

**EMPLOYEE INFORMATION SHEET  
WORKERS' COMPENSATION**

**CLAIM PROCEDURES:**

1. \_\_\_ When injury occurs, you must **NOTIFY** your **supervisor immediately**.
2. \_\_\_ You may seek medical treatment from a physician or medical facility of your choice. At the time of your examination, you must inform provider this is a Workers Comp and provide the **LS-1**, Request for Examination, given to you by your supervisor. Your supervisor will have you read the **LS-555** U S Department of Labor and sign the **AF Form 786**, Authorization for Release of Medical Information. Your Supervisor will also give you an **LS-201**, Notice of Employee's Injury or Death. That is the only LS form that is to be completed by you in your own words. **No to be typed!**
3. \_\_\_ Pre-authorization is required for change in physician, change in treatment or second opinion request. Contact the HRO for any changes in treatment recommended or requested.
4. \_\_\_ Lost time of **more than 3** days may result in the assignment of a caseworker. The caseworker will work with you and the physician to ensure proper medical treatment is being provided.
5. \_\_\_ You must present an LS-204, Attending Physicians Supplementary Report, **for follow-up visits** with a physician. The physician completes this form to provide management an update on your medical status.
6. \_\_\_ You must stay in contact with your supervisor and the Human Resources Office.
7. \_\_\_ **DO NOT:** Pay any medical bills related to your work injury.
8. \_\_\_ **DO NOT:** Do not use your personal insurance to pay for any part of the Dr visit.
9. \_\_\_ **DO:** Forward all bills, doctor's notes, and forms to the WC Insurance Carrier address listed below

***FAILURE TO FOLLOW ESTABLISHED PROCEDURES COULD RESULT IN  
NON-PAYMENT OF COMPENSATION.***

Employee: \_\_\_\_\_ Date: \_\_\_\_\_

HR Assistant: \_\_\_\_\_ Date: \_\_\_\_\_

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**Employer:**

**56 FSS/FSMH  
7383 N Litchfield Rd Ste 3090  
Luke AFB, AZ 85309-1566**

**WC Insurance Carrier – Billing address**

**AIR FORCE INSURANCE FUND  
HQ AFSVA/SVXBW  
10100 REUNION PLACE SUITE 502  
SAN ANTONIO, TX 78216-4138**