



GUIDE TO BENEFITS AND CLAIMS FILING

State Employee Injury Compensation Trust Fund SEICTF

DEPARTMENT OF FINANCE - DIVISION OF RISK MANAGEMENT

FIRST REPORT OF INJURY INSTRUCTIONS FOR SUPERVISOR/EMPLOYER:

Complete all items on the First Report of Injury (SEICTF Form 1). If there is an exposure to blood, body fluid, or other infectious materials, complete the Blood/Body Fluid Exposure Report.

Within 24 hours of notification of injury, fax the completed forms to Risk Management at (334) 223-6170 or (888) 827-6753 or submit via email to SEICTF@finance.alabama.gov. If a fax machine is not available, refer to www.riskmgt.alabama.gov for online submission of forms.

Retain the original forms for your files. File other copies with your agency as required.

If the employee is out of work for more than 24 hours after the injury, the employee must select a payment option under Item A and also under Item B on the Employee Election for Lost Time Benefits (EOB). Item A concerns time lost from work up to three days and Item B, time lost in excess of three days. Delay in selection will postpone compensation payments to the employee. If the employee misses more than three days of work, immediately fax the completed EOB to SEICTF.

SEICTF-WHAT IS IT?

(SEICTF) - The State Employee Injury Compensation Trust Fund covers medical costs from injuries incurred on the job, lost wages, payment for permanent disability, and payments to dependents in the event of a fatal injury.

IF YOU ARE INJURED AT WORK

Report any injury immediately to your supervisor in accordance with your agency's reporting procedures.

Check with your supervisor about which doctor you should see for your work injury.

If the injury is serious don't delay treatment; go to the Emergency Room.

If you are exposed to blood, body fluid, or other potentially infectious materials, do the following:

1. Clean the site.
2. Complete the Blood/Body Fluid Exposure Report, as soon as possible.
3. Go to the nearest SEICTF participating hospital/gatekeeper for immediate treatment.
4. Make an appointment for follow-up.

If you need assistance for the name of SEICTF hospitals or physicians contact your supervisor or refer to our website.

HOW TO INITIATE SEICTF BENEFITS

Please notify your supervisor of any accident causing injury within five days.

If you need care use a SEICTF network authorized provider. Refer to our website for a gatekeeper listing.



State of Alabama Department of Finance
Division of Risk Management
(SEICTF) State Employee Injury Compensation Trust Fund
Montgomery, Alabama

Phone: (334) 223-6162 or (800) 388-3406
Fax: (334) 223-6170 or (888) 827-6753
E-mail: SEICTF@finance.alabama.gov

Visit our website

www.riskmgt.alabama.gov

HOW DOES IT WORK?

MEDICAL. Covered employees who are injured on the job receive medical care from specific health care providers (physician, hospital or clinic). SEICTF is responsible for payment to the medical care provider. The employees will not be charged for co-payments and deductibles.

LOST TIME. Benefits received after employee is out of work longer than three work days.

1. **Waiting Period.** There is a three work day period for which no lost time benefit is paid. Compensation begins on the fourth work day after disability, when excused by a physician/gatekeeper. Should the lost time reach

twenty-one calendar days, the initial three day period is then paid. The employee may elect to use sick or annual leave to cover the waiting period or take leave without pay.

2. **Choice of Compensation Options for Lost Time.**

SEICTF 2/3. When unable to work due to injury, employee is paid by SEICTF.

You receive two-thirds of your current wage by SEICTF warrant, subject to the minimum/maximum compensation rates in effect at the time of the accident. Payment of SEIB dependent health care coverage and other pre-authorized payroll deductions are the responsibility of the employee. Direct deposit is not available.

Leave is accrued at a 2/3rds rate. Retirement credit stops while 2/3rds benefits are being paid.

OR

Election to use accrued leave.

You receive your usual net pay by State Payroll warrant. Semi-monthly payroll pay and deductions remain the same.

Two-thirds of your current wage would be non-taxable subject to the minimum/maximum compensation rate amount in effect at the time of your accident.

You continue to accrue leave and retirement credit in accordance with State Personnel rules.

SUMMARY OF KEY FEATURES

1. Medical Costs

All reasonable and necessary medical expenses are covered.

Co-pays and deductibles are covered.

2. Lost Time

Payment is non-taxable - 2/3 current wage subject to weekly minimum/maximum rate.

Employee compensation is paid by SEICTF unless using leave time.

Employee compensation is paid via state payroll check when leave option is elected.

3. Disability

Payment for temporary total disability continues as long as the disability exists.

A schedule of defined benefits for per-

manent partial disability applies.

Vocational rehabilitation may be available when injury prevents return to work.

4. Death

Burial expense.

Payments to eligible dependents up to 500 weeks.

CIRCUMSTANCES WHICH AFFECT AN EMPLOYEE'S CLAIM

When accident is caused by willful misconduct of the employee with purpose of intent or design to injure himself/herself with knowledge of peril to himself/herself.

Employee's intention to bring about the injury or death of himself/herself.

His/her willful failure or willful refusal to use safety appliances provided by the employer, or willful or intentional violation of specific written safety rules of the employer which resulted in injury or death.

Willful and intentional removal of manufacturer's safety devices or safety guards from machinery with knowledge that it

may cause injury or death to himself/herself.

His/her intoxication from the use of alcohol or being impaired by illegal drugs.

Employee's failure to comply with physician's treatment and/or cooperate with DORM or its agent including efforts to return to work.