



Diocese
of
Cleveland

Cathedral Square

DIOCESAN WORKERS' COMPENSATION OFFICE

TO: Pastor, Administrator, Principal and/or Business Manager
FROM: James Gulick, CFO
Kathleen Pierce, Director of Workers' Compensation
SUBJECT: Workers' Compensation
DATE: March 6, 2015

The Diocese has recently outsourced its Workers' Compensation processing to Associated Compensation Resources (ACR). As such, effective immediately, all communication and correspondence pertaining to work related injuries should be directed to ACR, via phone, fax or email. Contact information for ACR is as follows:

Associated Compensation Resources (ACR)
9237 Mentor Avenue
Mentor, Ohio 44060
Main Phone: 216-731-8215
Fax: 216-731-8290

Michelle Fegatelli, Account Manager (216-482-3935), mfegatelli@acrcomp.com
Amanda Majher, Assistant Account Manager (216-482-3932), amajher@acrcomp.com

This packet has been prepared for you in order to ensure efficiency in the event of a work-related injury. Enclosed please find the most current Ohio BWC Certificates and claim forms, which may be copied and distributed to the individual that handles the workers' compensation claims for your location. These forms are also available online at www.dioceseofcleveland.org. **Please notify ACR of any work-related injury within twenty-four hours of the occurrence.**

Following is a brief description of the enclosures, as well as instructions as to when each form should be used:

- ▶ The **Certificate of Employer's Right to Pay Compensation Directly** issued from the Ohio Bureau of Workers' Compensation, is required by law to be posted in a conspicuous place, visible to all employees at your location.
- ▶ The **Rebuttable Presumption Certificate**, effective October 13, 2004, is also required by law to be posted with the Certificate of Employer's Right to Pay Compensation Directly.
- ▶ If an incident occurs and the injured worker **seeks medical attention**, the following forms must be submitted, as they are required by the Ohio BWC:
 - **First Report of Injury, Occupational Disease or Death** - injured worker is to complete **only** the injured worker section (top 1/3 of page). **The injured worker should TAKE THIS FORM to the medical provider, and inform him/her that he/she is employed by the Diocese of Cleveland at his/her specific location.**
 - **Accident-Incident-Injury-Illness Investigation Report** - to be completed by the injured worker and his/her supervisor. **Do not** submit the Property/Casualty Incident Report Form.
 - **Authorizations to Release Medical Information** - to be completed by the injured worker.

- ▶ If an incident/injury occurs, but the injured worker *does not seek medical attention*, the ***Accident-Incident-Injury-Illness Investigation Report*** is the only form required. This form is to be completed by the injured worker and his/her supervisor. Again, *do not* submit the Property/Casualty Incident Report. ***The Property/Casualty Incident Report Form will no longer be accepted in place of the Accident-Incident-Injury-Illness Investigation Report***
- ▶ If a claim is certified and the claimant (injured worker) loses eight or more calendar days of work as a result of a work-related injury, a ***Wage Statement*** must be completed. Please report the claimant's gross wages earned fifty-two weeks prior to, but not including, the week of the date of injury. If you need clarification or assistance regarding the dates to be reported, please contact ACR.
- ▶ If a claimant who is medically disabled by his/her physician of record and receiving workers' compensation benefits (Temporary Total Disability) is released to work modified/light duty by that physician of record, and the employer is able to accommodate the claimant within the restrictions, the ***Offer of Return to Work Light Duty MUST be given in writing by the employer and signed by claimant acknowledging acceptance of the offer***. It is imperative that the letter be specific and include the restrictions issued by the physician of record. ***The Offer of Light Duty MUST be given in writing and accepted by the claimant each time the restrictions change until the claimant is released to work full duty***. If a claimant refuses the offer of light duty, he/she is no longer eligible for TTD.

Upon completion, these forms may be faxed or emailed to ACR. If you have questions, need assistance or clarification, please contact ACR at 216-482-3935 or 216-731-8215.