

**Southern Connecticut State University  
Workers' Compensation  
Wintergreen Building  
501 Crescent Street  
New Haven, CT 06515**

To: Injured Employee  
From: Workers' Compensation Liaison

**Important Information Regarding Your Claim/Recurrence\*\***

**Please be sure to answer all questions on each form completely, sign and date ALL forms. Payment cannot be made without the completion and signed submission of these forms.** Incomplete forms will delay processing your claim and may result in your pay being docked. Claim forms should be completed by you and your supervisor and sent to the SCSU Workers' Compensation Liaison\* within 24 hours of your injury.

- ✓ Report injury immediately to your supervisor.
- ✓ Obtain your employee workers' compensation packet from your supervisor.
- ✓ Seek immediate treatment from the Hospital of St. Raphael's Occupational Health Plus, 175 Sherman Avenue, New Haven, CT. Be advised that your claim may not be accepted if you see a physician that has not been approved by the Third Party Administrator (TPA) – Gallagher Bassett Services Inc. Provider Network.
- ✓ After receiving medical treatment you will receive a Workers' Status Report from the Physician. **Copies of all medical reports and doctors visits including the Workers' Status Report must be forwarded to the SCSU Workers' Compensation Liaison\* immediately after each visit. If you are unable to return to work due to your injury, you must contact your supervisor and SCSU's Workers' Compensation Liaison\* immediately.**
- ✓ Complete and sign the DAS WC-715 (Request for Use of Accrued Leave Form). You must elect to use or not use accrued leave balances in accordance with General Letter No. 78.
- ✓ Complete and sign the 1A (Filing Status and Exemption Form).
- ✓ Complete and sign the WC-211 (Concurrent Employment and Third Party Liability).
- ✓ Include a completed incident report if injury was reported to University Police or University Health Office.
- ✓ While on an extended workers' compensation absence from work you must substantiate your leave by regularly providing up to date medical reports to the SCSU's Workers' Compensation Liaison\*; and reporting accordingly with your supervisor.
- ✓ **Never complete or sign a WC-207.** This form is to be completed by your supervisor. When this form is complete, be sure to ask for a copy for your records and the original must be returned to SCSU's Workers' Compensation Liaison\*.
- ✓ Contact your Workers' Compensation Liaison\* immediately when your doctor has cleared you to return to work and prior to your arriving at your department.

\*\*If your absence from work is due to a recurrence, you must contact your supervisor and the SCSU WC Liaison immediately. Recurrence claims must be supported by relating medical documentation to be considered for approval by the Third Party Administrator. Recurrences must be reported to Gallagher Bassett Services by your supervisor by calling 1-860256-3440 and the SCSU WC Liaison. Employees under no circumstances should be reporting their own claim to Gallagher Bassett Services. If your claim is a recurrence, then you are responsible for providing all documentation again as stated above.

**Your claim will not be set up until all information is received by the Workers' Compensation Liaison.**

\*SCSU Worker's Compensation Liaison: Francesca Poole (203) 392-5059