



# Injured Employee's Statement

To Be Completed By Injured Employee

Print Your Name: \_\_\_\_\_ Your Position/Title: \_\_\_\_\_  
Date of Injury: \_\_\_\_\_ Time of Injury: \_\_\_\_\_  
Department/Area Where Injury Occurred: \_\_\_\_\_

Describe what you were doing at the time the injury occurred:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe how the accident occurred:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the injury (body part and condition):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever sustained an injury to this part of your body before now?  Yes  No  
Please explain any previous condition you may have had prior to this incident that may have been aggravated:  
\_\_\_\_\_  
\_\_\_\_\_

Were you instructed to do the specific task you were doing when the incident occurred?  Yes  No  
If Yes, by whom? \_\_\_\_\_  
Were you trained to do the specific task you were doing when the incident occurred?  Yes  No  
If Yes, by whom? \_\_\_\_\_  
Do you feel something could have been done to prevent this accident?  Yes  No  
If Yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
Please describe any safety hazards you observed: \_\_\_\_\_  
\_\_\_\_\_  
Please list any Witnesses: \_\_\_\_\_

I certify that the foregoing is true and correct: \_\_\_\_\_  
Employee Signature \_\_\_\_\_ Date \_\_\_\_\_  
Witness Signature: \_\_\_\_\_ Date \_\_\_\_\_



# Injured Employee Information/ Responsibilities

If you sustain an injury at work, regardless how minor of an incident it may seem, you **must immediately** report the incident to your supervisor/foreman who will communicate the incident to the AIS Safety Department. You may be entitled to workers' compensation benefits and failure to report the incident in a timely manner could delay or cause benefits to be denied. This information sheet will help answer some questions you might have and give you some guidelines on how to proceed.

- Advanced Industrial Services provides workers' compensation benefits to all of its employees.
- The Safety Department will complete the necessary paperwork regarding the incident. The Safety Department will report the incident to the Workers Compensation Insurance Carrier on your behalf. In most cases, a representative from the Insurance Company will contact you to discuss your accident in the course of their routine investigation. It is the Insurance Company's responsibility to determine whether you are entitled to benefits or if the claim will be denied. The Insurance Company makes this decision and will send a notice to the State, Employee and Employer.
- As an injured employee, you have the obligation to provide The Safety Department and the Insurance Company with current medical data to support your physical condition and work status. The Insurance Adjuster will work hand in hand with you and the Safety Department.
- **You are required to make weekly contact with The Safety Department** to provide them with any updates, scheduled appointments, and work ability or restrictions.
- The Safety Department will provide you with a work ability form that must be completed by the doctor after each doctor visit. **You are required to provide this form to The Safety Department the same day as your doctor appointment** (or the morning after the appointment if after hours) This is important so The Safety Department knows what, if any, medical restrictions you need to work within. The Safety Department will then forward a copy of your work ability to the Insurance Adjuster. The Safety Department will communicate any restrictions to your Project Manager.
- All workers' compensation benefits will be administered by the Insurance Company. All payments will be made through the Insurance Company. Typically all lost wage reimbursement checks will be sent to your home.
- Please keep track of all out of pocket expenses. Discuss with your Insurance Adjuster what out of pocket expenses are reimbursable and how to file for these reimbursements. Typically prescriptions, parking fees and mileage to and from appointments are expenses that can be reimbursed to you. You will need to provide receipts for any expenses you pay out of pocket. The Insurance Company has up to 30 days to process your reimbursement request.
- Advanced Industrial Services is committed to returning injured workers back to work as soon as medically possible. You may be requested to return to work in a modified position that meets your medical restrictions, prior to returning to your regular job. Refusal to return to work in a modified position may affect your receipt of further workers' compensation benefits. Please take this decision-making process very seriously.
- All claim paying decisions will be made by the Insurance Company, based on the facts of the claim and pursuant to the workers' compensation statutes of Pennsylvania. Any questions that arise out of these decisions should be discussed with your Insurance Claims Adjuster.
- **While receiving workers' compensation benefits, you are still responsible for making your premiums contribution to your health benefit plan.** If you are not receiving your normal payroll deposit from AIS, you will need to plan for making your premium payments by notifying The Payroll Department.
- **Employees who refuse to comply with the Post Accident Drug Screen will be treated as if they have tested positive.**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_