

CBIA Comp Services and FutureComp Claims Administrators
GENEX Services, Inc., Connecticut Workers' Compensation Medical Care Plan A
Employer Participation Form

The State of Connecticut allows employers to establish a workers' compensation medical care plan to coordinate the delivery of quality, cost-effective medical care. In accordance with this law, GENEX Services, Inc., has filed a workers' compensation managed care plan to meet that end and is partnered with FutureComp to provide managed care to employers electing this workers' compensation service.

Employer: _____

Nature of Business: _____

Principal Business Location: _____

Employer Telephone #: _____ **Employer Fax #:** _____

Employer Contact: _____ **Policy #:** _____

Number of Employees: _____ **Policy Effective Date:** _____

Are Employees Represented by Collective Bargaining? Yes No

Claims Administrator: FutureComp

Claims Office Location: 100 Great Meadow Road, Suite 300, Wethersfield, CT 06109

Account Service Director: Tony Szwez **Claims Office Phone:** (800) 443-6252

The employer:

- ❖ Is going to participate in and adopt the medical care plan filed by GENEX Services and will provide senior management support, cooperation and participation in the implementation of the medical care plan;
- ❖ Will make every effort to notify FutureComp by telephone of any work-related injury or illness within one (1) business day of becoming aware of an injury or illness;
- ❖ Certifies that participation in the medical care plan is not inconsistent with any collective bargaining agreement currently in effect and a copy of any applicable collective bargaining agreement will be made available to the Chairman of the Workers' Compensation Commission upon request;
- ❖ Will participate, in conjunction with GENEX and FutureComp, as applicable, education programs regarding the medical care plan, including educating employees regarding the fact that failure to use a plan provider could result in denial of medical benefits and suspension of lost wage benefits;
- ❖ Will take an active role in directing injured and ill employees where to receive treatment by making plan provider lists available at work sites and referencing network directories. Will collaborate with GENEX case management to communicate with injured and ill workers, while they are out of work due to their injury or illness, in an effort to return these workers to modified duty or full duty when appropriate;
- ❖ If employing 25 or more employees, will establish a Labor/Management Safety Committee (copy of program attached);
- ❖ If employing 50 or more employees, will administer a program to identify and make available, whenever possible, temporary modified duty for workers determined by plan providers to have work capacity (copy of policy to be attached).

Employer Representative Signature: _____

Printed Name: _____ **Title:** _____

Mail completed form to:
Polly McGraw
GENEX Services, Inc.
Medical Care Plan
440 East Swedesford Road
Suite 1000
Wayne, PA 19087

All employers who wish to participate must complete Page 1

Also complete this page only if you employ 25 or more employees

**CBIA Comp Services, Inc., and FutureComp Claims Administrators
GENEX Services, Inc., Connecticut Workers' Compensation Medical Plan**

We employ twenty-five (25) or more workers. The Safety Committee has equal labor/management representation. The safety program will be maintained in compliance with Safety and Health Committee Regulation 31-40v- 1 through 31-40v- 1 1 of the Connecticut General Statutes. Meetings are scheduled at least quarterly. Written documentation of all meetings is maintained and will be made available to the Chairman of the Workers' Compensation Commission, or his designee, upon request. Employee representatives to the Safety Committee are compensated at their regular wage (as appropriate) while engaged in safety committee training or attending committee meetings.

Duties and functions of the committee include, but are not limited to:

1. Property Inspection
2. Safety and Accident Review
3. Prevention and Planning Programs

Training for Labor/Management Safety Committee members is ongoing.

The Labor/Management Safety Committee membership is listed on the back of this form.

Employer Representative Signature: _____

Printed Name: _____

Date: _____

Mail completed form to:
Polly McGraw
GENEX Services, Inc.
440 East Swedesford Road
Suite 1000
Wayne, PA 19087

Labor/Management Safety Committee

Members: (equal number of members in labor and management)

Name: _____

Circle One

Mgmt./Labor

Address: _____

Name: _____

Circle One

Mgmt./Labor

Address: _____

Name: _____

Circle One

Mgmt./Labor

Address: _____

Name: _____

Circle One

Mgmt./Labor

Address: _____

Name: _____

Circle One

Mgmt./Labor

Address: _____

Name: _____

Circle One

Mgmt./Labor

Address: _____

Name: _____

Circle One

Mgmt./Labor

Address: _____

Also complete Page 2 only if you employ 25 or more employees

You must complete this page if you employ 50 or more employees
All employers are encouraged to develop and maintain a Return-to-Work Program.

**CBIA Comp Services, Inc., and FutureComp Claim Administrators
GENEX Workers' Compensation Medical Care Plan
Employer Participation Form**

Return-to-Work Policy

This company will work with GENEX case management program and FutureComp's Claim Administrators to identify and make available, whenever possible, appropriate temporary modified duty for workers determined by GENEX medical care plan providers to have work capacity.

This company will work with GENEX, FutureComp and CBIA Comp Services, Inc., on an ongoing basis to evaluate and enhance temporary modified duty programs and promote a "working" mentality and environment for its employees (documentation of any existing temporary modified duty policy to be attached).

Employer: _____

Employer Representative Signature: _____

Printed Name: _____

Date: _____

Mail completed form to: Polly McGraw
GENEX Services, Inc.
440 East Swedesford Road
Suite 1000
Wayne, PA 19087