Date: April 27, 2018

To: All Employees

From: Stacey Peterson, Human Resources Director

Workers' Compensation provides eligible workers who are either injured or who become ill during the course of employment with medical coverage and, if applicable, disability coverage. The program is legislated by State law. The City's self-funded Workers' Compensation program is administered by LWP Claim Solutions, Inc. (LWP).

Contact information for LWP is:

LWP Claims
P.O. Box 349016
Sacramento, CA 95834
Phone: (916) 609-3600 / Fax: (408) 725-0395

The following is important information regarding how the City's workers' compensation program operates. Please review this information and keep it for future reference.

1. **City's Workers' Compensation Policy (ATTACHMENT A)**
2. **Industrial Injury Medical Panel**—This list informs you where you must go for both emergency or non-emergency medical treatment if you are injured at work or need to transport an injured coworker. Any employee may seek treatment from a personal physician **IF** a Predesignation of Personal Physician form is on file with Human Resources prior to the injury. **(ATTACHMENT B)**
3. **Predesignation of Personal Physician form**—This form provides information on how to predesignate a physician and a personal chiropractor or acupuncturist if you prefer to be treated by your own doctor. The information on this form is required to be completed, the doctor must sign the form should you elect this option, **and the form must be on file** with the HR department **before** an injury or illness occurs. **(ATTACHMENT C(1), C(2) and C(3))**
4. **TO THE TREATING PHYSICIAN**--A memo to take to the doctor if you are injured **(ATTACHMENT D)**
5. **Workers' Compensation Claim Form (ATTACHMENT E)**
6. **Employer's Report of Occupational Injury or Illness**-Form 5020 **(ATTACHMENT F)**
7. **Safety Report Instructions & Safety Report Forms (ATTACHMENT G(1), G(2), G(3) and G(4))**
8. **Workers' Comp. Frequently-Asked Questions & Answers (ATTACHMENT H)**

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