FutureComp®
530 Preston Avenue
Meriden, CT 06450
Toll-Free: 855.874.0123 x81140

Re: CareWorks Medical Care Plan (MCP)

Dear CBIA Comp Services, Inc. member:

CBIA Comp Services, Inc. and FutureComp is pleased to announce our partnership with CareWorks Medical Care Plan to offer you access to a Connecticut Medical Care Plan for employees who are injured while at work.

We are excited to be working with you in providing this benefit as part of your workers' compensation program. The CareWorks Medical Care Plan includes a selective network of physicians, clinics, and other medical professionals experienced with workers' compensation and chosen for their delivery of quality medical care.

Completion of the enclosed material is essential in starting the MCP process. Please review the material carefully and return to CareWorks MCP to start the application process. If you have questions or require assistance, please contact FutureComp for assistance. **The Plan effective date will be determined *after* WCC approval of your application.**

To assure you are in compliance with regulatory requirements of the State of Connecticut for participation in a Medical Care Plan, please complete the following:

- **Workers' Compensation Managed Care Plan Employer Participation form, pages 1 and 2. Complete the CareWorks Compensation Managed Care Plan / Connecticut Plan Participation form.**
- **CareWork's Compensation Medical Care Plan Employer Agreement.**
- **List Safety Committee Members' name and information as noted on the Safety Committee Members form.**
- **Review all remaining materials and make changes you think are necessary.**
- **If you have a Return to Work Program, the policy must be forwarded to CareWorks.**

Return all pages to CareWorks for review and submission of the entire application to the CT Workers' Comp Commission. Enrollment occurs *after* the Commission approves your application.

Once approved, you will receive a copy of the MCP Education Materials document as well as a copy of the provider network. All employees *must* receive a copy of the Education Materials. Collect and retain the signed and dated recommended employee signature document.

CareWorks MCP will ensure filing of all pertinent information with the Commission and follow for approval. This process may take several weeks and enrollment in the plan may not proceed until approval is received by the Commission and the two week notice period is met during which time employees should receive the Education Materials document.

If you have questions about the MCP and your requirement to participate, please call FutureComp at (855) 874-0123 x81140. If you have questions about the completion of the MCP application, please contact Thiem Colunga, CareWorks (951) 231-6802 or (800) 544-8150 ext. 14825.
You may send your completed materials to **Thiem Colunga** @ thiem.colunga@careworks.com or
CareWorks
Attn: Thiem Colunga
8855 Haven Avenue
Rancho Cucamonga, CA 91730

Sincerely,

FutureComp

CareWorks

Workers' Compensation Managed Care Plan
Employer Participation Form

Plan Name: CareWorks Medical Care Plan

Plan Sponsor: CareWorks

Name of Employer:

Business Location(s) and Address:

Number of Employees:

If more than one business location, attach addresses and number of employees at each site.

Nature of Business:

Key W.C. Contact Name And Title:

Telephone Number:

Are any employees covered by a collective bargaining agreement?

Yes _____ No _____

If yes, do you certify that your Managed Care Plan is not inconsistent with any collective bargaining agreement currently in effect?

Yes _____ No _____

The Employer agrees to make a copy of the collective bargaining agreement available to the Workers' Compensation Commission Chairman upon request.

Indicate the type of Return-to-Work Program currently in place:

(Choose one of the following)

Employers with 50+ employees are required to have a RTW policy and procedure - Please provide a copy of your company's RTW plan.

☐ Formal program of modified/light duty (attach modified duty plan description)

☐ Job descriptions for all employees

☐ Job descriptions for most employees

Employer Participation Form continued

Current Workers' Compensation Carrier (Please indicate if authorized self-insurer):

CBIA Comp Services, Inc. Policy No.: _____

Claims Administration Company FutureComp

Claim Office Location: 95 Glastonbury Blvd., Ste. 102
Glastonbury, CT 06033

Plan Participation

Employer's responsibilities with regard to the plan. The Employer agrees to:

* Inform employees about the provisions of the managed care plan prior to the Plan's effective date.
* Implement ongoing employee communications.
* Call 911 for an ambulance to take injured employees suffering from life-threatening injuries to the nearest hospital emergency room.
* Direct all other injured employees to managed care providers.
* Notify FutureComp whenever an injury occurs.
* Complete the WCC-15 form, "Employer's First Report of Occupational Injury or Disease" for every occurrence of a work-related injury or disease and forward the form to the FutureComp Glastonbury, CT office.

Description of the financial arrangements between Plan and Employer. *Confidential*

On behalf of FutureComp, has contracted with CareWorks, an approved Managed Care Plan, to provide select workers' compensation managed care services to FutureComp's clients.

CareWorks

The CareWorks' Compensation Medical Care Plan
Employer Agreement

This agreement represents the employer's intention to participate in **The CareWorks Medical Care Plan**. As an official representative of I understand that as a participating employer:

1. All employees will receive medical care for work-related injuries/illnesses (incurred after approval of participation by the Workers' Compensation Commissioner) through **The CareWorks Medical Care Plan** providers. Failure to use **The CareWorks Medical Care Plan** providers could result in denial of medical benefits and suspension of lost wage benefits for the injured employee.

2. If required, employees will receive medical case management services by FutureComp's licensed health care professional (R.N.) nursing coordinator.

3. will provide all employees with a copy of the educational materials titled "**The CareWorks Medical Care Plan**" prior to coverage under the Plan.

4. will establish a safety committee and charge this committee with the task of reducing the risk of work-related injuries/illnesses.

5. will demonstrate a commitment to modified duty whenever possible for injured or ill employees and will work with **The CareWorks Medical Care Plan's** primary care physicians to develop a list of modified duty positions within the company.

6. may not impose this medical care plan on employees who are covered by a collective bargaining agreement that prohibits participation in such a plan.

It is further understood that an employer of 25 or more employees may participate in **The CareWorks Medical Care Plan** only upon establishment of a labor-management safety committee with representatives of labor at least equal in number to representatives of management (unless this is inconsistent with a collective bargaining agreement). As a participating employer, :

☐ Has fewer than 25 employees;

☐ Has 25 or greater employees and agrees to the establishment of such committee, as well as the submission of names and addresses of committee members to **The CareWorks Medical Care Plan** on a bi-annual basis.

☐ Has 25 or greater employees, but is unable (due to collective bargaining restrictions) to implement such a committee.

I have received a copy of **The CareWorks Medical Care Plan** description and a list of all medical care providers.

Signature	Title	Date

Company Name

CareWorks

Safety Committee Members

Management/Title	Phone #:	Labor/Title	Phone #:

CareWorks Workers' Compensation Managed Care Plan

Connecticut Plan Participation

Has the employer agreed to the performance of all obligations as outlined in the original plan application?

Yes ☐ No ☐

If no, please attach a detailed description of any employer responsibilities that have been amended by a new client-sponsor contract.

In addition, as a CareWorks Medical Care Plan participant, the Employer agrees to adhere to the guidelines as stipulated in the ***Payor and Medical Provider Guidelines to Improve the Coordination of Medical Services*** issued by the State of Connecticut Workers' Compensation Commission.

If different from the original network filing, employer will attach a copy of the plain language explanation given to the employees.

We, _____, consent to participate in and adopt the
Employer Name
medical care plan as noted herein.

Employer Representative: _____
Signature

Employer Name: _____
Please print or type

Title: _____

Telephone Number: _____

Date: _____