duty or alternative work available, the employee will remain off work until their work restrictions are changed by their physician, until light duty becomes available or until the employee is released to return to work, whichever comes first.

RHIT will provide, when available, light duty work for a maximum period of no longer than 180 days, per injury. After 180 days, or when such restrictions cannot be accommodated, the employee will be released from the RHIT RTW program and will remain off work until they are released from Work Comp, or no longer have work restrictions. After the waiting period has been satisfied and all work comp requirements have been met, the employee will be paid a salary through the work comp carrier at a rate of 66 2/3% of the employees “average weekly wage.”

**FREQUENTLY ASKED QUESTIONS**

Q: Who do I contact if I cannot find a Site Coordinator or my immediate supervisor and my injury is not life threatening?

A: You may contact Susan Butts at 877-8457.

Q: When do my compensation benefits start?

A: If you are off for more than seven days, your compensation will begin on the eight (8) day; however, if you are off on Worker’s Compensation for more than twenty-one days (21), your compensation begins on the first day.

Q: How do I receive payment for the first seven (7) days of my injury?

A: You can use any available sick or vacation hours that you may have or you may take the seven (7) day waiting period without pay.

Q: Can I buy back my vacation or sick hours that I used to cover my 7-day waiting period?

A: No, you cannot buy back sick and vacation hours. It is your choice whether you take sick/vacation hours for the first seven (7) days or if you take the time without pay.

Q: When should I receive my first compensation benefit payment?

A: Your first payment is due after you have been off work for 14 days. The insurance carrier will issue your payment on the 15th day.

Q: How is my Worker’s Compensation payment figured?

A: You are paid 66 2/3 percent of your average weekly wage. Your average wage is determined by your total wages earned over the last 52 weeks prior to the date of your injury.

Q: May I contact the insurance carrier directly if I have questions?

A: You may contact the carrier after your claim has been reported to the carrier by Rose-Hulman. Contact Susan Butts-877-8457 and she will provide you with your claim number and the phone number for the adjuster assigned to your claim.

**STEP-BY-STEP PROCEDURES**

1. Immediately notify your immediate supervisor or Site-Coordinator of the injury.
2. Complete First Report of Injury form, if injury is not life threatening.
3. The immediate supervisor or Site-Coordinator must email or fax (X8032) a completed First Report of Injury form to Susan Butts within 24 hours of the date of the injury.
4. The injured employee should READ the Employee Packet received from their immediate supervisor or Site-Coordinator.
5. Go to one of the “Initial Care Physicians” listed within the Employee Packet for treatment due to your W/C injury. Injured employees are not authorized to receive medical treatment from any locations other than those listed on the “Initial Care Physician” form without prior approval from our Worker’s Compensation carrier, unless for a life threatening injury. On First Report of Injury or illness, the employee will be subject to a drug and alcohol screening.
6. During the initial visit, provide the medical care provider with the Medical Provider Report that is located within the Employee Packet.
7. Return to work and provide your supervisor or Site-Coordinator with the Medical Release or Return-To-Work form that you receive from the medical care provider.

**NOTE:** If your injury requires any work restrictions or time off from work, please notify your immediate supervisor or Site-Coordinator as soon as possible.

**NOTE:** You are not permitted to seek medical treatment or be referred to another medical care provider (unless life threatening) without prior approval from the insurance carrier.