



YOUR WORKERS' COMPENSATION POLICY GUIDE Mississippi

Builders Mutual provides insurance coverage exclusively to the construction industry. It's not just our specialty—it's all we do. Headquartered in North Carolina, our market now includes the Mid-Atlantic and Southeast. We have a history with the North Carolina Home Builders Association, and maintain strong partnerships with various industry associations. From the groundbreaking to the ribbon cutting, we are by your side, helping you avoid risks and enjoy a job well done.

Whether you're dealing with your risk management consultant, auditor or claims adjuster, trust that you have the industry experts at work with you.

Enclosed is your workers' compensation policy; please read carefully and retain for your records. If you have any questions about this policy or any other matter related to Builders Mutual – please contact your Agent or our Company.

Customer Contact Center: (800) 809-4859
Report a claim: (800) 809-4862
Manage your claim: (800) 809-4861

We appreciate the opportunity to meet your commercial insurance needs and look forward to servicing your future insurance needs.

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Also enclosed in this policy jacket:

- Your Policy
- Post Injury Drug/Alcohol Policy (post for employees)
- Drug Testing Acknowledgement
- Estimated Billing (invoice for any premium due)
- MS Workers' Compensation Facts – Employee Rights Under the Workers' Compensation Law
- Notice Concerning the 1997 Drug-Free Workplace Workers' Compensation Premium Reduction Act

PREMIUM ACCOUNTING

Payment Plans

Builders Mutual offers the following payment plans (policyholders may change plans at renewal only):

Monthly Self-Reporting

With our convenient system of monthly reporting, your monthly premium is based on your actual payroll for the previous month. Policyholders will receive a monthly worksheet. Enter GROSS payroll by classification(s) for the period during the month coverage was in effect. If you did not have payroll during a month, mark "NO PAYROLL" on the report. Completed reports should be submitted with the appropriate premium payment to Builders Mutual by the 20th of each month.

- Online Monthly Self-Reporting is available. Login, enter your payroll and the system will calculate the amount due. You must make an online payment to complete the process.
- Paper worksheets can be mailed to Builders Mutual, PO Box 900017, Raleigh, NC 27675-00017 or emailed to: premiumaccounting@bmico.com.

Monthly Bill 10-Pay

For those whose annual premium is greater than \$1,000, have steady payroll and want a fixed payment plan. This plan allows for 20% of the total amount (premium + expense constant) to be due at application and we will bill for the remaining 9 installments.

4-Pay, Quarterly

For those whose annual premium is greater than \$1,000. This plan allows for 25% of the total amount (premium + expense constant) to be due at application. We will bill for the remaining 3 installments.

2-Pay, Semi-Annual

For those whose annual premium is greater than \$1,000. This plan allows for 50% of the total amount (premium + expense constant) to be due at application. We will bill for the remaining installment.

Annual

Policies less than \$1,000 in annual premium are required to be on the annual pay plan. In addition, policyholders who wish to pay one annual premium may select this plan. No deposit is required.

How to pay your bill

- Mail:** Send your remittance coupon along with your check to:
Builders Mutual Insurance Company
PO Box 900027, Raleigh, NC 27675-0027
- Phone:** Pay with credit/debit card, or electronic check. Call our **Customer Contact Center at (800) 809-4859**, Monday-Friday, 8am to 6pm EST.
- Online:** Pay with a credit/debit card, or electronic check. Go online to pay your bill:
buildersmutual.com/policyholders
- Auto-draft:** Go online to register individual policies for an automated recurring payment option. Premium will be drafted directly from your checking account.

Go Paperless

Go online to select Go Paperless and receive your policy documents via email.

Returned Checks or Electronic Payments

All checks and electronic payments that are returned for insufficient funds or any other reasons will subject the policyholder to a \$25.00 charge per payment.

Renewals

The policy will renew on the renewal date listed on the declaration page. However, policies that incur losses are subject to review by the Underwriting department for continued acceptability.

Cancellation

Should a policyholder request the cancellation of its workers' compensation policy prior to the renewal date, there will be a short rate penalty assessed according to the National Council on Compensation Insurance (NCCI) table. Please contact your agent for more details.

Termination - Policyholder's Request

Requests for termination of coverage must be received in writing and must include:

- Signature of an Owner or Officer
- Reason for Termination

Termination - Duplicate Coverage

In the event that a policyholder replaces coverage with a new carrier, the policyholder must send proof of coverage (letter of assumption or copy of new policy) in order to cancel the policy on the effective date of the new coverage.

PREMIUM AUDIT

The premium shown on your policy is an estimate based on your business's classifications and premium basis at the time your policy is issued. An audit* will be conducted at the conclusion of the policy period to determine the "final" audited premium using the actual premium basis and classifications that apply to your business covered by this policy. You may be contacted by a representative to conduct a physical onsite audit of your financial records or you may be requested to submit information online to determine the "final" premium. Completing the audit helps to ensure you are paying the right price for your Builders Mutual insurance coverage.

**The completion of an annual audit is required as a condition of your workers' compensation policy. Failure to comply with the annual audit process will result in Builders Mutual estimating your annual premium and applying an audit noncompliance penalty of up to two times the estimated annual premium. This may also result in the cancellation of your workers' compensation policy.*

Variables affecting your audit

Classifications

If at any time you have questions about properly classifying your operations, please contact us at (800) 809-4859. General audit information is available at buildersmutual.com/audit.

Subcontractors

Subcontractors can represent an additional exposure to loss for you and the insurance company. Policyholders are required to pay premiums for all uninsured subcontractors, whether or not they have fewer than three employees. The following information outlines premium determination for subcontractors.

Workers' Compensation

Policyholders will not be charged for the payroll of subcontractors if they provide Certificates of Insurance for subcontractors to Builders Mutual at the time of the audit. Without a Certificate of Insurance the amount paid to the subcontractors will be treated as remuneration and a premium charge will be made. This requirement includes subcontractors who do not have employees.

Subcontractor waivers are **not** accepted.

Your records

As a business owner, you know the importance of keeping accurate records. After the expiration of each policy period, a Builders Mutual auditor will contact you for an appointment. Remember, records that are properly maintained allow for a fair audit to be completed.

When it's time for your annual audit, the following records will be required by your auditor:

- Cash disbursement journal showing monthly totals for:
 - (1) materials
 - (2) subcontractors
 - (3) cash payments to individuals or day laborers not included in your payroll register
- Payroll journal and summary showing:
 - (1) monthly and quarterly totals
 - (2) separate totals by type of work
 - (3) separate overtime records
 - (4) check register
 - (5) quarterly reports: 941 (federal), ESC (state)
 - (6) W2s and W3s, 1099s and 1096s
- Also necessary for payroll are individual earning records showing:
 - (1) type of work performed
 - (2) gross payroll by month and quarter
 - (3) overtime by month and quarter.

Basis of premium is the entire remuneration, cash or non-cash. This can include overtime, bonuses, vacation pay, commissions, and sick pay. Exceptions to remuneration include the premium portion of overtime, tips, severance pay, and payment to group insurance or pension plans.

RISK MANAGEMENT

When you define, identify, analyze and plan for the risks associated with your company's operations, you are protecting your bottom line. That's risk management. Builders Mutual has an entire risk management department dedicated to helping you do just that. As part of our services, we may contact you for a complimentary onsite visit by one of our experienced consultants. Thank you in advance for your assistance in scheduling this at a mutually agreeable time.

Our risk management team focuses on safety, injury prevention and other business-related losses. We have adopted a proactive approach to controlling losses through education and empowerment.

Resources

Visit the Risk Management section of our website and find numerous resources to help you develop your own safety program. Navigate to buildersmutual.com/RM; all the tools you need are right at your fingertips. Resources include:

- Selection of Tool Box talks to use during safety meetings.
- Sample safety policy to use as a baseline and customize to meet your needs.
- Selection of sample safety program modules to customize.
- Details on our Fall Protection Program and educational opportunities.
- WorkSafe 101 – “Know the Basics” New Employee Safety Orientation
- Safety products – Builders Mutual's online ordering site allows you to purchase safety equipment at discounted prices.

Spanish Resources

Builders Mutual offers product, risk management and audit resources online in Spanish. Risk Management tool box talks, the safety policy and safety program modules, Fall Protection Certification Program requirements and more are at your fingertips and are designed to be used by Spanish-speaking policyholders or Spanish-speaking employees. Additionally, you can request a jobsite safety consultation from a Spanish-speaking Risk Management consultant. To view audit information in Spanish, go to buildersmutual.com/audit.

Builders University

Builders Mutual created Builders University as the industry's center for educational excellence, to assist policyholders in being proactive about safety and risk management.

Our instructors help your business strengthen its safety program and address risks that eat away at profits. We provide the tools necessary to develop a comprehensive, high-impact risk management strategy for your business.

Courses offered include:

- WorkSafe 101 (1 hour)
- Fall Protection (4 hours)
- Enterprise Risk Management for Contractors (3 hours)
- Safety Pays: A Practical Approach to Safety on Your Jobsite (4 hours)
- OSHA 10-Hour Construction Industry Safety Course (10 hours usually broken into two days)
- OSHA 30-Hour Construction Industry Safety Course (30 hours usually broken into four days)
- Defensive Driving Course (4 hours)
- Safety Talks (customized to meet your needs.)

For complete course descriptions, details and a list of upcoming courses, go to buildersmutual.com/bu.

CLAIMS

Accidents happen, and when they do, you can rely on our claims department to respond with unparalleled service, speed, and individual attention. Policyholders are assigned a single point of contact who handles your claim from beginning to end. We will thoroughly review your workers' medical bills and case documents, strive to get your vehicles back on the road and equipment back in working order, and protect your interests in costly litigation.

Reporting Claims

By Phone: Call our Claims Center at **(800) 809-4862**

By Email: noticeofloss@bmico.com

Online: Login and select **Submit a Claim**

Drug testing

Builders Mutual maintains a policy requiring post-injury drug and alcohol testing arising out of any alleged work-related accident. In order to receive workers' compensation coverage, **Builders Mutual expects each employer to notify its employees of this Policy in order that they may be potentially eligible to receive workers' compensation benefits.**

Enclosed is a Notice of this Policy and an Acknowledgment Form which should be made available to all employees. In the event of an alleged on-the-job injury arising out of an alleged work-related accident, the employee will be tested at the time medical treatment is first administered. Pursuant to our policy, Builders Mutual shall pay the cost of this Drug and Alcohol Test as a reasonable expense incurred at our request.

If the provider refuses to administer a drug and alcohol test, contact the Claims department at (800) 809-4861 while the injured person is at the medical facility. This will enable the Claims department to contact the medical provider to make arrangements to have a drug and alcohol test administered.

FORMS AND THEIR PURPOSE

The following information includes an outline of forms that are necessary to administer or change a policyholder's coverage.

Notice of Election/Revocation of Coverage (WCAMS-4 (3/09)) - This form is required if a corporate officer, Sole Proprietor, Partner, Employee or LLC member elects or rejects coverage. *An employee electing to be exempt from coverage must own 15% or more of the stock in the insured company.*

Application for Drug-Free Workplace Workers' Compensation Premium Reduction Program

MWCC Notice of Coverage Form (2001 MWCC)

Claims Forms:

MWCC-Workers' Compensation – First Report of Injury or Illness (IAIABC IA-18/01)

Other Forms:

Drug Policy

Drug Testing Memo

Drug Testing Acknowledgement

Workers' Compensation Experience Rating for Non-Affiliate Data (Form ERM-6)

Catastrophe (Other Than Certified Acts of Terrorism) Premium Endorsement

Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement

New Business Premium Allocation

MISSISSIPPI

NOTICE OF ELECTION/REVOCATION OF COVERAGE

UNDER TITLE 71, CHAPTER 3, MISSISSIPPI WORKERS, COMPENSATION LAW

The undersigned certifies that he/she is a (n)

Officer Sole Proprietor Partner Employee LLC Member

of _____

Company name

FEIN

Address

City, State

ZIP code

Please read carefully and select of one of the following options:

Officer, Sole Proprietor, Partner, Employee*, LLC Member:

I do hereby **elect to be exempt** from workers' compensation coverage provided by the carrier listed below. I agree that this election shall continue to be in effect until such time as I, the undersigned, give the carrier written notice to elect to take workers' compensation coverage.

I do hereby **elect to be take** workers' compensation coverage provided by the carrier listed below. I agree that this election shall continue to be in effect until such time as I, the undersigned, give the carrier written notice to elect to take workers' compensation coverage.

*An employee electing to be exempt from coverage must own 15% or more of the stock in the insured company listed above.

Signature

Date

Print name and title

Date of birth and/or Social Security Number

For your selection to be effective, this signed document must be received by the Builders Mutual Insurance Company, P.O. Box 150005, Raleigh, NC 27624-0005.

Policy number

Effective date

Insurance agent

Agent's address

BUILDERS MUTUAL INSURANCE COMPANY
MISSISSIPPI
APPLICATION FOR DRUG-FREE WORKPLACE WORKERS' COMPENSATION
PREMIUM REDUCTION PROGRAM

Name of Employer: _____

Date Program Implemented: _____

This form must be completed by you and returned to Builders Mutual Insurance Company with a copy of applicable documentation as proof of compliance before the premium credit of five percent (5%) can be established and processed. ***This program must be certified during each year the employer receives credit.*** Failure to do so will result in the credit being removed.

The following are the minimum requirements necessary for a qualified employer workplace program. Please check the items below that apply and provide a copy of any and all documentation that substantiates the existence of the requirement.

Employer certifies, by affixing their signature to this document and providing the necessary documentation that the workplace program in place complies with MS Statute 71-7-3 in its entirety.

- _____ 1. A written policy statement provided to the employee, not less than 30 days in advance of the commencement of the program, containing the following information:
 - _____ A. A statement advising the employee of the existence of MS Statute 71-7-3;
 - _____ B. A statement concerning the confidentiality of the program;
 - _____ C. Procedures for how employees can confidentially report the use of prescription or nonprescription medications prior to being tested;
 - _____ D. Circumstances under which drug and alcohol testing may occur, description of the positions which will be subject to testing on a reasonable suspicion, neutral selection, or other basis;
 - _____ E. The consequences of refusing to submit to a drug and alcohol test;
 - _____ F. Information on opportunities for assessment and Rehabilitation if an employee has a positive confirmed test result and the employer determines that discipline or discharge is not necessary or appropriate;
 - _____ G. A statement that an employee who receives a positive Confirmed drug and alcohol test result may contest the accuracy of that result or explain it;

MISSISSIPPI WORKERS' COMPENSATION

NOTICE OF COVERAGE

I. Please take notice that your Employer is in compliance with the requirements of the Mississippi Workers' Compensation Law, and **[select one]** [has been approved by the Mississippi Workers' Compensation Commission to act as a self-insurer], or [maintains workers' compensation insurance coverage with the following:]

(Name of insurance carrier or self-insurance group)

(address & telephone number)

II. Individual workers' compensation claims will be submitted to and processed by:

(Name of third party claims administrator or claims office)

(address & phone number)

III. This workers' compensation coverage is effective for the following period:
_____ to _____.

IV. All job related injuries or illnesses should be reported as soon as possible to your immediate supervisor, or to the person listed below:

(Name of employer contact person)

(Title & Department/Division)

V. Please be advised that any person who willfully makes any false or misleading statement or representation for the purpose of obtaining or wrongfully withholding any benefit or payment under the Mississippi Workers' Compensation Law may be charged with violation of Miss. Code Ann. §71-3-69 (Rev. 2000) and upon conviction be subjected to the penalties therein provided.

MWCC - WORKERS' COMPENSATION - FIRST REPORT OF INJURY OR ILLNESS

EMPLOYER (NAME & ADDRESS INCL ZIP)		CARRIER/ADMINISTRATOR CLAIM NUMBER		REPORT PURPOSE CODE
		JURISDICTION	JURISDICTION CLAIM NUMBER	
		INSURED REPORT NUMBER		
SIC CODE	EMPLOYER FEIN	EMPLOYER'S LOCATION ADDRESS (IF DIFFERENT)		LOCATION # PHONE #

CARRIER/CLAIMS ADMINISTRATOR

CARRIER (NAME, ADDRESS & PHONE NO)		POLICY PERIOD TO	CLAIMS ADMINISTRATOR (NAME, ADDRESS & PHONE NO)	
		<input type="checkbox"/> CHECK IF APPROPRIATE SELF INSURANCE		
CARRIER FEIN	POLICY/SELF-INSURED NUMBER		ADMINISTRATOR FEIN	

AGENT NAME & CODE NUMBER

EMPLOYEE/WAGE

NAME (LAST, FIRST, MIDDLE)		DATE OF BIRTH	SOCIAL SECURITY NUMBER	DATE HIRED	STATE OF HIRE
ADDRESS (INCL ZIP)		SEX		MARITAL STATUS	
		<input type="checkbox"/> MALE (M)	<input type="checkbox"/> UNMARRIED/SINGLE/DIVORCED (U)	OCCUPATION/JOB TITLE	
		<input type="checkbox"/> FEMALE (F)	<input type="checkbox"/> MARRIED (M)		
PHONE		<input type="checkbox"/> UNKNOWN (U)	<input type="checkbox"/> SEPARATED (S)	EMPLOYMENT STATUS	
		# OF DEPENDENTS	<input type="checkbox"/> UNKNOWN (K)	NCCI CLASS CODE	
RATE	PER: <input type="checkbox"/> DAY <input type="checkbox"/> MONTH	#DAYS WORKED WEEK	FULL PAY FOR DAY OF INJURY?		<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> WEEK <input type="checkbox"/> OTHER:		DID SALARY CONTINUE?		<input type="checkbox"/> YES <input type="checkbox"/> NO

OCCURRENCE/TREATMENT

TIME EMPLOYEE BEGAN WORK	<input type="checkbox"/> AM <input type="checkbox"/> PM	DATE OF INJURY/ILLNESS	TIME OF OCCURRENCE	<input type="checkbox"/> AM <input type="checkbox"/> PM	LAST WORK DATE	DATE EMPLOYER NOTIFIED	DATE DISABILITY BEGAN
CONTACT NAME/PHONE NUMBER			TYPE OF INJURY/ILLNESS		PART OF BODY AFFECTED		
DID INJURY/ILLNESS EXPOSURE OCCUR ON EMPLOYER'S PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO			TYPE OF INJURY/ILLNESS CODE		PART OF BODY AFFECTED CODE		
COUNTY WHERE ACCIDENT OR ILLNESS EXPOSURE OCCURRED				ALL EQUIPMENT, MATERIALS, OR CHEMICALS EMPLOYEE WAS USING WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED			
SPECIFIC ACTIVITY THE EMPLOYEE WAS ENGAGED IN WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED				WORK PROCESS THE EMPLOYEE WAS ENGAGED IN WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED			

HOW INJURY OR ILLNESS/ABNORMAL HEALTH CONDITION OCCURRED. DESCRIBE THE SEQUENCE OF EVENTS AND INCLUDE ANY OBJECTS OR SUBSTANCES THAT DIRECTLY INJURED THE EMPLOYEE OR MADE THE EMPLOYEE ILL

CAUSE OF INJURY CODE

DATE RETURN(ED) TO WORK	IF FATAL, GIVE DATE OF DEATH	WERE SAFEGUARDS OR SAFETY EQUIPMENT PROVIDED? WERE THEY USED?	<input type="checkbox"/> YES <input type="checkbox"/> NO
PHYSICIAN/HEALTH CARE PROVIDER (NAME & ADDRESS)		HOSPITAL (NAME & ADDRESS)	INITIAL TREATMENT NO MEDICAL TREATMENT (0) <input type="checkbox"/> MINOR: BY EMPLOYER (1) <input type="checkbox"/> MINOR CLINIC/HOSP (2) <input type="checkbox"/> EMERGENCY CARE (3) <input type="checkbox"/> HOSPITALIZED > 24 HRS (4) <input type="checkbox"/> FUTURE MAJOR MEDICAL/ LOST TIME ANTICIPATED (5) <input type="checkbox"/>
WITNESSES (NAME & PHONE #)			
DATE ADMINISTRATOR NOTIFIED	DATE PREPARED	PREPARER'S NAME & TITLE	PHONE NUMBER

NOTICE

Post Accident Drug/Alcohol Policy

Builders Mutual Insurance Company implemented a post accident drug/alcohol testing policy. As a policyholder of Builders Mutual, you are required to comply with this policy. Implementation of a drug and alcohol testing program can help protect your financial interest, your employees and your job sites.

BMIC's Drug/Alcohol Testing Policy will first and foremost prevent individuals with a drug or alcohol dependency from abusing the workers' compensation system and using your dollars to sustain an illegal habit. Individuals with drug and alcohol dependency also pose a threat to fellow employees, supervisors, and the general public as their actions can cause harm to those around them. Lastly, substance abuse can lead to criminal conduct to finance the habit.

After each work related injury, a drug and alcohol test should be performed on the injured employee and all other employees whose conduct could have contributed to the accident if there is a reasonable possibility that drug and/or alcohol use by the injured employee and/or co-employees could have contributed to the injury or illness. The test will be performed at the time medical treatment is first administered and the cost of the test will be covered by Builders Mutual as a reasonable claims expense.

If the treating medical facility refuses to administer a drug and alcohol test, contact the Claims department at 1-800-809-4862 while the injured is still at the facility. This will enable the Claims department to contact the provider to make arrangements to have a drug and alcohol test administered.

If you have any questions regarding this policy, please contact the Claims department at 1-800-809-4861.

BMIC Drug Testing Acknowledgment

I have read and understand the Policy of Builders Mutual Insurance Company that all employees of policyholders shall be tested for drugs or alcohol if the employee is involved in an alleged work-related accident which might give rise to the filing of a workers' compensation claim. I am an employee of a policyholder and I consent and agree to be tested for the use of alcohol, drugs, or illegal, non-prescribed controlled substances in the event of an alleged work-related accident. I understand that if I do not agree to be tested or submit to any procedure to detect the use of alcohol, drugs, or illegal, non-prescribed substances this will be deemed an admission of impairment by such substances and I understand that when applicable by state law, my workers' compensation claim may be denied or benefits reduced. I understand that if the results of the test are positive for drugs or alcohol, my claim for workers' compensation benefits may be denied.

I hereby acknowledge receipt of this Policy concerning drug and alcohol testing.

This ____ day of _____, _____.

Employee Signature

Employee Name (Print)

Policyholder Representative Signature

AVISO
Reglamento de Examen de Drogas y Alcohol

Builders Mutual, su compañía de seguros, implementó una regla que requiere que todos los empleados lesionados en el trabajo se hagan un examen de drogas y alcohol. Como un asegurado por Builders Mutual, usted está obligado a cumplir con esta reglamentación. El programa de examen de drogas y alcohol puede proteger sus intereses financieros, sus empleados, y su lugar de trabajo.

Nuestra política de examen de drogas y alcohol evitará el abuso del sistema de compensación laboral por parte de empleados con dependencia a drogas o alcohol. Las personas con dependencia a drogas y alcohol también pueden perjudicar el bienestar de otros empleados, supervisores, y del público general, además de que sus acciones pueden causar daño a todos los que le rodean. El abuso de sustancias ilegales puede resultar en actos criminales con el propósito de mantener una adicción.

Después de cada lesión relacionada con el trabajo, se debe realizar un examen de drogas y/o alcohol al empleado lesionado y a todos los empleados cuyo comportamiento pudo haber afectado el accidente, si existe la posibilidad del uso de drogas y/o alcohol por parte del empleado lesionado y/o los colaboradores pudo haber contribuido a la lesión o enfermedad. Este examen debe ser hecho en la primera consulta médica sin ningún costo para el empleado. Builders Mutual pagará por el examen.

Si por alguna razón la clínica se niega a hacer el examen, contacte nuestro departamento de reclamos mientras que su empleado todavía está en la facilidad médica. Nosotros tendremos la oportunidad de contactar la clínica directamente y hacer arreglos para que se haga el examen.

Si usted tiene alguna pregunta acerca de esta reglamentación, por favor contactenos al departamento de reclamos al 1-800-809-4861.

Builders Mutual Insurance Company
Reconocimiento del examen de drogas y alcohol

He leído la política del examen de drogas y alcohol de la compañía de seguros Builders Mutual. Entiendo que todas las personas aseguradas se le harán exámenes de drogas y alcohol si tienen un accidente en el trabajo y que potencialmente resultaría en un reclamo bajo la póliza de compensación laboral. Soy un empleado bajo esta póliza y doy consentimiento/autorización para que me hagan pruebas de drogas y alcohol en caso de un reclamo de accidente bajo esta póliza. Entiendo que si me niego a tomar el examen para detectar estas sustancias, automáticamente, estaría admitiendo que he consumido drogas o alcohol. De acuerdo con la ley de este estado, esto podría resultar en el rechazo o la reducción de los beneficios del reclamo. También, entiendo que si los resultados de estas pruebas son positivos, el reclamo podría ser anulado.

Confirmando que he recibido esta información acerca del reglamento de exámenes de drogas y alcohol.

En este día _____ de _____ del 20____.

Firma del empleado

Nombre de empleado

Firma del asegurado



Mississippi Workers' Compensation Commission

1428 Lakeland Drive / Post Office Box 5300

Jackson, Mississippi 39296-5300

(601) 987-4200

<http://www.mwcc.state.ms.us>

2007

MISSISSIPPI WORKERS'

COMPENSATION

FACTS

WHAT IS WORKERS' COMPENSATION?

Workers' compensation is essentially a no-fault insurance plan mandated by State law, supervised by the Workers' Compensation Commission and paid for entirely by employers. The Workers' Compensation Law was enacted by the Legislature in 1948 to guarantee the payment of certain medical and wage loss benefits to persons injured on their job. As part of this Law, the Workers' Compensation Commission, with its office in Jackson, MS, was established to supervise and monitor claims which arise under the Law. An employer covered by the Law is required to secure the payment of workers' compensation benefits to its employees by purchasing workers' compensation insurance from an insurance company or by obtaining approval from the Commission to self-insure.

WHO IS COVERED?

Most working Mississippians are protected by the Workers' Compensation Law, but there are exceptions. All employers with five (5) employees regularly employed are required to provide workers' compensation insurance coverage. If the employer has less than five (5) employees, workers' compensation coverage is not mandatory but may be provided voluntarily by the employer. Domestic and farm labor, and employees of non-profit fraternal, charitable, religious or cultural organizations are not covered under the Law unless coverage is provided voluntarily by the employer. The Workers' Compensation Law likewise does not apply to federal employees or certain transportation and maritime employments covered by federal compensation laws. Finally, independent contractors are ordinarily excluded from coverage although special protection is given to employees of subcontractors.

WHAT IS COVERED?

Any injury, however slight or serious, is covered if it arises out of the course and scope of employment. Occupational illnesses and diseases are also covered if job-related, as are work related deaths.

WHEN DOES COVERAGE BEGIN?

The worker is covered and eligible for benefits as soon as he or she begins employment. There is no waiting period or minimum earnings requirement.

WHAT MUST AN INJURED WORKER DO IN THE EVENT OF INJURY?

In the event of an injury, you should immediately notify your supervisor or other person designated by your employer. Prompt and accurate reporting is essential. Your employer is then required to make a report of the injury and notify its insurance company and/or the Workers' Compensation Commission. An injured employee should try to give the employer notice of the injury within 30 days. If no disability benefits are paid to the injured worker by the employer or carrier within two (2) years of the date of injury, then the right to any and all benefits is barred unless the employee files a claim with the Commission during this two (2) year period. This is what is known as the two (2) year statute of limitations.

PLEASE BE ADVISED:

"Any person who willfully makes any false or misleading statement or representation for the purpose of obtaining or wrongfully withholding any benefit or payment under [the Workers' Compensation Law] is guilty of a felony and on conviction thereof may be punished by a fine not to exceed Five Thousand Dollars (\$5,000.00) or double the value of the fraud, whichever is greater, or by imprisonment not to exceed three (3) years, or by both fine and imprisonment."

WHAT BENEFITS ARE AVAILABLE?

The Workers' Compensation Law provides two basic benefits to the injured worker:

- ▶ *Medical Benefits.* An injured worker is entitled to whatever reasonable and necessary medical services are required to treat the injury and achieve maximum cure. These include but are not limited to doctor and hospital services, nursing services, medication, physical therapy, crutches and any other apparatus or medical service which is necessary. Mileage expense reimbursement for trips to the doctor is also included; consult the Commission's internet site at www.mwcc.state.ms.us for current rates. Certain rehabilitation services may also be provided to assist the worker in his recovery and return to gainful employment.

- ▶ *Wage Loss Benefits.* If an injured worker is required because of the injury to miss time from work, then he or she is entitled to a wage loss benefit equal to as much as two-thirds of the workers' average weekly wage, subject a maximum weekly amount and to certain time limits which are set by the Legislature. While the worker is under the continuing care of a doctor and is unable to work or to earn full pay, this benefit is known as a "temporary disability" payment. Once the doctor finds the worker has achieved maximum cure or improvement, additional wage loss benefits known as "permanent disability" payments may be due if the worker has a permanent disability or handicap. All wage loss benefits are required to be paid at least every 14 days so long as the covered disability continues, subject to certain statutorily provided time limits.

WHAT IF DEATH OCCURS?

If the injury causes death, the Workers' Compensation Law guarantees the payment of benefits to any surviving spouse and certain surviving dependents. These benefits are payable at least every 14 days, and may continue for up to 450 weeks after the decedent's death. These benefits equal a certain percentage of the deceased worker's average weekly wage, and are subject to a weekly maximum amount set by statute. Also, the employer or its insurance carrier is obligated to pay up to \$2,000.00 in funeral expenses, as well as an immediate lump sum payment of \$250.00 to the surviving spouse.

MORE ABOUT MEDICAL BENEFITS.

The Workers' Compensation Law provides that an injured worker has the right to select one physician or medical provider of his or her own choosing to render treatment. This chosen provider may make one referral of the worker to a another specialist to continue treatment without any approval from the employer or its insurance carrier. However, any additional selections or referrals must be approved in advance by the employer or its insurance carrier. The worker is not limited to a licensed medical doctor and may choose, for example, a chiropractor for treatment. The worker is also entitled to mileage reimbursement for trips to the doctor.

IS THERE A DEDUCTIBLE?

There is no deductible to be paid by the worker for any of the benefits received. An employer may have a deductible arrangement with its insurance company, but all workers' compensation benefits are provided at no cost to the employee.

PLEASE BE ADVISED:

"Any employee receiving [medical] treatment or service under the [Workers' Compensation Law] may not be held responsible for any charge for such treatment or service, and no doctor, hospital or other recognized medical provider shall attempt to bill, charge or otherwise collect from the employee any amount greater than or in excess of the amount paid by the employer, if self-insured, or its workers' compensation carrier."

"No agreement by an employee to pay any portion of premium paid by his employer or to contribute to a benefit fund or department maintained by such employer for the purpose of providing compensation or medical services and supplies as required by [the Workers' Compensation Law] shall be valid. Any employer who make a deduction for such purpose from the pay of any employee entitled to [workers' compensation] benefits . . . shall be guilty of a misdemeanor. . ."

HOW ARE PAYMENTS MADE?

All payments are made by the employer or its insurance company, *not* by the Workers' Compensation Commission. Medical payments should be made directly to the doctor or other medical provider by the employer or its insurance company. Wage loss payments should be made directly to the injured worker or the workers' legal representative. Once started, wage loss or disability payments to the worker should be made at least every 14 days until concluded.

ARE BENEFITS PAID FOR ALL DAYS MISSED FROM WORK?

Medical benefits are paid regardless of the number of days missed from work. If the injured worker suffers fewer than 14 days of disability (days on which the worker is unable due to injury to earn his regular wage) as the result of a job related injury, wage loss payments are not made for the first 5 days. Payment will be made only for the number of days of disability in excess of 5. This is known as the 5 day waiting period. If the worker suffers 14 or more days of disability, then wage loss payments are made for the total period of disability, including the first 5 days.

HOW MUCH ARE WAGE LOSS PAYMENTS?

Depending on the nature of the injury and disability, payments will be as much as two-thirds of the workers' average weekly wage, subject to a maximum weekly amount set by the Legislature. No worker is entitled to receive more than 450 times the maximum weekly amount established by the Legislature, regardless of the type of injury. In death cases, this limit applies to the total of payments to spouse and dependents.

Effective for injuries or fatalities occurring on or after January 1, 2007, the maximum weekly benefit for disability or death is \$387.68. The maximum overall limit is 450 times this amount, or \$174,456.00. These figures represent the maximum amount which can be paid for an injury or death. Depending on one's average weekly wage, benefits may be less, since you are entitled to the lesser of 2/3 of your average weekly wage or the weekly maximum in effect at the time of your injury. Please consult the minimum/maximum benefits chart available at www.mwcc.state.ms.us for the maximum benefit rate for years other than 2007.

HOW LONG WILL WAGE LOSS PAYMENTS CONTINUE?

For a worker permanently and totally disabled, payments will be made for a maximum period of 450 weeks. For injuries which result in less than permanent and total disability, the time limit for payments varies according to the nature of the injury and disability. In cases of death, payments to dependents may not exceed 450 weeks.

WHAT IF THERE IS A PROBLEM?

If you encounter a problem with the way your claim is being handled, or you think you have not received all benefits due, first contact the employer or insurance company representative handling your claim. Many problems can be cleared up with a phone call. Remember, if your claim is accepted and paid, it will be paid by the employer or its insurance carrier and not by the Workers' Compensation Commission. If the problem cannot be resolved in this manner, you may contact the Mississippi Workers' Compensation Commission at 601-987-4200 and ask to speak with a Claims Representative. A Claims Representative may be able to help you resolve your problem.

DOES THE INJURED WORKER NEED AN ATTORNEY?

Fortunately, the majority of claims are handled routinely and without any dispute. However, there are instances when you may not be able to resolve disputes yourself or through a Claims Representative of the Commission. In such cases, the assistance of an attorney can be invaluable. You are not required to hire an attorney, but you may consult with and hire an attorney of your own choosing at anytime. Most attorneys are paid by retaining a percentage of the compensation you receive after the attorney is hired. So long as your claim is pending before the Commission, an attorney may not retain more than 25% of the total compensation paid to you. If your claim is appealed to a court of law, up to 33 1/3% of the total compensation may be set aside for attorney's fees.

SAFETY IS IMPORTANT!

While the Workers' Compensation Law exists to guarantee certain benefits for persons who sustain bona fide work related injuries or illnesses, these benefits are limited and often will not make the injured person whole again. Prevention is the most valuable benefit and every worker should strive to prevent an injury from occurring. By adhering to safe work practices, many injuries can be prevented.



Mississippi Workers' Compensation Commission

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Mike Marsh, Chairman

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NOTICE CONCERNING THE 1997 DRUG-FREE WORKPLACE WORKERS' COMPENSATION PREMIUM REDUCTION ACT

Introduction and Summary

The Drug-Free Workplace Workers' Compensation Premium Reduction Act, Miss. Code Ann. §71-3-201 through 225 (Supp. 1998), became effective July 1, 1997. The following is a summary of this Act:

- # The Act applies to any employer subject to the Workers' Compensation Law;
- # By implementing a drug-free workplace program which complies with the requirements of this Act, an employer qualifies for a 5% premium discount on its workers' compensation insurance. Implementation of a program in compliance with this Act is not mandatory;
- # It is discretionary with the carrier or insurer whether to offer a 5% discount under the Act. If a carrier or group does not elect to offer such a discount, then it is not otherwise available, even if you have a compliant drug-free workplace program;
- # The discount authorized by this Act may be offered only for coverage which is issued or renewed on or after July 1, 1997. Retroactive application of the Act is specifically prohibited;
- # Employers will apply for this discount through a process referred to in the Act as "self-certification." This means that employers will make application directly to their insurer for the 5% premium discount, and in the process will be certifying to their insurer that they have a substantially compliant anti-drug program. Certification is required for each year during which the discount is sought or granted;
- # A previously granted premium discount may be revoked, and reimbursement required, if it is later determined that the employer is not in compliance with the requirements of the Act;
- # In order to meet the requirements of the Act, and hence to qualify for the 5% premium discount if offered by the insurer, the employer must have a drug-free workplace program which meets the following requirements:

- a. The employer's anti-drug program must contain a written policy statement (i) which sets forth the employer's policy against drug use in the work place, (ii) which advises employees of the existence of the Drug-Free Workplace Workers' Compensation Premium Reduction Act, (iii) which addresses confidentiality, (iv) which advises employees of the availability of assistance through internal or external assistance programs, and (v) which informs employees about the federal Drug Free Workplace Act, if applicable to the employer;
- b. The employer's anti-drug program must comply with the substance abuse testing procedures set forth in the separate Drug and Alcohol Testing of Employees Law, Miss. Code Ann. §71-7-1 through 71-7-33 (Rev. 1995);
- c. The employer's anti-drug program must offer employee assistance and explain the benefits of such services as well as the policies and procedures regarding access to an assistance program. An employee assistance program may be offered directly by the employer; if not, the employer must maintain a resource file of employee assistance providers such as alcohol and drug abuse programs, mental health providers and other persons or entities available to assist employees with personal or behavioral problems. The existence of this resource file and a summary of its contents must be made available to employees so as to permit access to these providers and services;
- d.
 - (i) The employer's anti-drug program must provide all employees with an education program on alcohol and drug abuse prior to the implementation of a drug-free workplace program in accordance with this Act. Following initial education and implementation of the drug-free workplace program, the employer must provide employees with annual education on alcohol and drug abuse in the workplace. This annual education program must at a minimum provide one (1) hour of instruction on the disease of addiction, the effects and dangers associated with commonly abused substances in the workplace, and the employer's policies and procedures on drug use as well as the availability of treatment;
 - (ii) The employer must also provide all supervisory personnel with a minimum of two (2) hours of education prior to implementation of the program and then at least annually thereafter. Supervisory personnel must be instructed on the recognition of drug and alcohol abuse, the proper documentation of abuse, the referral of abusers to treatment providers, the benefits of recognizing and treating abuse, and the availability of any health insurance or other benefits which would help defray the costs of treatment for employees.

It is the insurer's obligation to determine whether the employer's drug-free workplace program is substantially in compliance with the Act so as to qualify for the premium discount;

All information, interviews, reports, statements, etc. received by the employer through its substance abuse program will be considered confidential communications insofar as they pertain to the employee, and these communications may not be used or received into evidence, obtained in discovery, or otherwise disclosed in any public or private proceedings, except as otherwise provided by the Drug and Alcohol Testing of Employees Law, Miss. Code Ann. §71-7-1 et seq., or unless the release thereof has been voluntarily consented to by the employee in writing, or unless release thereof has been compelled by a court or state agency of competent jurisdiction, or unless

the release thereof has been deemed appropriate by a professional or occupational licensing board in the context of a related disciplinary proceeding;

- # Finally, no cause of action shall arise in favor of any person against an employer based upon the failure of the employer to establish a substance abuse program in accordance with this Act.

MWCC Obligations

Under the Act, the Workers' Compensation Commission "shall promulgate appropriate forms and procedures to allow self-certification by an insured to its insurer." The Commission also is authorized, but not required, to promulgate rules and regulations necessary for the implementation and enforcement of this Act.

There is, importantly, no duty on the Commission's part to inspect and/or certify these programs for compliance. The Commission's minimum obligation is simply to prescribe the form and procedure to be followed by employers in making application for the discount.

MWCC Response

After careful study and review of the Drug-Free Workplace Workers' Compensation Premium Reduction Act, the Commission has determined that, pending further study, no formal rules, regulations, procedures or forms should be adopted by the Commission at this time. Therefore, until such time as specific forms and procedures are adopted by the Commission, employers who wish to apply for the discount allowed by this Act should make application to their insurer for this discount in such manner and form as may be prescribed by the insurer. In the case of employers who are insured by membership in an approved self-insurance group, application should be made to the administrator of the group in such manner and form as may be prescribed by the administrator.

The Commission believes that this Act is predominantly self-executing and may be fully implemented without any formal regulatory action being taken by the Commission. The Commission also believes insurers are generally familiar with and capable of administering the provisions thereof, especially in light of the fact that similar programs are in effect in several other states. The Commission believes further that the experiences of employers and insurers under this Act will ultimately determine whether any specific rules and regulations become necessary. For these and other reasons, the Commission has not undertaken any formal rule making action at this time, pending further study and evaluation of this Act and its effects in the market place.