

Employee's Guide for On-the-job Injuries

Contact Information

- **Occupational Medicine & Wellness**
The University's Occupational Health Provider
Arrowhead Medical Center
226 Bluebell Rd. (corner of S. Main & Greenhill Rd.)
Cedar Falls, IA 50613
Phone: 319-575-5600

- **Sedgwick CMS–Des Moines**
Third party administrator hired by the state to handle worker's comp claims for state employees.
P.O. Box 14628
Lexington, KY 40512
Phone: 866-342-3920 (Toll Free)
E-mail: DesMoines.SJI810@sedgwickcms.com
Fax: 515-327-4891

- **Human Resource Services (Fax: 319-273-2927)**
 - **Therese Callaghan**
Phone: 319-273-6164
E-mail: Therese.Callaghan@uni.edu

 - **Cindy Webb**
Phone: 319-273-2521
Email: Cindy.Webb@uni.edu

On-the-job Injuries

- If you are injured on the job and need medical care, you should be treated at Occupational Medicine & Wellness at Arrowhead Medical Center in Cedar Falls. You should not be treated by your own physician or another hospital unless it is an extreme emergency.

After hours, weekend, or holiday care is provided 24 hours a day, 7 days a week through:

- **Sartori Hospital Emergency Department**
515 College St.
Cedar Falls

OR

- **Covenant Convenient Care** (open 1:00 p.m.–9:00 p.m.)
2710 St. Francis Dr. Suite 111,
Waterloo IA, 50702

OR

- **Covenant Medical Center Emergency Department**
3421 W. 9th
Waterloo, IA 50702
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- Within 24 hours of the injury, a “First Report of Injury Form” must be e-mailed to Human Resource Services, and Sedgwick Claims Management Services (see e-mail addresses on cover sheet). You have 90 days from the date of injury, to claim your injury as a Workers’ Compensation injury. **The ‘First Report of Injury’ form must be completed by your supervisor.**
 - All “First Report of Injury Forms” and medical bills are submitted to Sedgwick CMS for approval. UNI does not determine whether an injury is approved or denied for workers’ compensation benefits.
 - If you are injured on the job, or suffer from a job related illness, you may be eligible for Workers’ Compensation benefits which include:
 - Payment for medical bills.
 - Salary replacement at 2/3 of your gross weekly earnings if you are off work for more than 3 days.
 - The option to supplement your workers’ compensation pay with vacation, sick leave or compensatory time.
 - You are responsible for notifying your supervisor immediately of your injury and keeping them informed of your medical status if you must be off work due to your injury.

- The following form must be completed by your supervisor with your assistance if possible:
 - **First Report of Injury or Illness Form:** This form is used to explain the details of your injury. Be as specific as possible. **This form is to be filled out by your supervisor.** The supervisor must e-mail the form to UNI Human Resource Services within 24 hours of the injury if possible (see cover sheet for e-mail addresses). Your supervisor should have copies of a blank form, or it can be found on the Forms Repository at <http://access.uni.edu/forms/index.shtml> or from the Human Resource Services website, <http://www.vpaf.uni.edu/hrs/>.

- The following form must be completed by the injured employee:
 - **Workers' Compensation Benefit Election Form:** If you are off work by orders of the doctor for four or more calendar days, this form must be completed. This allows you to select how you want to supplement your workers' compensation benefits. The first three days are paid from your accrued sick leave. This form will be sent to you by Human Resources; or it can be found on the Forms Repository at <http://access.uni.edu/forms/index.shtml> or also on the Human Resources website, <http://www.vpaf.uni.edu/hrs/>.

- **If you are not in pay status, you will lose all university benefits except health care coverage, which will continue for up to four (4) months. These four (4) months will run concurrently with your FMLA rights.**