LEAVE & WORKERS' COMP

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Leave & Workers' Comp Specialist & Leave & Workers' Comp Asst.

Employee and Retiree Service Center (ERSC)

FMLA LEAVES

- Personal Illness
- Illness in Immediate Family
- Workers' Compensation
- Child Care/Adoption

FMLA LEAVES

- What are the FMLA protections?
  - Job security – position held for 12 work weeks (60 duty days)
  - Benefit protection – benefit coverage at same cost as active employee for 12 work weeks (60 duty days)

- Is every employee eligible for FMLA protection?
  - To be eligible for FMLA protection, an employee must be employed by MCPS for at least one year and have worked 1250 hours in that year.

WHAT IS REQUIRED TO TAKE LEAVE LESS THAN 5 DAYS

Personal Sick Leave

- 430-1A submitted to your supervisor

If the leave is planned, leave forms should be submitted at least a week prior.

Example: Scheduled doctors visit or Dentist appointment for yourself

Illness in Family

- 430-1A submitted to your supervisor

If the leave is planned, leave forms should be submitted at least a week prior.

Example: Scheduled doctors visit or Dentist appointment for your family member.

* Leave under 5 days does not require a doctors note, unless requested by supervisor

WHAT IS REQUIRED TO TAKE LEAVE OVER 5 DAYS?

By contract all MCPS employees must submit leave forms for absences that are 5 consecutive duty days or more, except Annual and Personal leave

Sick Leave over 5 days

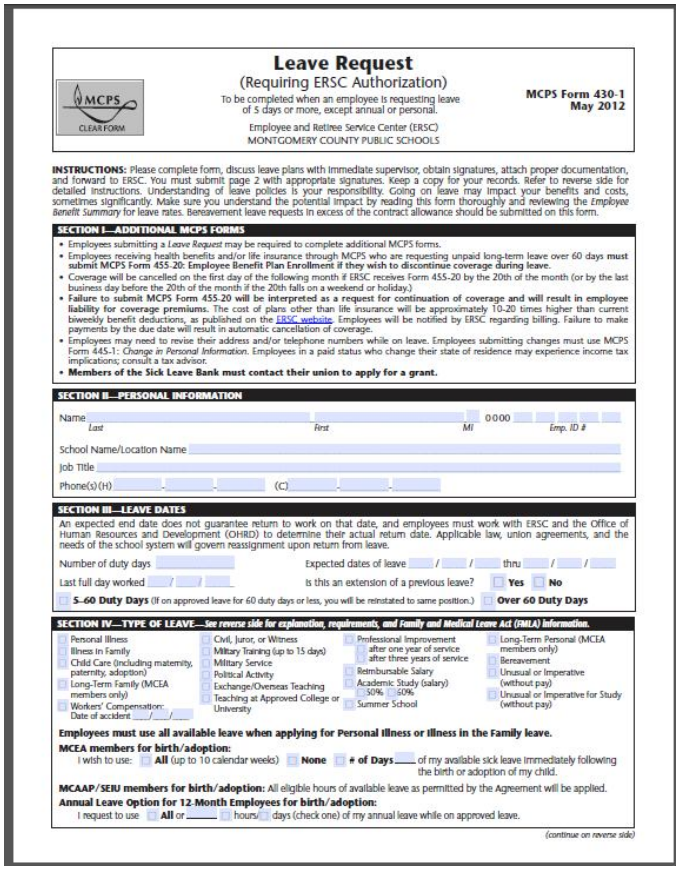
- 430-1 Leave Request (Requiring ERSC Authorization), signed by Supervisor
- 440-35 Physicians Certification
- 440-40S or 440-40M Return to work Evaluation
  - Will need to be submitted PRIOR to returning
  - 440-40S –SEIU members
  - 440-40M – MCEA members

Child Care Leave

(Paid from Available Sick Leave)

- 430-1 Leave Request-
  - Options:
    - 60 Duty Days- only paid for 6-8 weeks depending on delivery type/how much available leave
    - 6-8 Weeks (just for recovery period of the mother)
    - Just a few weeks/days
- 440-35 Physicians Certification-
  - Mothers Physician completes the form in section 3

430-1 LEAVE REQUEST



Leave Request
(Requiring ERSC Authorization)
To be completed when an employee is requesting leave of 5 days or more, except annual or personal.
Employee and Retiree Service Center (ERSC)
MONTGOMERY COUNTY PUBLIC SCHOOLS

MCPS Form 430-1
May 2012

INSTRUCTIONS: Please complete form, discuss leave plans with immediate supervisor, obtain signatures, attach proper documentation, and forward to ERSC. You must submit page 2 with appropriate signatures. Keep a copy for your records. Refer to reverse side for detailed instructions. Understanding of leave policies is your responsibility. Going on leave may impact your benefits and costs, sometimes significantly. Make sure you understand the potential impact by reading this form thoroughly and reviewing the *Employee Benefit Summary* for leave rates. Bereavement leave requests in excess of the contract allowance should be submitted on this form.

SECTION I—ADDITIONAL MCPS FORMS

- Employees submitting a *Leave Request* may be required to complete additional MCPS forms.
- Employees receiving health benefits and/or life insurance through MCPS who are requesting unpaid long-term leave over 60 days **must submit MCPS Form 455-20: Employee Benefit Plan Enrollment if they wish to discontinue coverage during leave.**
- Coverage will be cancelled on the first day of the following month if ERSC receives Form 455-20 by the 20th of the month (or by the last business day before the 20th of the month if the 20th falls on a weekend or holiday.)
- **Failure to submit MCPS Form 455-20 will be interpreted as a request for continuation of coverage and will result in employee liability for coverage premiums.** The cost of plans other than life insurance will be approximately 10-20 times higher than current biweekly benefit deductions, as published on the ERSC website. Employees will be notified by ERSC regarding billing. Failure to make payments by the due date will result in automatic cancellation of coverage.
- Employees may need to revise their address and/or telephone numbers while on leave. Employees submitting changes must use MCPS Form 445-1: *Change in Personal Information*. Employees in a paid status who change their state of residence may experience income tax implications; consult a tax advisor.
- **Members of the Sick Leave Bank must contact their union to apply for a grant.**

SECTION II—PERSONAL INFORMATION

Name _____ 0000 _____
Last First MI Emp. ID #

School Name/Location Name _____

Job Title _____

Phone(s) (H) ___-___-___ (C) ___-___-___

SECTION III—LEAVE DATES

An expected end date does not guarantee return to work on that date, and employees must work with ERSC and the Office of Human Resources and Development (OHRD) to determine their actual return date. Applicable law, union agreements, and the needs of the school system will govern reassignment upon return from leave.

Number of duty days _____ Expected dates of leave ___/___/___ thru ___/___/___

Last full day worked ___/___/___ Is this an extension of a previous leave? ☐ Yes ☐ No

☐ **5–60 Duty Days** (If on approved leave for 60 duty days or less, you will be reinstated to same position.) ☐ **Over 60 Duty Days**

SECTION IV—TYPE OF LEAVE—*See reverse side for explanation, requirements, and Family and Medical Leave Act (FMLA) information.*

☐ Personal Illness
☐ Illness in Family
☐ Child Care (including maternity, paternity, adoption)
☐ Long-Term Family (MCEA members only)
☐ Workers' Compensation: Date of accident ___/___/___
☐ Civil, Juror, or Witness
☐ Military Training (up to 15 days)
☐ Military Service
☐ Political Activity
☐ Exchange/Overseas Teaching
☐ Teaching at Approved College or University
☐ Professional Improvement after one year of service ☐ after three years of service
☐ Reimbursable Salary
☐ Academic Study (salary) ☐ 50% ☐ 40%
☐ Summer School
☐ Long-Term Personal (MCEA members only)
☐ Bereavement
☐ Unusual or Imperative (without pay)
☐ Unusual or Imperative for Study (without pay)

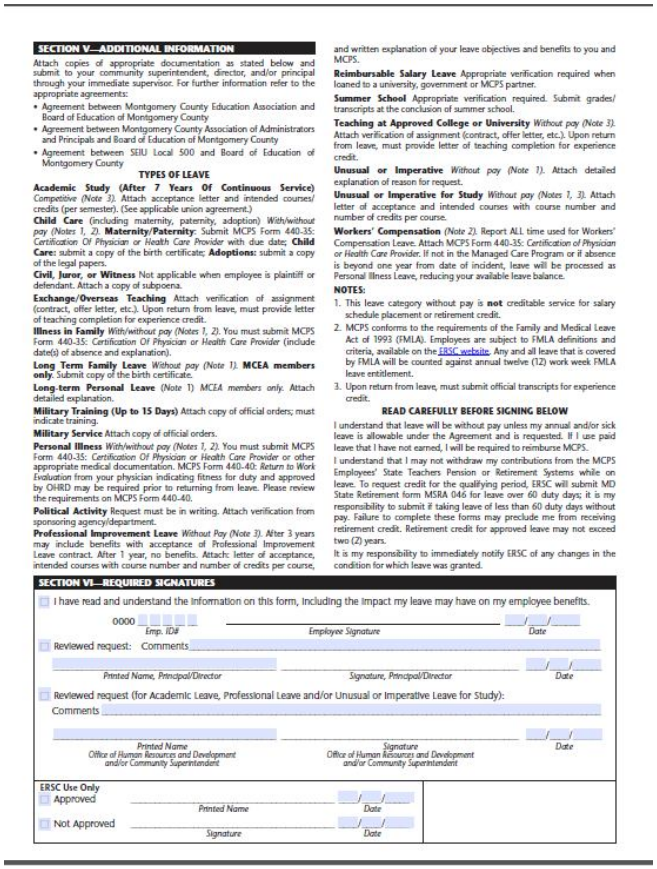
Employees must use all available leave when applying for Personal Illness or Illness in the Family leave.

MCEA members for birth/adoption:
I wish to use: ☐ **All** (up to 10 calendar weeks) ☐ **None** ☐ **# of Days**____ of my available sick leave immediately following the birth or adoption of my child.

MCAAP/SEIU members for birth/adoption: All eligible hours of available leave as permitted by the Agreement will be applied.

Annual Leave Option for 12-Month Employees for birth/adoption:
I request to use ☐ **All** or _____ ☐ hours/☐ days (check one) of my annual leave while on approved leave.

(continue on reverse side)



SECTION V—ADDITIONAL INFORMATION

Attach copies of appropriate documentation as stated below and submit to your community superintendent, director, and/or principal through your immediate supervisor. For further information refer to the appropriate agreements:

- Agreement between Montgomery County Education Association and Board of Education of Montgomery County
- Agreement between Montgomery County Association of Administrators and Principals and Board of Education of Montgomery County
- Agreement between SEIU Local 500 and Board of Education of Montgomery County

TYPES OF LEAVE

Academic Study (After 7 Years Of Continuous Service) *Competitive (Note 3).* Attach acceptance letter and intended courses/credits (per semester). (See applicable union agreement.)

Child Care (including maternity, paternity, adoption) *With/without pay (Notes 1, 2).* **Maternity/Paternity:** Submit MCPS Form 440-35: *Certification Of Physician or Health Care Provider* with due date; **Child Care:** submit a copy of the birth certificate; **Adoptions:** submit a copy of the legal papers.

Civil, Juror, or Witness Not applicable when employee is plaintiff or defendant. Attach a copy of subpoena.

Exchange/Overseas Teaching Attach verification of assignment (contract, offer letter, etc.). Upon return from leave, must provide letter of teaching completion for experience credit.

Illness in Family *With/without pay (Notes 1, 2).* You must submit MCPS Form 440-35: *Certification Of Physician or Health Care Provider* (include date(s) of absence and explanation).

Long Term Family Leave *Without pay (Note 1).* **MCEA members only.** Submit copy of the birth certificate.

Long-term Personal Leave *(Note 1) MCEA members only.* Attach detailed explanation.

Military Training (Up to 15 Days) Attach copy of official orders; must indicate training.

Military Service Attach copy of official orders.

Personal Illness *With/without pay (Notes 1, 2).* You must submit MCPS Form 440-35: *Certification Of Physician or Health Care Provider* or other appropriate medical documentation. MCPS Form 440-40: *Return to Work Evaluation* from your physician indicating fitness for duty and approved by OHRD may be required prior to returning from leave. Please review the requirements on MCPS Form 440-40.

Political Activity Request must be in writing. Attach verification from sponsoring agency/department.

Professional Improvement Leave *Without Pay (Note 3).* After 3 years may include benefits with acceptance of Professional Improvement Leave contract. After 1 year, no benefits. Attach: letter of acceptance, intended courses with course number and number of credits per course, and written explanation of your leave objectives and benefits to you and MCPS.

Reimbursable Salary Leave Appropriate verification required when loaned to a university, government or MCPS partner.

Summer School Appropriate verification required. Submit grades/transcripts at the conclusion of summer school.

Teaching at Approved College or University *Without pay (Note 3).* Attach verification of assignment (contract, offer letter, etc.). Upon return from leave, must provide letter of teaching completion for experience credit.

Unusual or Imperative *Without pay (Note 1).* Attach detailed explanation of reason for request.

Unusual or Imperative for Study *Without pay (Notes 1, 3).* Attach letter of acceptance and intended courses with course number and number of credits per course.

Workers' Compensation *(Note 2).* Report ALL time used for Workers' Compensation Leave. Attach MCPS Form 440-35: *Certification of Physician or Health Care Provider.* If not in the Managed Care Program or if absence is beyond one year from date of incident, leave will be processed as Personal Illness Leave, reducing your available leave balance.

NOTES:

1. This leave category without pay is **not** creditable service for salary schedule placement or retirement credit.
2. MCPS conforms to the requirements of the Family and Medical Leave Act of 1993 (FMLA). Employees are subject to FMLA definitions and criteria, available on the ERSC website. Any and all leave that is covered by FMLA will be counted against annual twelve (12) work week FMLA leave entitlement.
3. Upon return from leave, must submit official transcripts for experience credit.

READ CAREFULLY BEFORE SIGNING BELOW

I understand that leave will be without pay unless my annual and/or sick leave is allowable under the Agreement and is requested. If I use paid leave that I have not earned, I will be required to reimburse MCPS.

I understand that I may not withdraw my contributions from the MCPS Employees' State Teachers Pension or Retirement Systems while on leave. To request credit for the qualifying period, ERSC will submit MD State Retirement form MSRA 046 for leave over 60 duty days; it is my responsibility to submit if taking leave of less than 60 duty days without pay. Failure to complete these forms may preclude me from receiving retirement credit. Retirement credit for approved leave may not exceed two (2) years.

It is my responsibility to immediately notify ERSC of any changes in the condition for which leave was granted.

SECTION VI—REQUIRED SIGNATURES

☐ I have read and understand the information on this form, including the impact my leave may have on my employee benefits.

0000 _____ ___/___/___
Emp. ID# Employee Signature Date

☐ Reviewed request: Comments _____

_____ _____ ___/___/___
Printed Name, Principal/Director Signature, Principal/Director Date

☐ Reviewed request (for Academic Leave, Professional Leave and/or Unusual or Imperative Leave for Study):

Comments _____

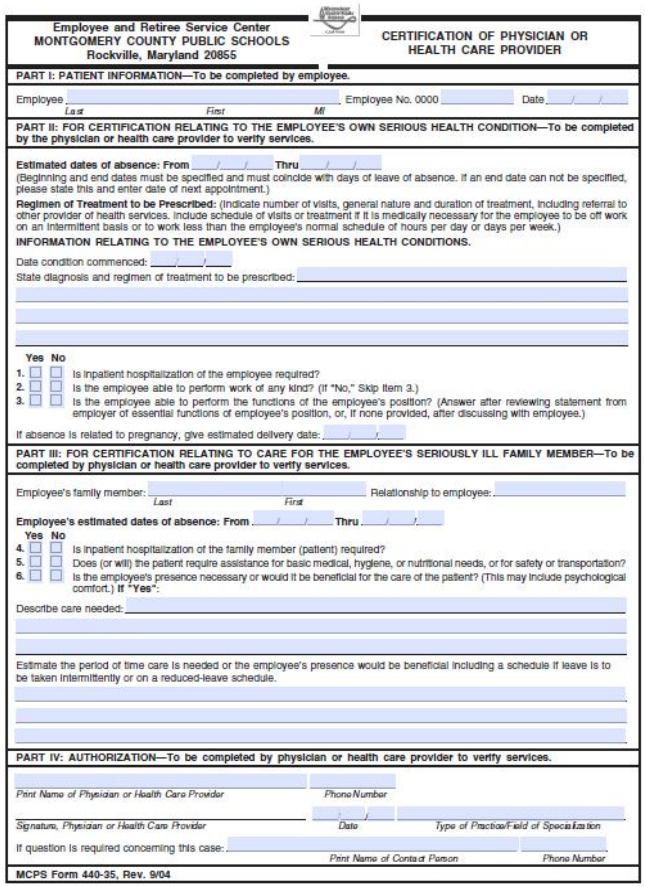
_____ _____ ___/___/___
Printed Name Signature Date
Office of Human Resources and Development and/or Community Superintendent Office of Human Resources and Development and/or Community Superintendent

ERSC Use Only
☐ Approved _____ ___/___/___
Printed Name Date
☐ Not Approved _____ ___/___/___
Signature Date

430-1 Requirements:

- Complete Employee Information in Section 1, including your Employee Id#
- Beginning and End date of expected leave, matching the physicians certification
- Type of leave you are requesting
- Employee Signature and Supervisors signature required

440-35 PHYSICIANS CERTIFICATION



Employee and Retiree Service Center
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20855

CERTIFICATION OF PHYSICIAN OR HEALTH CARE PROVIDER

PART I: PATIENT INFORMATION—To be completed by employee.

Employee _____ Employee No. 0000 _____ Date ___/___/___
Last First MI

PART II: FOR CERTIFICATION RELATING TO THE EMPLOYEE'S OWN SERIOUS HEALTH CONDITION—To be completed by the physician or health care provider to verify services.

Estimated dates of absence: From ___/___/___ **Thru** ___/___/___
(Beginning and end dates must be specified and must coincide with days of leave of absence. If an end date can not be specified, please state this and enter date of next appointment.)

Regimen of Treatment to be Prescribed: (Indicate number of visits, general nature and duration of treatment, including referral to other provider of health services. Include schedule of visits or treatment if it is medically necessary for the employee to be off work on an intermittent basis or to work less than the employee's normal schedule of hours per day or days per week.)

INFORMATION RELATING TO THE EMPLOYEE'S OWN SERIOUS HEALTH CONDITIONS.

Date condition commenced: ___/___/___

State diagnosis and regimen of treatment to be prescribed: _____

	Yes	No	
1.	☐	☐	Is inpatient hospitalization of the employee required?
2.	☐	☐	Is the employee able to perform work of any kind? (If "No," Skip Item 3.)
3.	☐	☐	Is the employee able to perform the functions of the employee's position? (Answer after reviewing statement from employer of essential functions of employee's position, or, if none provided, after discussing with employee.)

If absence is related to pregnancy, give estimated delivery date: ___/___/___

PART III: FOR CERTIFICATION RELATING TO CARE FOR THE EMPLOYEE'S SERIOUSLY ILL FAMILY MEMBER—To be completed by physician or health care provider to verify services.

Employee's family member: _____ Relationship to employee: _____
Last First

Employee's estimated dates of absence: From ___/___/___ **Thru** ___/___/___

	Yes	No	
4.	☐	☐	Is inpatient hospitalization of the family member (patient) required?
5.	☐	☐	Does (or will) the patient require assistance for basic medical, hygiene, or nutritional needs, or for safety or transportation?
6.	☐	☐	Is the employee's presence necessary or would it be beneficial for the care of the patient? (This may include psychological comfort.) **If "Yes":**

Describe care needed: _____

Estimate the period of time care is needed or the employee's presence would be beneficial including a schedule if leave is to be taken intermittently or on a reduced-leave schedule.

PART IV: AUTHORIZATION—To be completed by physician or health care provider to verify services.

_____ _____
Print Name of Physician or Health Care Provider *Phone Number*

_____ ___/___/___ _____
Signature, Physician or Health Care Provider *Date* *Type of Practice/Field of Specialization*

If question is required concerning this case: _____ _____
Print Name of Contact Person *Phone Number*

MCPS Form 440-35, Rev. 9/04

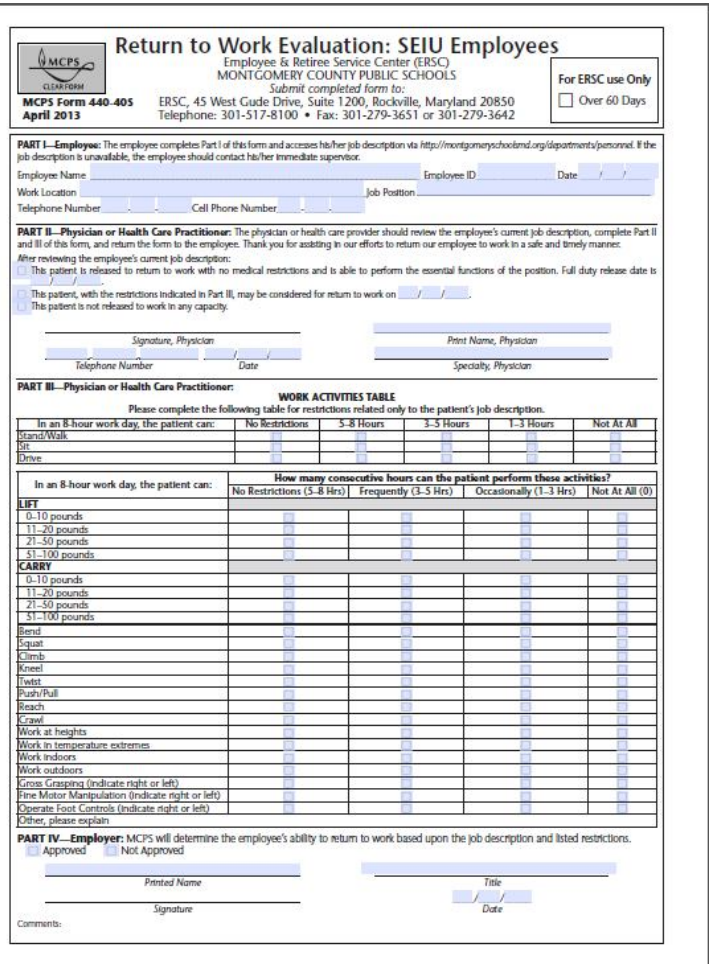
440-35 Requirements:

- Complete Employee Information in Section 1
- Physician completed section 2, with beginning and end dates and diagnosis
- If Illness in Family leave is requested, family members physician will complete section 3, with beginning and end dates and diagnosis
- Physicians signature is required

Dos & Don'ts:

- Employees should not complete this form
- ERSC cannot accept this form with any cross-outs, whiteout or alterations

440-40S RETURN TO WORK EVALUATION



Return to Work Evaluation: SEIU Employees

Employee & Retiree Service Center (ERSC)
MONTGOMERY COUNTY PUBLIC SCHOOLS
Submit completed form to:
ERSC, 45 West Gude Drive, Suite 1200, Rockville, Maryland 20850
Telephone: 301-517-8100 • Fax: 301-279-3651 or 301-279-3642

MCPS Form 440-40S
April 2013

For ERSC use Only
☐ Over 60 Days

PART I—Employee: The employee completes Part I of this form and accesses his/her job description via *http://montgomeryschoolsmd.org/departments/personnel*. If the job description is unavailable, the employee should contact his/her immediate supervisor.

Employee Name _____ Employee ID _____ Date ___/___/___
Work Location _____ Job Position _____
Telephone Number ___.___.___ Cell Phone Number ___.___.___

PART II—Physician or Health Care Practitioner: The physician or health care provider should review the employee's current job description, complete Part II and III of this form, and return the form to the employee. Thank you for assisting in our efforts to return our employee to work in a safe and timely manner.

After reviewing the employee's current job description:
☐ This patient is released to return to work with no medical restrictions and is able to perform the essential functions of the position. Full duty release date is ___/___/___.
☐ This patient, with the restrictions indicated in Part III, may be considered for return to work on ___/___/___.
☐ This patient is not released to work in any capacity.

_____ _____
Signature, Physician *Print Name, Physician*
___.___.___ ___/___/___ _____
Telephone Number *Date* *Specialty, Physician*

PART III—Physician or Health Care Practitioner:

WORK ACTIVITIES TABLE

Please complete the following table for restrictions related only to the patient's job description.

In an 8-hour work day, the patient can:	No Restrictions	5–8 Hours	3–5 Hours	1–3 Hours	Not At All
Stand/Walk					
Sit					
Drive					

In an 8-hour work day, the patient can:	How many consecutive hours can the patient perform these activities?			
	No Restrictions (5–8 Hrs)	Frequently (3–5 Hrs)	Occasionally (1–3 Hrs)	Not At All (0)
LIFT				
0–10 pounds				
11–20 pounds				
21–50 pounds				
51–100 pounds				
CARRY				
0–10 pounds				
11–20 pounds				
21–50 pounds				
51–100 pounds				
Bend				
Squat				
Climb				
Kneel				
Twist				
Push/Pull				
Reach				
Crawl				
Work at heights				
Work in temperature extremes				
Work indoors				
Work outdoors				
Gross Grasping (indicate right or left)				
Fine Motor Manipulation (indicate right or left)				
Operate Foot Controls (indicate right or left)				
Other, please explain				

PART IV—Employer: MCPS will determine the employee's ability to return to work based upon the job description and listed restrictions.
☐ Approved ☐ Not Approved

_____ _____
Printed Name *Title*
_____ ___/___/___
Signature *Date*
Comments:

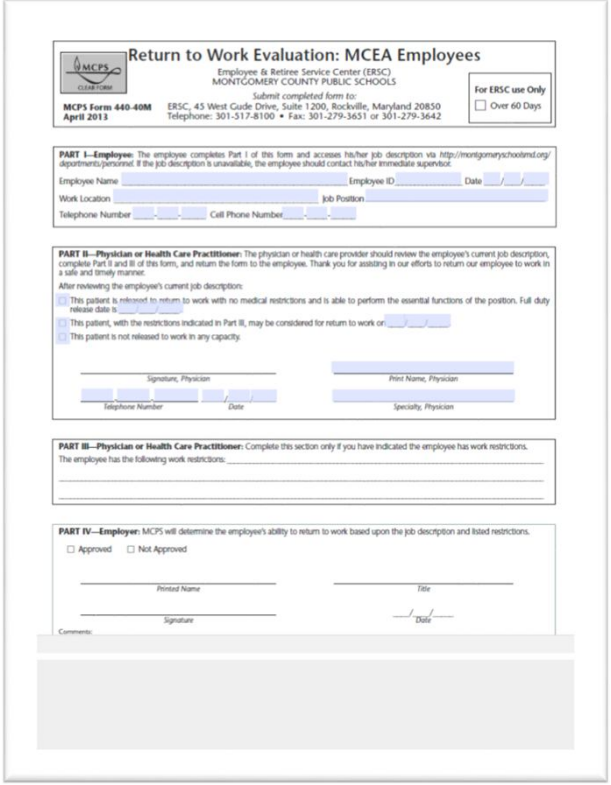
440-40S Requirements:

- This form is for SEIU members
- Complete Employee information in section 1, including employee id number
- Physician completes section 2 stating if you are cleared full duty, with restrictions or not a all
- If being cleared with restrictions, activity table in Part 3 must be completed by physician.
- Employee should submit to ERSC prior to returning to position- if possible 3 days prior to return date

Dos & Don'ts:

- Employees should not complete this form
- ERSC cannot accept this form with any cross-outs, whiteout or alterations

440-40M RETURN TO WORK EVALUATION



Return to Work Evaluation: MCEA Employees

Employee & Retiree Service Center (ERSC)
MONTGOMERY COUNTY PUBLIC SCHOOLS

Submit completed form to:
ERSC, 45 West Gude Drive, Suite 1200, Rockville, Maryland 20850
Telephone: 301-517-8100 • Fax: 301-279-3651 or 301-279-3642

MCPS Form 440-40M
April 2013

For ERSC use Only
☐ Over 60 Days

PART I—Employee: The employee completes Part I of this form and accesses his/her job description via http://montgomeryschoolsmd.org/departments/personnel. If the job description is unavailable, the employee should contact his/her immediate supervisor.

Employee Name _____ Employee ID _____ Date __/__/____
Work Location _____ Job Position _____
Telephone Number ___-___-____ Cell Phone Number ___-___-____

PART II—Physician or Health Care Practitioner: The physician or health care provider should review the employee's current job description, complete Part II and III of this form, and return the form to the employee. Thank you for assisting in our efforts to return our employee to work in a safe and timely manner.

After reviewing the employee's current job description:

☐ This patient is released to return to work with no medical restrictions and is able to perform the essential functions of the position. Full duty release date is __/__/____
☐ This patient, with the restrictions indicated in Part III, may be considered for return to work on ___-___-____
☐ This patient is not released to work in any capacity.

_____ Signature, Physician
_____ Print Name, Physician
___-___-____ Telephone Number
__/__/____ Date
_____ Specialty, Physician

PART III—Physician or Health Care Practitioner: Complete this section only if you have indicated the employee has work restrictions.

The employee has the following work restrictions: _____

PART IV—Employer: MCPS will determine the employee's ability to return to work based upon the job description and listed restrictions.

☐ Approved ☐ Not Approved

_____ Printed Name
_____ Title
_____ Signature
__/__/____ Date

Comments:

- **440-40M Requirements:**

- This form is for MCEA members
- Complete Employee information in section 1, including employee id number
- Physician completes section 2 stating if you are cleared full duty, with restrictions or not a all
- If being cleared with restrictions, activity table in Part 3 must be completed by physician.
- Employee should submit to ERSC prior to returning to position- if possible 3 days prior to return date

CHILD CARE LEAVE POSTING INSTRUCTIONS

- SEIU & MCCAP/MBOA members
  - Report CCP (Child Care with pay) for the 6-8 weeks recovery period, 6 weeks regular delivery; 8 weeks C-section.
  - Report CCN (Child Care without pay) starting after the 6-8 weeks recovery period.
  - Employees cannot be paid more than the 6-8 weeks recovery period even if they have the available leave.
  - 12-month employees may use their Annual leave after the recovery.
  - Child Care leave does not require a Return to Work Evaluation form if the employee has been out past the 6-8 weeks recovery period.

- MCEA members
- Report CCP (Child Care with pay) for 6-8 weeks recovery period, 6 weeks regular delivery; 8 weeks C-section.
- MCEA member are allowed to extend their paid leave up to 10 weeks if they have the available sick leave.
- Report CCN (Child Care without pay) for the remaining time of their leave.
- Child Care leave does not require a Return to Work Evaluation if the employee has been out past the 6-8 weeks recovery period.
- Verify dates on the Leave Request matches dates on Long-Term Teacher Substitute Assignment form 455-17.

AN EMPLOYEE HAS REPORTED AN INJURY TO YOU

- An employee comes into the office claiming they are injured. Get the following information from the employee. Call Corvel ASAP.

- Complete name (include middle initial, Jr., Sr., etc.)
- Home address, city, state, zip code, county, and telephone number
- Date of birth and social security number
- Date of hire, job title, full time/part time, wage information
- Union member
- Name and address of supervisor
- Date, time, location, and nature of the injury (be specific)
- Name of medical treatment provider
- Type of safeguards or safety equipment provided. (Could this injury have been prevented)

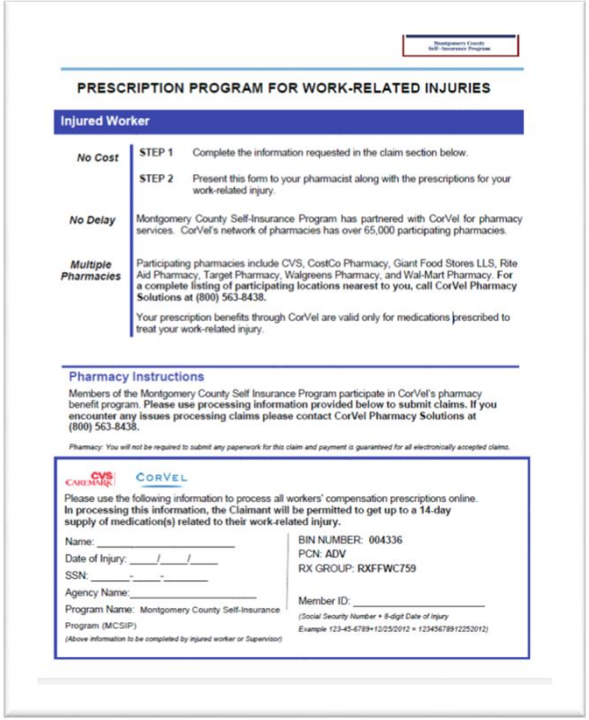
WHY DOES THE CLAIM HAVE TO BE CALLED INTO CORVEL ASAP?

- Early reporting allows the claims professional to investigate the incident and make a proper compensability decision as soon as possible
- Late reporting creates "red flags" and causes potential issues with timely investigation
- Delays in reporting cause delays in medical treatment for the injured employee
- Early reporting allows the claims professional to determine what type of physician is most appropriate for the injured employee to receive treatment with (i.e., occupational health, orthopedic physician, neurologist, etc)
- The claims professional is able to assist the injured employee in locating a physician if the claim is reported early. The benefits of treating in-network vs. out-of-network (treating in-network allows salary continuation at 100% and out-of-network receives 66 2/3) can be thoroughly explained so the employee can make a decision who they would like to treat with. (The network status of the physician does not impact medical treatment, only indemnity benefits.)

HOW TO REPORT A FIRST NOTICE OF LOSS (FNOL)?

- Call Corvel to report the injury. You can report it on the Web site at www.MCSIP.org (password required) or call 888-606-2562.
- To obtain a password contact Pearl Monroe at PMonroe@mcinnovations.com
- Please report the claim ASAP (the same day or within 24 hours at the latest). Reporting claims late results in delays.
- Give the injured employee the claim number so they can give the claim number to the medical provider.
- If 911 is called contact the Leave Department at 301-517-8100 with the employee's name and details of the injury.

GIVE THE EMPLOYEE A LIST OF IN-NETWORK IMMEDIATE CARE FACILITY AND THE RX FIRST FILL INFORMATION.



PRESCRIPTION PROGRAM FOR WORK-RELATED INJURIES

Injured Worker

No Cost

STEP 1 Complete the information requested in the claim section below.

STEP 2 Present this form to your pharmacist along with the prescriptions for your work-related injury.

No Delay

Montgomery County Self-Insurance Program has partnered with CorVel for pharmacy services. CorVel's network of pharmacies has over 65,000 participating pharmacies.

Multiple Pharmacies

Participating pharmacies include CVS, CostCo Pharmacy, Giant Food Stores LLS, Rite Aid Pharmacy, Target Pharmacy, Walgreens Pharmacy, and Wal-Mart Pharmacy. For a complete listing of participating locations nearest to you, call CorVel Pharmacy Solutions at (800) 563-8438.

Your prescription benefits through CorVel are valid only for medications prescribed to treat your work-related injury.

Pharmacy Instructions

Members of the Montgomery County Self Insurance Program participate in CorVel's pharmacy benefit program. **Please use processing information provided below to submit claims. If you encounter any issues processing claims please contact CorVel Pharmacy Solutions at (800) 563-8438.**

Pharmacy: You will not be required to submit any paperwork for this claim and payment is guaranteed for all electronically accepted claims.

CVS CAREMARK CORVEL

Please use the following information to process all workers' compensation prescriptions online. **In processing this information, the Claimant will be permitted to get up to a 14-day supply of medication(s) related to their work-related injury.**

Name: _____

Date of Injury: ____/____/____

SSN: _____-_____-_____

Agency Name:_____

Program Name: Montgomery County Self-Insurance Program (MCSIP)

(Above information to be completed by injured worker or Supervisor)

BIN NUMBER: 004336
PCN: ADV
RX GROUP: RXFFWC759

Member ID: _____

(Social Security Number + 8-digit Date of Injury
Example 123-45-6789+12/25/2012 = 123456789122522012)

- Initial medical treatment does not have to be approved. First visit only.
- If the employee needs to see a Specialist they can access the list of in-network doctors on: http://www.corvel.com/ppo-lookup/

DIFFERENCE BETWEEN IN-NETWORK & OUT-OF-NETWORK PHYSICIANS

In- Network

- Physician participates with CorVel's network
- If claim is approved, Employee would receive 100% net pay of lost time, up to 1 year from date of injury
- Employees sick leave is NOT used, until after 1 year from date of injury*
- Employees benefits would NOT be affected

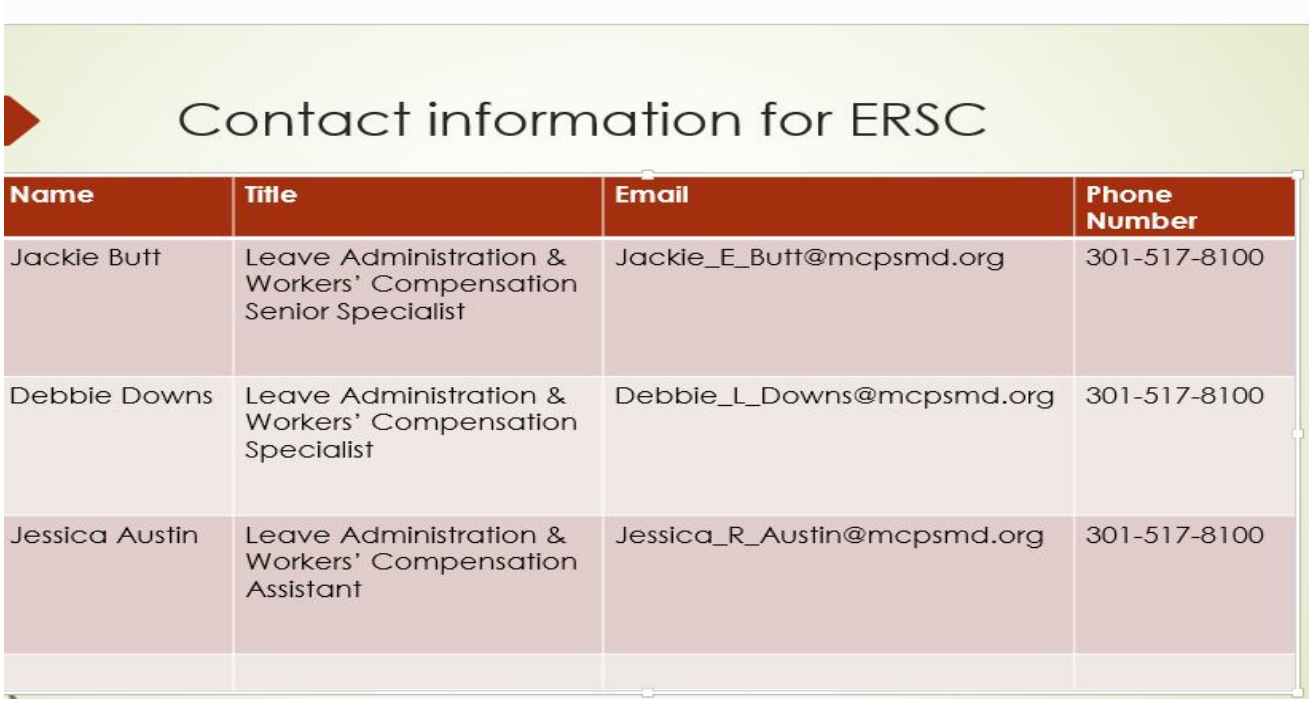
Out-of-Network

- Physician does NOT participate with CorVel's network
- If claim is approved, Employee would be reported as sick until all available sick leave has been exhausted
- Employee would use all sick leave
- Employees who do not have any available sick leave, would be paid directly by CorVel at the 66 2/3 % rate.
- Employees benefits could be affected

HOW DO I REPORT PAYROLL FOR EMPLOYEES ON LEAVE?

- Report the injured employee as SCK unless you have received an email from ERSC instructing you to report WCP.
- If you do receive an email from ERSC instructing you to report WCP, this means the claim has been accepted by Corvel. Submit PACS corrections to the Leave Department for past payrolls that were reported as SCK-WCP.
- If you have an employee who is out on Child Care leave, please contact the Leave Department to confirm how to report the employee's leave.
- If an injured employee or employee out on medical leave is out for 60 duty days or longer, ERSC will be placing the employee on long-term leave. The employee will no longer show on your payroll screen.
- If an employee is out on medical leave you will report them as SCK for the leave of absence. Attach a copy of the Leave Request 430-1 with the timesheet.

CONTACT INFORMATION FOR ERSC



Contact information for ERSC

Name	Title	Email	Phone Number
Jackie Butt	Leave Administration & Workers' Compensation Senior Specialist	Jackie_E_Butt@mcpsmd.org	301-517-8100
Debbie Downs	Leave Administration & Workers' Compensation Specialist	Debbie_L_Downs@mcpsmd.org	301-517-8100
Jessica Austin	Leave Administration & Workers' Compensation Assistant	Jessica_R_Austin@mcpsmd.org	301-517-8100

INFORMATION ON LEAVE WEBPAGE

- Links to your union contract for information about your annual, personal, and sick leave
- SEIU- Leave at a Glance document and sick leave bank information
- Leave of Absence- academic, bereavement, child care, professional, and workers' compensation.
- Health Plan rates when on unpaid leave
- Information about returning from leave
- Workers' Compensation Leave Policies and Procedures and link to MCSIP