

Procedure for Reporting Workers' Compensation Injury Volunteer Firefighter

Volunteer Member Responsibilities:

1. Complete "Volunteer Fire / Ambulance Worker Accident Report" and provide it to your department supervisor immediately.
2. Complete "Authorization to Obtain Information" (WC Form 5) and provide it to your department supervisor immediately.
3. **Billing information:** Tell your doctor or hospital to send all bills to the following address. Be sure to mark the date of injury clearly on all correspondence.

Warren County Self-Insurance
1340 State Route 9
Lake George NY 12845

4. Take a copy of "Physician / Chiropractor Report" (WC Form 6) with you to each doctor visit.
5. Provide your supervisor with proper medical documentation if time away from department duties or your regular employment is recommended.
6. If your injury requires medical treatment, you will receive an information packet in the mail, from Self-Insurance, with your claim information.

Department Supervisor Responsibilities:

- ✓ Advise the injured member that she/he has the right to seek medical treatment.
- ✓ Provide the necessary forms to the member and advise them of the responsibilities listed above. Ask them to complete the forms immediately.
- ✓ Forward the completed forms to Self-Insurance as soon as possible following the injury.
 - ⇒ Complete Form VF-2 and forward it along with the members "Volunteer Fire / Ambulance Worker Accident Report" and "Authorization to Obtain Information" form.
- ✓ Notify Self- Insurance
 - when employee returns to work OR regular department duties
 - if the employee's condition changes