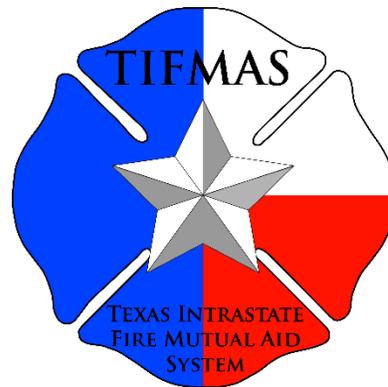




# *Workman's Compensation Manual*

*Texas A&M Forest Service (TFS)  
June 2021*



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## I. Preface

### Purpose

Filing a workers' compensation claim requires both *employee* and *supervisor* to provide adequate information and details in a timely manner. The purpose of this manual is to provide guidance when filing a workers' compensation claim for an intrastate fire mutual aid system team member or a regional incident management team member.

### Deployments:

An intrastate fire mutual aid system team member or a regional incident management team member, as defined by Section 88.126, Education Code, who sustains an injury or illness as a result of a deployment or during any Texas Division of Emergency Management (TDEM) sponsored or sanctioned training will be included in the coverage provided under *Chapter 501 of the Texas Labor Code* in the same manner as an employee, as defined by *Section 501.001*. Services with Texas A&M Forest Service (TFS) by an activated member who is a state employee are considered to be in the course and scope of the employee's regular employment with the State.

### Key Personnel

#### *TFS Incident Response Department (IRD) Agency Representative*

- Serves as the liaison between the response member and the TFS Safety Officer during the initial submission.
- Reviews required documentation for completion and submits to TFS Safety Officer.

#### *TFS Safety Officer*

- Submits paperwork to the State Office of Risk Management (SORM) and is the point of contact to obtain any pertinent information regarding the claim.
- Maintains the workman's compensation manual to ensure TFS remains in compliance with system policies and procedures.

## II. Filing a Workman's Comp Claim

I have been injured on a deployment/training and want to file a state claim.

### Should I report it?

- *YES, report ALL injuries or medical issues developed during a deployment or training, no matter how minor.* All members of an All Hazard IMT or TIFMAS response are required to immediately report any injury to their field supervisor and TFS IRD Agency Representative during a deployment.
- *Good rule of thumb... Did you have this before the training/deployment? If NO, then report it.*
- Given the conditions that responders are exposed to, issues may not appear until a later date. No matter how minor the injury may seem or if the member refuses to seek medical attention at the time of the injury, the First Report of Injury (and applicable witness statement) are required to be submitted within the requested time frame.
- See attached check list and forms that follow.

***Failure to complete the First Report of Injury at the date/time of injury may result in removal of the injured member from the incident or training event and may further result in disciplinary actions.***

### Who should I notify?

- Report to your supervisor and TFS IRD Agency Representative in the field as they have the appropriate paperwork to complete.
- Response members are encouraged to notify their participating agency. However, an official with Texas A&M Forest Service can contact their agency as a courtesy.
- In the event of death of a response member, the TFS IRD Agency Representative should be notified immediately, they will contact the TFS FRP Associate Director, who will then contact the participating Agency Chief.

### What's next?

- Supervisors will assist in completing the required paperwork and notify the TFS IRD Agency Representative & TFS Safety Officer

#### Contact Information:

- TFS IRD Agency Representative
  - 979-218-2404
  - [agencyrep@tfs.tamu.edu](mailto:agencyrep@tfs.tamu.edu)
- Safety Officer
  - 979-458-6697
  - [safety@tfs.tamu.edu](mailto:safety@tfs.tamu.edu)
- Required paperwork is due to the individuals listed above within 12 hours of the injury:
  - **Employers First Report of Injury DWC-1**- First Report of Injury
    - Any supporting hospital documentation may be provided in addition to the DWC-1 to assist the State Office of Risk Management in processing the claim.
  - **Texas Workers' Compensation Work Status Report DWC-73**- Provided by the treating facility
  - **Supplemental Witness Statement for First Report of Injury TFS-WC2** - Supervisor collects and submits all Supplemental Witness Statements.
  - **TFS Accident Investigation Report TFS WC-1 - Top section only is required to be submitted in the first 12 hours. The remainder is required within 10 days.**
- If the injury did not require medical attention, TFS IRD Agency Representative will NOT submit to the TFS Safety Officer to process. The paperwork will be filed securely, and in the event medical attention is required at a later date, the paperwork will be submitted at that time to begin the workman's compensation process.

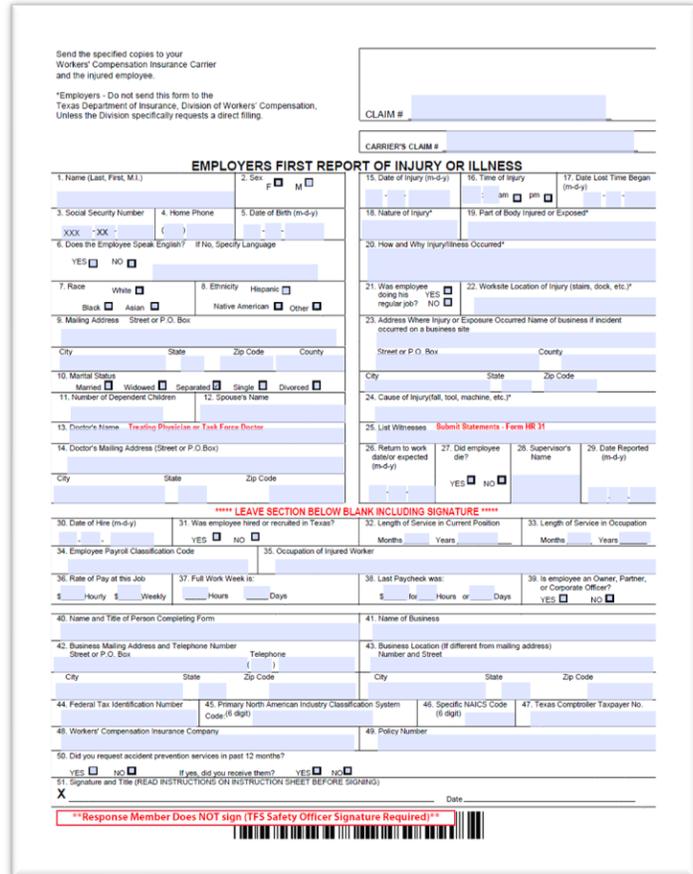
### III. What Forms Do I Complete?

All required forms can be found at the following web address, [ticc.tamu.edu/incident response](http://ticc.tamu.edu/incident_response).

#### ***First Report of Injury DWC-1***

**Submit to the TFS Safety Officer within 12 hours of the injury** to allow adequate amount of time for final submission of the paperwork to System Office of Risk Management (SORM) which is due within 24hours.

- Complete top two sections only.
- All other info is to be completed by TFS Safety.
- Response Members do not sign the form.



Send the specified copies to your Workers' Compensation Insurance Carrier and the injured employee.

\*Employers - Do not send this form to the Texas Department of Insurance, Division of Workers' Compensation, unless the Division specifically requests a direct filing.

CLAIM # \_\_\_\_\_

CARRIER'S CLAIM # \_\_\_\_\_

### EMPLOYERS FIRST REPORT OF INJURY OR ILLNESS

1. Name (Last, First, M.I.) \_\_\_\_\_ 2. Sex  F  M

3. Social Security Number \_\_\_\_\_ 4. Home Phone \_\_\_\_\_ 5. Date of Birth (m-d-y) \_\_\_\_\_  
XX - XX - ( )

6. Does the Employee Speak English?  YES  NO  If No, Specify Language \_\_\_\_\_

7. Race  White  Black  Asian  8. Ethnicity  Hispanic  Native American  Other

9. Mailing Address - Street or P.O. Box \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

10. Marital Status  Married  Widowed  Separated  Single  Divorced

11. Number of Dependent Children \_\_\_\_\_ 12. Spouse's Name \_\_\_\_\_

13. Doctor's Name *Teaching Physician or Task Force Doctor* \_\_\_\_\_

14. Doctor's Mailing Address (Street or P.O. Box) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

15. Date of Injury (m-d-y) \_\_\_\_\_ 16. Time of Injury \_\_\_\_\_ 17. Date Lost Time Began (m-d-y) \_\_\_\_\_  
am  pm

18. Nature of Injury\* \_\_\_\_\_ 19. Part of Body Injured or Exposed\* \_\_\_\_\_

20. How and Why Injury/Illness Occurred\* \_\_\_\_\_

21. Was employee doing his regular job?  YES  NO  22. Worksite Location of Injury (stairs, dock, etc.)\* \_\_\_\_\_

23. Address Where Injury or Exposure Occurred Name of business if incident occurred on a business site \_\_\_\_\_  
Street or P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

24. Cause of Injury/fall, tool, machine, etc.\* \_\_\_\_\_

25. List Witnesses *Submit Statements - Form HR 31* \_\_\_\_\_

26. Return to work date or expected (m-d-y) \_\_\_\_\_ 27. Did employee die?  YES  NO

28. Supervisor's Name \_\_\_\_\_ 29. Date Reported (m-d-y) \_\_\_\_\_

\*\*\*\* LEAVE SECTION BELOW BLANK INCLUDING SIGNATURE \*\*\*\*

30. Date of Hire (m-d-y) \_\_\_\_\_ 31. Was employee hired or recruited in Texas?  YES  NO

32. Length of Service in Current Position \_\_\_\_\_ Months \_\_\_\_\_ Years \_\_\_\_\_ 33. Length of Service in Occupation \_\_\_\_\_ Months \_\_\_\_\_ Years \_\_\_\_\_

34. Employee Payroll Classification Code \_\_\_\_\_ 35. Occupation of Injured Worker \_\_\_\_\_

36. Rate of Pay at this Job \_\_\_\_\_ 37. Full Work Week is: \_\_\_\_\_  
\$ \_\_\_\_\_ Hourly \$ \_\_\_\_\_ Weekly \_\_\_\_\_ Hours \_\_\_\_\_ Days \_\_\_\_\_

38. Last Paycheck was: \_\_\_\_\_ 39. Is employee an Owner, Partner, or Corporate Officer?  YES  NO

40. Name and Title of Person Completing Form \_\_\_\_\_ 41. Name of Business \_\_\_\_\_

42. Business Mailing Address and Telephone Number \_\_\_\_\_ Telephone \_\_\_\_\_  
Street or P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

43. Business Location (if different from mailing address) \_\_\_\_\_  
Number and Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

44. Federal Tax Identification Number \_\_\_\_\_ 45. Primary North American Industry Classification System Code (6 digit) \_\_\_\_\_ 46. Specific NAICS Code (8 digit) \_\_\_\_\_ 47. Texas Comptroller Taxpayer No. \_\_\_\_\_

48. Workers' Compensation Insurance Company \_\_\_\_\_ 49. Policy Number \_\_\_\_\_

50. Did you request accident prevention services in past 12 months?  YES  NO  If yes, did you receive them?  YES  NO

51. Signature and Title (READ INSTRUCTIONS ON INSTRUCTION SHEET BEFORE SIGNING)  
X \_\_\_\_\_ Date \_\_\_\_\_

**\*\*Response Member Does NOT sign (TFS Safety Officer Signature Required)\*\***







## IV. What do I present to the hospital and pharmacy?

***TFS Workman's Compensation Letter*** that explains this injury is being filed as a work-related injury.

### **NOTE:**

ALL Emergency Rooms/Occupational Medical Facilities accept workman's comp, but some general practice/family doctors do not.

When following up with your primary care doctor after the initial treatment, confirm that they accept workman's comp claims. If they do not, you will need to find another doctor if you choose to pursue the claim.

### **Paying for Treatment**

- There should be **NO** out of pocket expenses for the response member if the claim is set up correctly at the initial time of medical treatment
- The **TFS Workman's Compensation Letter** should be given to the pharmacy if prescriptions are needed

**Reminder** – Response Members should **NOT** give personal insurance information to the treatment facility or a pharmacy

- After the claim has been submitted, the response members will be contacted by the TFS Safety Officer, who will provide you with a case worker information.



**TEXAS A&M**  
FOREST SERVICE

\_\_\_\_\_

*Date*

Under the Texas Labor Code, the patient, \_\_\_\_\_ is identified as an employee of the Texas A&M Forest Service and is currently deployed as a member of an All-Hazard Incident Management Team or Texas Intrastate Fire Mutual Aid System. They are seeking treatment related to an on the job injury and is being filed as a Workman's Compensation claim. Please submit claim information to:

State Office of Risk Management (SORM)  
P.O. Box 13777  
Austin, TX 78711-3777

Additional SORM contact information:

[www.sorm.state.tx.us](http://www.sorm.state.tx.us)  
Main – 877-445-0006  
Fax – 512-370-9025

Our members have been instructed not to provide any personal insurance information. In order to avoid any out of pocket expenses, please ensure the claim is filed accordingly for workman's compensation at the initial time of treatment.

We greatly appreciate your efforts during this time. If you have any questions please allow 72 hours for us to submit the necessary paperwork to the TFS Safety Office. After that time if you have questions and SORM is not able to assist, please contact the TFS Safety Officer at (979) 458-6697 or [Safety@tfs.tamu.edu](mailto:Safety@tfs.tamu.edu).

Texas A&M Forest Service  
200 Technology Way | College Station, TX 77845

## V. What happens after my paperwork is sent to the TFS Safety Office?

- TFS – Safety forwards the claim to the State Office of Risk Management to be processed
- When an adjuster is assigned, they will contact TFS-Safety to verify the information provided and investigate the claim. It is imperative to include all the information requested to avoid any delays in processing your claim
- The adjuster will call TFS-Safety periodically to obtain updates or to verify that the employee has returned to work. It is the injured Response Member’s responsibility to contact TFS-Safety if there are any changes in their status
- For the injured Response Member to be eligible for any future trainings or deployments following their work-related injury, they are requested to forward the release signed off by the treating physician to the TFS Safety Officer. This is typically an updated DWC-73 form.
- If a response member receives a bill related to the injury, they will need to contact their adjuster to answer any questions.

## **TFS-ALL HAZARD & TIFMAS**

### **Workman's Comp Check List**

*All paperwork is due to the TFS IRD Agency Representative within 12 hours of the injury.*

#### TFS IRD Agency Representative

- TIFMAS 979-218-2404
- All-Hazard IMT 979-224-8236
- Email: [agencyrep@tfs.tamu.edu](mailto:agencyrep@tfs.tamu.edu)

#### TFS Environmental Health & Safety Officer

- Phone: 979-458 6697
- Email: [safety@tfs.tamu.edu](mailto:safety@tfs.tamu.edu)

#### **(DWC-1) Employers First Report of Injury**

- Complete only section 1 and 2
- *Do not sign*, TFS Safety is required to sign off
- At the time of treatment or receiving prescriptions, provide Response Member letter identifying as a Workman's Comp related injury

#### **(DWC-73) Work Status Report**

- Provided by the treating facility (required to submit with DWC-1)

#### **(TFS WC-2) Supplemental Witness Statement**

- Supervisor collects info from any witnesses and submits along with DWC-1
- For multiple witnesses, each person completes a form

#### **(TFS WC-1) TFS Accident Investigation Report**

- TFS IRD Agency Representative completes top section ONLY and submits along with DWC-1 and DWC-73 (remaining accident investigation is due to TFS Safety Officer 10 days following injury)