



**MEDIA
SERVICES**
ENTERTAINMENT ACCOUNTING, PAYROLL & SOFTWARE

Workers' Compensation Client Start Up Package

Media-Services.com



500 S. Sepulveda Blvd.
4th Floor
Los Angeles, CA 90049
800.333.7518 Toll Free
310.472.9979 Fax



30 W. 22nd St.
5th Floor
New York, NY 10010
866.414.9615 Toll Free
212.366.9398 Fax



119 Spadina Ave.
Suite 304
Toronto, Ontario M5V2L1
877.757.8080 Toll Free
416.596.8274 Fax



ACCIDENT REPORTING PROCEDURE

STEP 1

- **Call to report**

Immediately call the Media Services work comp department to report all injuries. The main number is 310-440-9600 ext. 675, 347, 388 or 653

STEP 2

- **Offer medical treatment**

In CA refer the injured worker to one of the medical providers on the MPN (medical provider network) posting notice. If you do not have access to it, we will help locate a convenient medical provider or send you a new posting. Outside of CA, use a local urgent care or hospital unless directed to a specific location by the work comp department.

If the injured worker declines medical care offered to him by production, he/she should sign a Medical Refusal form.

STEP 3

- **All paperwork goes to Media Services**

After reporting the accident you will need to forward all medical notes, reports and billing statements to Media Services.

IMPORTANT

Reporting an illness or injury or providing medical care are NOT an admission of liability. All accidents reported to our claims department will be thoroughly investigated before a determination of liability is reached. The claims department is required by law to report claims where fraud is suspected to the proper authorities.

Donna Garceau, Risk Specialist/Supervisor
Phone 310-440-9675
Fax 310-254-1785
Email donna@media-services.com

Patrick Hopchas
Phone 310-471-9347
Fax 310-254-1741
Email patrickh@media-services.com



Accident Report Form

Important! Please Read This First!

All accidents causing injury must be reported. Contact us at (800) 333-7518 or (310) 440-9600 ext. 675 or 653 immediately (within 24 hours to avoid penalties), or complete this form and fax it to (310) 254-1785. Do not delay reporting the accident, due to lack of information, as additional information can be obtained at a later date.

for named production

2) Production Company Information:

Production Company Contact

Production Company: _____ Name: _____
Show Name: _____ Phone: _____
Dates of Production: _____ FAX: _____
Knowledge Date of Injury: _____ Cell / Pager: _____
Knowledge Time of Injury: _____ E-mail: _____
Name of First Person Injury Reported To: _____

3) Employee Information:

Name: _____ SS#: _____
Address1: _____ Date of Birth: _____
Address2: _____ State of Hire: _____
City, State Zip: _____ Date of Hire: _____
Phone: _____ Wages: _____
Cell / Pager: _____ Scheduled to Work From: _____ To: _____
E-mail: _____ Occupation: _____
Gender: _____ Hours per Day: _____
Union

4) Injury Information:

Accident Address1: _____ Accident Date: _____
Accident Address2: _____ Work Start Time: _____
Accident City, State Zip: _____ Time of Injury: _____
County: _____

What was the employee doing when the injury occurred?

How did the injury occur?

Object Causing Injury: _____ Returned to Work? _____
Body Part Injured: _____ Date Returned: _____
Type of Injury: _____

Medical Information

Witness Information

Provider: _____
Contact: _____
Address: _____
Phone: _____
Fax: _____

Workers' compensation fraud is unlawful. In many states it is a felony. Anyone who makes or causes to be made any knowingly false or fraudulent material statement for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony or misdemeanor, depending on the state of jurisdiction. By signing this document you acknowledge you have reviewed this statement.

Check here if no medical treatment was sought
if checked, please attach Refusal of Medical Treatment form

Signature: _____

Representative from Production Company

ATTACH A SEPARATE SHEET OF PAPER TO PROVIDE ADDITIONAL INFORMATION

INSURANCE INFORMATION FOR MEDICAL PROVIDER

A copy of this document should accompany the injured worker to the medical provider for medical treatment. Important - providing workers' compensation insurance information to a medical provider is not an admission of liability and does not guarantee benefits. The claims administrator is responsible for making that determination after completion of a thorough investigation of the claim.

INSURANCE CARRIER

ARCH INSURANCE

THIRD PARTY CLAIMS ADMINISTRATOR

FARA, Inc./FA Richard, Inc.
2525 Cherry Avenue, Suite 350
Signal Hill, CA 90755
Telephone: 310-440-9691 Or 310-471-9344
Fax 310-440-6806

Claims outside of the California jurisdiction will be forwarded to the appropriate handling office

EMPLOYER REPRESENTATIVE

Donna M. Garceau
MEDIA SERVICES

(Film Payment Services, FSI Processing, Production Processing Inc., Power Payroll, etc.)

500 S. SEPULVEDA BLVD., 4TH FLOOR
LOS ANGELES, CA 90049
DIRECT TELEPHONE: 310/440-9675
CONFIDENTIAL FAX: 310/254-1785
EMAIL: donna@media-services.com

IMPORTANT NOTE TO MEDICAL PROVIDER

- ◆ PROVIDE EMPLOYER REPRESENTATIVE WITH A "WORK STATUS" POST MEDICAL CARE
- ◆ DIRECT ALL CLAIMS TO MEDIA SERVICES PENDING CLAIM ASSIGNMENT TO THE APPROPRIATE CLAIMS SERVICE CENTER FOR THE CARRIER

REFUSAL OF MEDICAL TREATMENT

If the injured workers declines medical treatment (other than first aid provided by a set medic) he/she must complete this form. The signing of this form does not prohibit the injured worker from seeking treatment at a later date.

I, _____, have been offered medical care
Name of injured worker
and advised of my right to file a workers' compensation claim for my injury of
_____ but I have chosen to decline. I understand if I decide to seek
Accident date
medical attention at a later date, I must IMMEDIATELY contact the Work Comp
Department at 310-440-9675 for further instructions BEFORE contacting a
doctor.

Signature of Injured Worker

Date

OR

If the injured worker refuses to sign this acknowledgement, a representative of the production company must complete the section below:

I, _____, have advised the injured worker
Production company representative

_____, of his/her right to file a Workers'
Injured workers name

Compensation claims and seeks medical treatment. The injured worker has declined

the offer and refused to sign this form.

Signature of representative of the production company

Date

MPN NOTICE

To All California Employees:

Media Services and the production company is committed to your well being and safety at the workplace. Keeping injuries from happening is our first concern. However, if you do have a work injury, it is our goal to help you recover and return to useful employment as soon as it is medically possible.

Your employer has chosen the Media Services FARA, Inc. Medical Provider Network (MPN) as their network of medical providers. The MPN is a Worker's Compensation Provider Network built around Occupational Care Providers.

The MPN will be delivered through Concentra's network of medical providers and facilities. Concentra is a nationally recognized company, which specializes, in occupational health, disability management and medical cost management.

The MPN includes occupational health clinics and doctors who will provide you with medical treatment. The occupational doctor will also manage your return-to-work with your employer.

Under the MPN program, you will be provided:

- a primary care physician;
- other occupational health services and specialists;
- emergency health care services; and
- medical care if you are working or traveling outside of the geographic services area.

This network has been built to provide you with timely and quality medical care. The MPN is easy to access and is here to provide you with quality medical care, and to assist you to return to health and a productive life.

The MPN Employee Handbook will provide you with the information to help you through your work-related injury or illness.

Media Services
Work Comp Department

OSHA REPORTING REQUIREMENTS

You are required to report serious injuries to OSHA as required. Any incident that is reported to OSHA should be reported immediately to MEDIA SERVICES Work Comp Department.

In most jurisdictions (**outside of California**), you are required to report, within **eight (8) hours**, any accidents resulting in **one or more fatalities or the hospitalizations of three or more employees**. You can use OSHA'S toll free Emergency Hotline (800) 321-6742 for more information. This is covered by 29 CFR Part 1904.8.

In **California**, you are required to **immediately report** "to the nearest District Office of the Division of Occupational Safety & Health (DOSH) any **serious injury, illness, or death**, of an employee occurring in a place of employment or in connection with the employment" immediately. "Immediately means as soon as practically possible but not longer **than eight (8) hours after the employer knows or with diligent inquiry** would have known of the death or serious injury or illness". **The Los Angeles DOSH telephone number is (213) 576-7451. CalOSHA's toll free information hotline is (800) 963-9424.** This is covered by T8CCR 342 (a). A "serious injury or illness" is defined as injury or illness occurring in a place of employment or in connection with any employment which requires inpatient hospitalization for a period exceeding 24 hours for other than medical observation, loss of any member of the body or suffers any serious degree of permanent disfigurement, but does not include accidents on public streets or highways.

OSHA 300 Log Record Keeping

All business is required to maintain the OSHA 300 Log listing all recordable injuries. An OSHA 300 Log is included with the written Injury Illness Prevention Plan (IIPP) forwarded to you under separate cover. Or, you may request an OSHA 300 Log from the Workers' Compensation Department at Media Services.

INJURY ILLNESS PREVENTION PROGRAM (IIPP)

You are required to possess and adhere to an IIPP. If you do not created your own IIPP, you are welcome to adopt the Media Services IIPP forwarded to you under separate cover. Additional information about an IIPP may be obtained by contacting the Workers' Compensation Department at Media Services. Additional information about the IIPP can be found on our website under the Commercial Payroll or Production Payroll tab. The web site address is www.Media-Services.com.

FREE OSHA POSTING NOTICES

You can download free posting notices from the Federal Osha web site at <http://www.osha.gov/pls/publications/pubindex.list>

SAFETY AND HEALTH PROTECTION ON THE JOB



State of California
Department of Industrial Relations

California law provides job safety and health protection for workers under the Cal/OSHA program. This poster explains the basic requirements and procedures for compliance with the state's job safety and health laws and regulations. The law requires that this poster be displayed. (Failure to do so could result in a penalty of up to \$7,000.)

WHAT AN EMPLOYER MUST DO:

All employers must provide work and workplaces that are safe and healthful. In other words, as an employer, you must follow state laws governing job safety and health. Failure to do so can result in a threat to the life or health of workers, and substantial monetary penalties.

You must display this poster so everyone on the job can be aware of basic rights and responsibilities.

You must have a written and effective injury and illness prevention program for your employees to follow.

You must be aware of hazards your employees face on the job and keep records showing that each employee has been trained in the hazards unique to each job assignment.

You must correct any hazardous condition that you know may result in serious injury to employees. Failure to do so could result in criminal charges, monetary penalties, and even incarceration.

You must notify the nearest Cal/OSHA office of any serious injury or fatality occurring on the job. Be sure to do this immediately after calling for emergency help to assist the injured employee. Failure to report a serious injury or fatality within 8 hours can result in a minimum civil penalty of \$5,000.

WHAT AN EMPLOYER MUST NEVER DO:

Never permit an employee to do work that violates Cal/OSHA law.

Never permit an employee to be exposed to harmful substances without providing adequate protection.

Never allow an untrained employee to perform hazardous work.

EMPLOYEES HAVE CERTAIN RIGHTS IN WORKPLACE SAFETY & HEALTH:

As an employee, you (or someone acting for you) have the right to file a complaint and request an inspection of your workplace if conditions there are unsafe or unhealthful. This is done by contacting the local district office of the Division of Occupational Safety and Health (see list of offices). Your name is not revealed by Cal/OSHA, unless you request otherwise.

You also have the right to bring unsafe or unhealthful conditions to the attention of the Cal/OSHA investigator making an inspection of your workplace. Upon request, Cal/OSHA will withhold the names of employees who submit or make statements during an inspection or investigation.

Any employee has the right to refuse to perform work that would violate a Cal/OSHA or any occupational safety or health standard or order where such violation would create a real and apparent hazard to the employee or other employees.

You may not be fired or punished in any way for filing a complaint about unsafe or unhealthful working conditions, or using any other right given to you by Cal/OSHA law. If you feel that you have been fired or punished for exercising your rights, you may file a complaint about this type of discrimination by contacting the nearest office of the Department of Industrial Relations, Division of Labor Standards Enforcement (State Labor Commissioner) or the San Francisco office of the U.S. Department of Labor, Occupational Safety and Health Administration. (Employees of state or local government agencies may only file these complaints with the State Labor Commissioner.) Consult your local telephone directory for the office nearest you.

EMPLOYEES ALSO HAVE RESPONSIBILITIES:

To keep the workplace and your coworkers safe, you should tell your employer about any hazard that could result in an injury or illness to people on the job.

While working, you must always obey state job safety and health laws.

HELP IS AVAILABLE:

To learn more about job safety rules, you may contact the Cal/OSHA Consultation Service for free information, required forms and publications. You can also contact a local district office of the Division of Occupational Safety and Health. If you prefer, you may retain a competent private consultant, or ask your workers' compensation insurance carrier for guidance in obtaining information.

SPECIAL RULES APPLY IN WORK AROUND HAZARDOUS SUBSTANCES:

Employers who use any substance listed as a hazardous substance in Section 339 of Title 8 of the California Code of Regulations, or subject to the Federal Hazard Communications Standard (29 CFR 1910.1200), must provide employees with information on the contents on Material Safety Data Sheets (MSDS), or equivalent information about the substance that trains employees to use the substance safely.

Employers shall make available on a timely and reasonable basis a Material Safety Data Sheet on each hazardous substance in the workplace upon request of an employee, an employee collective bargaining representative, or an employee's physician.

Employees have the right to see and copy their medical records and records of exposure to potentially toxic materials or harmful physical agents.

Employers must allow access by employees or their representatives to accurate records of employee exposures to potentially toxic materials or harmful physical agents, and notify employees of any exposures in concentration or levels exceeding the exposure limits allowed by Cal/OSHA standards.

Any employee has the right to observe monitoring or measuring of employee exposure to hazards conducted pursuant to Cal/OSHA regulations.

WHEN CAL/OSHA COMES TO THE WORKPLACE:

A trained Cal/OSHA safety engineer or industrial hygienist may periodically visit the workplace to make sure your company is obeying job safety and health laws.

An inspection will also be conducted when a legitimate complaint is filed by an employee with the Division of Occupational Safety and Health.

Cal/OSHA also goes to the workplace to investigate a serious injury or fatality.

When an inspection begins, the Cal/OSHA investigator will show official identification from the Division of Occupational Safety and Health.

The employer, or someone the employer chooses, will be given an opportunity to accompany the investigator during the inspection. A representative of the employees will be given the same opportunity. Where there is no authorized employee representative, the investigator will talk to a reasonable number of employees about safety and health conditions at the workplace.

VIOLATIONS, CITATIONS & PENALTIES:

If the investigation shows that the employer has violated a safety and health standard or order, then the Division of Occupational Safety and Health issues a citation. Each citation specifies a date by which the violation must be abated. A notice, which carries no monetary penalty, may be issued in lieu of a citation for certain non-serious violations.

Citations carry penalties of up to \$7,000 for each regulatory or general violation and up to \$25,000 for each serious violation. Additional penalties of up to \$7,000 per day for regulatory or general violations and up to \$15,000 per day for serious violations may be proposed for each failure to correct a violation by the abatement date shown on the citation. A penalty of not less than \$5,000 nor more than \$70,000 may be assessed an employer who willfully violates any occupational safety and health standard or order. The maximum civil penalty that can be assessed for each repeat violation is \$70,000. A willful violation that causes death or permanent impairment of the body of any employee results, upon conviction, in a fine of not more than \$250,000, or imprisonment up to three years, or both and if the employer is a corporation or limited liability company the fine may not exceed \$1.5 million.

The law provides that employers may appeal citations within 15 working days of receipt to the Occupational Safety and Health Appeals Board.

An employer who receives a citation, Order to Take Special Action, or Special Order must post it prominently at or near the place of the violation for three working days, or until the unsafe condition is corrected, whichever is longer, to warn employees of danger that may exist there. Any employee may protest the time allowed for correction of the violation to the Division of Occupational Safety and Health or the Occupational Safety and Health Appeals Board.

OFFICES OF THE DIVISION OF OCCUPATIONAL SAFETY AND HEALTH

HEADQUARTERS: 1515 Clay Street, Ste. 1901, Oakland, CA 94612 — Telephone (510) 286-7000

District Offices

Concord	1465 Enea Circle—Bldg. E, Suite 900, Concord 94520	(925) 602-6517
Foster City	1065 East Hillsdale Blvd.—Suite 110, Foster City 94404	(650) 573-3812
Fremont/San Jose	39141 Civic Center Dr. Suite 310, Fremont 94538	(510) 794-2521
Fresno	2550 Mariposa St.—Room 4000, Fresno 93721	(559) 445-5302
Los Angeles	320 West Fourth St.—Room 850, Los Angeles 90013	(213) 576-7451
Modesto	1209 Woodrow—Suite C-4, Modesto 95350	(209) 576-6260
Oakland	1515 Clay St.—Suite 1301, Oakland 94612	(510) 622-2916
Monrovia/Pico Rivera	750 Royal Oaks Dr.—Suite 104, Monrovia 91016	(626) 256-7913
Sacramento	2424 Arden Way—Suite 165, Sacramento 95825	(916) 263-2800
San Bernardino	464 West Fourth St.—Suite 332, San Bernardino 92401	(909) 383-4321
San Diego	7575 Metropolitan Dr.—Suite 207, San Diego 92108	(619) 767-2280
San Francisco	121 Spear Street, Ste. 430, San Francisco 94105	(415) 972-8670
Santa Ana	2000 E. McFadden Ave, Ste. 122, Santa Ana 92705	(714) 558-4451
Santa Rosa	1221 Farmers Lane—Suite 300, Santa Rosa 95405	(707) 576-2388
Torrance	680 Knox St.—Suite 100, Torrance 90502	(310) 516-3734
Van Nuys	6150 Van Nuys Blvd.—Suite 405, Van Nuys 91401	(818) 901-5403
Ventura	1655 Mesa Verde Ave.—Room 150, Ventura 93003	(805) 654-4581
West Covina	1906 West Garvey Ave. S.—Suite 200, West Covina 91790	(626) 472-0046

Regional Offices

Sacramento	2424 Arden Way—Suite 125, Sacramento 95825	(916) 263-2803
Santa Rosa	1221 Farmers Lane—Suite E, Santa Rosa 95405	(707) 576-2419
Santa Ana	2000 E. McFadden Ave, Ste 119, Santa Ana 92705	(714) 558-4300
West Covina	1906 West Garvey Ave. S.—Suite 200, West Covina 91790	(626) 472-0046

Cal/OSHA Consultation Service

Headquarters: 2424 Arden Way—Suite 485, Sacramento CA 95825 — (916) 263-5765

Area & Field Offices:

• Fresno/Central Valley	1901 North Gateway Blvd. Suite 102, Fresno 93727	(559) 454-1295
• Oakland/Bay Area	1515 Clay St.—Suite 1103 Oakland 94612	(510) 622-2891
• Sacramento/Northern CA	2424 Arden Way—Suite 410 Sacramento 95825	(916) 263-0704
• San Bernardino	464 West Fourth St.—Suite 339 San Bernardino 92401	(909) 383-4567
• San Diego/Imperial Counties	7575 Metropolitan Dr.—Suite 204 San Diego 92108	(619) 767-2060
• San Fernando Valley	6150 Van Nuys Blvd.—Suite 307 Van Nuys 91401	(818) 901-5754
• Santa Fe Springs/Los Angeles/Orange County.	10350 Heritage Park Dr.—Suite 201 Santa Fe Springs 90670	(562) 944-9366

Regional Office

Sacramento 2424 Arden Way—Suite 485, Sacramento 95825 (916) 263-5750

Enforcement of Cal/OSHA job safety and health standards is carried out by the Division of Occupational Safety and Health, under the California Department of Industrial Relations, which has primary responsibility for administering the Cal/OSHA program. Safety and health standards are promulgated by the Occupational Safety and Health Standards Board. Anyone desiring to register a complaint alleging inadequacy in the administration of the California Occupational Safety and Health Plan may do so by contacting the San Francisco Regional Office of the Occupational Safety and Health Administration (OSHA), U.S. Department of Labor (Tel: 415-975-4310). OSHA monitors the operation of state plans to assure that continued approval is merited.

FEBRUARY 2006

Job Safety and Health

It's the law!

OSHA
Occupational Safety
and Health Administration
U.S. Department of Labor

EMPLOYEES:

- You have the right to notify your employer or OSHA about workplace hazards. You may ask OSHA to keep your name confidential.
- You have the right to request an OSHA inspection if you believe that there are unsafe and unhealthful conditions in your workplace. You or your representative may participate in that inspection.
- You can file a complaint with OSHA within 30 days of retaliation or discrimination by your employer for making safety and health complaints or for exercising your rights under the *OSH Act*.
- You have the right to see OSHA citations issued to your employer. Your employer must post the citations at or near the place of the alleged violations.
- Your employer must correct workplace hazards by the date indicated on the citation and must certify that these hazards have been reduced or eliminated.
- You have the right to copies of your medical records and records of your exposures to toxic and harmful substances or conditions.
- Your employer must post this notice in your workplace.
- You must comply with all occupational safety and health standards issued under the *OSH Act* that apply to your own actions and conduct on the job.

EMPLOYERS:

- You must furnish your employees a place of employment free from recognized hazards.
- You must comply with the occupational safety and health standards issued under the *OSH Act*.

This free poster available from OSHA –
The Best Resource for Safety and Health



Free assistance in identifying and correcting hazards or complying with standards is available to employers, without citation or penalty, through OSHA-supported consultation programs in each state.

1-800-321-OSHA
www.osha.gov

OSHA 3165-12-06R

SPECIAL SITUATIONS DISCLOSURE REQUIREMENTS

Foreign Locations – Before filming outside of the United States we must secure special foreign workers' compensation insurance coverage. Be aware that we can only cover U.S. citizens and not any local personnel you hire out of the country. Contact the Workers' Compensation Department at 310-440-9653, as soon as you determine you will be filming in a foreign location but no later than **3 business days in advance of travel**. We will need detailed information on all travel plans when securing foreign coverage.

A foreign endorsement must be activated in order to cover these workers. Our carrier may refuse coverage if traveling personnel exceeds carriers set limitations. A separate policy must be activated to cover these workers. The cost will be 7.72% for the foreign workers compensation coverage. Failure to disclose "special activities" may result in a lack of coverage of that activity. If we are not contacted at least 3 business days prior to workers leaving the U.S., we will be forced to refuse to process payroll!

Special Risk Situations – Before filming projects involving any special activities, including but not limited to stunts, aerial photography, underwater photography, pyrotechnics, use of non-domestic animals, use of *aircraft or watercraft, etc. We require detailed information involving these activities to determine necessary coverage or if there is a need for additional fees. Please **contact Kathleen Sweeney at 310-440-9653**, as soon as you determine what your film activities will involve **at least 3 business days in advance of filming**.

*The payroll company processing payroll must be named as ADDITIONALLY INSURED on any aircraft or watercraft being used for filming if payrolled personnel will be aboard the craft.

U.S. Territories – We can pay local residents of Puerto Rico, Guam and the US Virgin Islands with at least **3 business days advance notice to activate coverage**. To properly cover U.S. mainland residents working in these U.S. territories, we require notification of at least 2 business days in advance of travel.



Notice to Employees--Injuries Caused By Work

You may be entitled to workers' compensation benefits if you are injured or become ill because of your job. Workers' compensation covers most work-related physical or mental injuries and illnesses. An injury or illness can be caused by one event (such as hurting your back in a fall) or by repeated exposures (such as hurting your wrist from doing the same motion over and over).

Benefits. Workers' compensation benefits include:

- **Medical Care:** Doctor visits, hospital services, physical therapy, lab tests, x-rays, and medicines that are reasonably necessary to treat your injury. You should never see a bill. For injuries occurring on or after 1/1/04, there is a limit on some medical services.
- **Temporary Disability (TD) Benefits:** Payments if you lose wages while recovering.
- **Permanent Disability (PD) Benefits:** Payments if your injury causes a permanent disability.
- **Vocational Rehabilitation:** Services and payments if your injury prevents you from returning to your usual job or occupation. This benefit applies to injuries that occurred prior to 1/1/04.
- **Supplemental Job Displacement Benefit:** A nontransferable voucher payable to a state approved school if you are injured on or after 1/1/04, the injury results in a permanent disability, you don't return to work within 60 days after TD ends, and your employer does not offer modified or alternative work.
- **Death Benefits:** Paid to dependents of a worker who dies from a work-related injury or illness.

Naming Your Own Physician Before Injury. You may be able to choose the doctor who will treat you for a job injury or illness during the first 30 days after the injury. If eligible, you must tell your employer, in writing, the name and address of your personal physician *before* you are injured. For instructions, see the written information about workers' compensation that your employer is now required to give to new employees.

If You Get Hurt:

1. **Get Medical Care.** If you need first aid, contact your employer. If you need emergency care, call for help immediately. Emergency phone numbers: (serious or life-threatening injury)
Ambulance 911 Fire Dept 911 Police 911
Doctor 911 Hospital 911
2. **Report Your Injury.** Report the injury immediately to your supervisor or to Employer representative Donna Garceau phone number 310-440-9675
Don't delay. There are time limits. If you wait too long, you may lose your right to benefits. Your employer is required to provide you a claim form within one working day after learning about your injury. Within one working day after an employee files a claim form, the employer shall authorize the provision of all treatment, consistent with the applicable treating guidelines, for the alleged injury and shall continue to provide treatment until the date that liability for the claim is accepted or rejected. Until the date the claim is accepted or rejected, liability for medical treatment shall be limited to ten thousand dollars (\$10,000).
3. **See Your Primary Treating Physician (PTP).** This is the doctor with overall responsibility for treating your injury or illness. If you named your personal physician before injury (see above), you may see him or her for treatment in certain circumstances. Otherwise, your employer has the right to select the physician who will treat you for the first 30 days. You may be able to switch to a doctor of your choice after 30 days. Special rules apply if your employer offers a Health Care Organization (HCO) or after 1/1/05, has a medical provider network. Contact your employer for more information.

Discrimination: It is illegal for your employer to punish or fire you for having a work injury or illness, for filing a claim, or testifying in another person's workers' compensation case. If proven, you may receive lost wages, job reinstatement, increased benefits, and costs and expenses up to limits set by the state.

Questions? Learn more about workers' compensation by reading the information that your employer is required to give you at time of hire. If you have questions, see your employer or the claims administrator (who handles workers' compensation claims for your employer):

Claims Administrator FA Richard

Address 1625 W. Causeway Approach City Mandeville State LA Zip 70471
Phone 310-440-9675 Policy Expiration Date 6/1/2010

The employer is insured for workers' compensation by Arch Insurance Company
(Enter "self-insured" if appropriate)

If the workers' compensation policy has expired, contact a Labor Commissioner at the Division of Labor Standards Enforcement - their number can be found in your local White Pages under California State Government, Department of Industrial Relations.

You can get free information from a State Division of Workers' Compensation Information & Assistance Officer.
The nearest Information & Assistance Officer is at:

Address _____ City _____ Phone _____

Hear recorded information and a list of local offices by calling toll-free (800) 736-7401. Learn more online: www.dir.ca.gov.

False claims and false denials. Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony and may be fined and imprisoned.

Your employer may not be liable for the payment of workers' compensation benefits for any injury that arises from your voluntary participation in any off-duty, recreational, social, or athletic activity that is not part of your work-related duties.