RE: Workers Compensation Claims Kit

Dear Policyholder:

Welcome to Tower Group Companies’ Workers Compensation Insurance Program. Although we hope that your company never experiences an injury to an employee, we want you to have all the information you might need in the event one occurs.

Enclosed is our Workers Compensation Injury Reporting Kit that contains the New Hampshire state-mandated forms, and a step-by-step process to follow in case an employee sustains an injury.

When a claim occurs, see the attached instructions for reporting a claim to our Claims Intake Unit. The contact information for the Claims Intake Unit is listed on the “How to File an Injury” form included in this packet. The Tower Group claim office which will be handling your claim is located in Melville, NY. Once reported, a claims representative will contact you to get additional information about the injured employee and to answer any questions that you might have regarding the New Hampshire workers compensation process.

The following State forms have been included in your claims kit packet:

1. New Hampshire Form 8WC- Employer’s First Report of Occupational Injury of Disease – Every employer or self insurer shall record sufficient detail, and report the cause of injury. Any injury sustained by an employee in the course of employment must be reported to the commissioner, but no later than five days after the employer learns of the occurrence of such an injury.

2. New Hampshire Form 76WCA- Claimant’s are entitled to the highest wages calculated as average weekly pay between 26-52 weeks prior to the date of injury.

3. Medical Authorization- Please have the injured employee fill out and sign this form and send to Tower Group Companies at the time of an injury.

We thank you for your business, and look forward to being of service to you.

Very truly yours,

Tower Group Companies
HOW TO FILE A WORK INJURY OR ILLNESS CLAIM

Workers compensation claims can be reported in several different ways, you can:

• Complete and submit the New Hampshire Form 8WC- Employer’s First Report of Occupational Injury of Disease and submit the form via one of the following:

• E-mail the completed form to rthclaims@twrgrp.com. This is the preferred method of reporting an injury.

• Fax to Tower Group Companies at 888-578-2586.

• Call the Tower Group Companies Claims office at 855-736-5677.

• By contacting your broker directly and providing the appropriate first report information.

• For injuries occurring after normal business hours, please call 855-736-5677. The after hours telephone number for reporting claims provides the opportunity to report a claim 24 hours a day 7 days a week. Loss details will be gathered to determine if an emergency exists and if an immediate field contact is indicated.
**EMPLOYER INFORMATION**

<table>
<thead>
<tr>
<th>Employer Name (First &amp; Last)</th>
<th>Gender</th>
<th>Hired Date</th>
<th>Hired in NH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee ID</td>
<td>Date of Birth</td>
<td>Age</td>
<td>Occupation when Injured</td>
</tr>
<tr>
<td>Employee Address</td>
<td>Telephone</td>
<td>Wages per Hour</td>
<td>Hrs per Day</td>
</tr>
</tbody>
</table>

**INJURY INFORMATION**

<table>
<thead>
<tr>
<th>Injury Date / Time</th>
<th>Date Employer Notified of Injury</th>
<th>Location/Jobsite &amp; Business Name where accident occurred</th>
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</thead>
<tbody>
<tr>
<td>Disability Began Date</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Claim Type</td>
<td>Full Wages Paid on Injury Date</td>
<td></td>
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</tbody>
</table>

Accident Description

<table>
<thead>
<tr>
<th>Body part Injured</th>
<th>Cause of Injury</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nature of Injury</td>
<td>Witness Name</td>
</tr>
<tr>
<td>Has injured returned to work?</td>
<td>If so, what date?</td>
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</tbody>
</table>

Initial Treatment

Initial Treatment Comments

<table>
<thead>
<tr>
<th>Name of Treating Physician</th>
<th>Name of Treating Hospital</th>
<th>Has injured died? If so, what date</th>
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</thead>
</table>

**EMPLOYER INFORMATION**

<table>
<thead>
<tr>
<th>Employer Name</th>
<th>Employer FEIN</th>
<th>Industry Code</th>
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<tbody>
<tr>
<td>Employer Contact Name</td>
<td>Contact Phone Number</td>
<td>Employer Business Address</td>
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</table>

Managed Care Provider

Leased Employee? Client Company | OCIP/Wrap-Up Policy? Name of policy holder

**INSURER INFORMATION**

<table>
<thead>
<tr>
<th>Insurance Carrier</th>
<th>Insurer Type</th>
<th>Policy Number</th>
<th>Telephone Number</th>
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**SUBMITTER INFORMATION**

<table>
<thead>
<tr>
<th>Submitter Name</th>
<th>Title of Submitter</th>
<th>Represents</th>
<th>Telephone Number</th>
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# WAGE SCHEDULE

**Employee**

Date of hire _________
Wages per hour _________
Avg. wkly. earnings _________

**Employer**

(Name)

Address

(No.) (Street) (City – State)

THIS WAGE SCHEDULE IS FOR 26 WEEKS PRIOR TO DATE OF INJURY AND MUST BE FILED WITH
DEPARTMENT OF LABOR BY INSURANCE CARRIER TOGETHER WITH 9 WCA

<table>
<thead>
<tr>
<th>WEEK ENDING</th>
<th>1</th>
<th>2</th>
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<tbody>
<tr>
<td></td>
<td>GROSS EARNINGS</td>
<td>OTHER ADVANTAGES (See Wages Definition)</td>
<td>TOTAL Columns 1 &amp; 2</td>
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**WAGES:**

In addition to money payments, means reasonable value of board, rent, housing, lodging, fuel or similar advantage received from the employer, and gratuities received in the course of employment for others, but not including any sum paid by the employer to cover any special expenses entailed on the employee by the nature of his employment.

Please provide a brief explanation for weeks with no wages.

RSA 281-A:2, Par. XV.

**Carrier Name**

(Employer’s Signature)

**Address**

(Title)

**Dept. Approval**

Date

76 WCA (12-90) White – Labor Dept. (Mail to Carrier)

Canary – Insurance Carrier (Mail to Carrier)
WORKERS COMPENSATION
INJURY MEDICAL AUTHORIZATION

Authorization for Medical Records
And Communication Release

By this form or copy thereof, I ______________________, hereby authorize any licensed physician, chiropractor, medical practitioner, hospital, clinic or other related medical or medically related facility, insurance company or other organization, institution, or person, that has any records or knowledge of my mental, physical health, history, condition or well being, to supply such information to my employer, it’s insurer, claims administrator, rehabilitation or medical management consultant or attorneys.

I specifically authorize any treating physician or medical care provider to communicate orally or in writing with my employer, it’s insurer, claims administrator, rehabilitation or medical management consultant or attorneys as to my care and treatment and as to any other issues including but not limited to diagnosis, prognosis, causal connection of care and treatment to my work injury or duties and ability to work. In conjunction with this, I authorize any treating physician or medical provider to review any additional medical records provided to them.

I understand that by signing this authorization for medical records and communication release that my applicable medical provider will be releasing information subject to the HIPPA restrictions. I specifically waive any rights or protections that I may have under the HIPPA regulation and request that the medical providers release the requested information.

A photo copy of this authorization shall be valid as the original. This release shall remain valid for the length of my claim.

________________________________________
Name (Please Print)

________________________________________
Address (Street, City/Town, Zip Code)

________________________________________
Signature

________________________________________
Date Signed  

TWR05 08/08
Tower Group Companies strives to deliver the highest quality and value of workers compensation products and services to our customers. We are committed to providing excellent customer service and products which will meet our customers' needs in managing their workers compensation claims.

Tower Group Companies participates in several Managed Care Initiatives through a Partnership with Coventry Workers Comp Services. These initiatives help to reduce workers compensation medical related expenses with a focus of timely return to work for your injured worker.

A summary of each program is outlined below.

**Medical Bill Review Services** – The Medical Bill Review Services Program provides an opportunity to reduce your medical costs. The program helps to obtain the maximum savings available on every bill by processing each bill through an extensive database of state fee schedules, usual and customary charge reviews, diagnostic related group reviews, and national Preferred Provider Organizations (PPO) Network discounts. Additional savings are obtained by hospital bill auditing and out of network negotiation programs.

**Network Providers** - Coventry Workers Comp Services provides one of the largest national workers’ compensation discount networks in the industry. It is comprised of the First Health, FOCUS, MetraComp, and Aetna networks; as well as other top regional PPO’s. The combination of these network providers offers coverage in every jurisdiction in the country resulting in superior network savings and increased medical provider availability. These networks are comprised of medical providers specializing in occupational medicine and services focusing on quality of care and expedited return to work for the injured employee. Coventry credentials each provider within the network to provide quality medical service and who is dedicated to returning the injured employee to work.

In some states, such as California and Texas state regulations allow ‘specialty networks’ which provide you as an employer more control over your workers’ compensation medical and disability costs. The physicians within these networks are educated in evidence based treatment protocols assisting the injured employee in reaching early Maximum Medical Improvement (MMI) in accordance with medical industry guidelines. Other benefits include reduction in over utilization of medical services and excessive treatment costs with the focus in early return to work, thereby reducing your workers’ compensation indemnity payments.

One of the first steps in providing quality medical care to your injured employee is to understand how to access network providers, and generate workplace provider panel cards or provider listings.

There are two convenient ways to locate a network provider or develop provider network listings:

1. **Telephonically**: Simply call Coventry at 1-800-243-2336 x 4680. Provide the Coventry representative your employer information, the specific provider specialty you need and your geographic area (city, state and zip code). The Coventry representative will provide verbally provide you with a list of providers meeting your requirements or an electronic provider directory can be forward to you via e-mail.

2. **Internet Access**:
   - For the standard national workers compensation network go to [www.talispoint.com/cvty/twrgrp](http://www.talispoint.com/cvty/twrgrp) and select the Coventry Integrated Network to search for providers in your geographic network. You will be able to generate provider directories as well as determine whether a specialty physician is a member of the Network.
• If you participate in a Specialty Network, such as a MPN or HCN, select the applicable network from the drop-down box. For California, chose the First Health Select CA MPN; Texas participants in the Coventry HCN.

• For large panel card production or if you require additional information regarding web access please contact Tower Group Medical Management division at 312-277-1600.

**Medical Case Management** - Coventry Workers Comp Services provides you with a variety of programs to help manage the care of your injured employees, including medical case management, catastrophic case management, vocational case management, utilization reviews (URAC certified), return-to-work programs, and independent medical examinations. All of these programs are dedicated to advocating appropriate, high-quality medical treatment, facilitating prompt return to work and effectively managing your claim costs. Experienced medical professionals work with treating physicians and your claims adjuster as advocate for the injured employee's medical care. These professionals ensure that your employee receives the most appropriate and timely care. Facilitating effective communication between medical providers and claims adjusters also provides a quicker resolution of your claims.

Tower's dedicated team of adjusters will facilitate the integration of these products and services to assist in reducing injured employee's lost time and medical costs. Your Tower Group designated adjuster will be responsible for managing all aspects of the injured employee’s claim and facilitating open lines of communication between all parties to resolve any outstanding issues or concerns. Please feel free to contact your claims adjuster, or Tower Group Managed Care Services, if you have any questions regarding these programs.
Re: Important Information about your Workers’ Compensation Prescriptions

This letter is provided to inform you that your employer’s workers’ compensation, Tower Group Companies, has selected PMSI as its workers’ compensation pharmacy partner. With PMSI, you can choose to pick-up your medications for your work-related injury at a nearby pharmacy through a program known as Tmesys®, or have them delivered to your home through the mail.

Within the next few weeks, you will receive a new workers’ compensation pharmacy card in the mail. You should give the Tmesys card to the pharmacist at a participating pharmacy of your choice with your next refill or new prescription for your work-related injury.

If you do not receive your new pharmacy card within two weeks, please call Tmesys at 1.866.599.5426 and we will be happy to assist you or send another card. If you are interested in finding out about how to receive your prescriptions through the mail, please call 1.800.304.1764.

To help you transition to the new pharmacy program, we have provided answers to some frequently asked questions:

Q: How do I know if my pharmacy participates with the new program?
A: You can find out if your normal preferred pharmacy is part of the Tmesys network by referring to the Pharmacy Center on our website, www.pmsionline.com/pharmacy-center. Click on “Pharmacy Locator” and select how you would like to search for a nearby pharmacy. You may also call the helpdesk at 1.866.599.5426 to find a network pharmacy near you.

Q: How does this affect my workers’ compensation claim?
A: Using PMSI’s program for your workers’ compensation medications will enable you to continue to receive your prescriptions for your work-related injury. You may choose to visit your local pharmacy, as long as the pharmacy is one of the more than 60,000 pharmacies in the Tmesys network, or you can have your prescriptions delivered to your home through our convenient mail order program.

Q: Who do I call with questions about the program?
A: PMSI has representatives available to help you with any questions that you may have about the pharmacy program. Please call our help desk at 1.866.599.5426 to speak to a representative. If you have any questions about your workers’ compensation claim, we will help you reach your claims adjuster for assistance.

We look forward to serving you and meeting your workers’ compensation medication needs.

Sincerely,

PMSI
First Fill
Temporary Pharmacy Card
Making it easy to get your workers’ compensation prescriptions filled.

**Employer:**
Immediately upon receiving notice of injury, fill in the information below and give it to your employee.

**Injured Employee:**
1. If you need a prescription filled for a work-related injury or illness, go to a Tmesys network pharmacy.
2. Give this page to the pharmacist.
3. The pharmacist will fill your prescription at no cost.

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**Attention Pharmacists:** Call 800.964.2531 to establish First Fill benefit eligibility and obtain the ID# for online adjudication of approved benefits for the injured worker.

Tmesys is the designated PBM for this patient.

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**Pharmacist:**
1. Call the Tmesys Pharmacy Help Desk at 800.964.2531.
2. Provide the information from the card.
3. The Help Desk will provide an ID number for adjudication.

**Finding a Network Pharmacy**
Use one of these easy methods to find a network pharmacy:
- Visit your local Walgreens or Rite Aid Pharmacy
- Call us: 866.599.5426
- Use our pharmacy locator online: www.tmesys.com.
First Fill Temporary Pharmacy Card

En Primer Relleno Tarjeta Temporal de Farmacia
Hacerlo fácil de llenar sus recetas de la compensación del trabajador.

Employer:
Immediately upon receiving notice of injury, fill in the information below and give it to your employee.

Empleado Lesionado:
1. Si usted necesita una receta para un accidente de trabajo o enfermedad ocupacional, ir a una farmacia de la red Tmesys.
2. Dar esta página al farmacéutico.
3. El farmacéutico surtir su receta sin costo alguno.

¿Preguntas? Llame al 1.866.599.5426
Need help in English? Call 1.866.599.5426

Pharmacist:
1. Call the Tmesys Pharmacy Help Desk at 800.964.2531.
2. Provide the information listed above.
3. The Help Desk will provide an ID number for adjudication.

Encontrar una farmacia de la red
Utilice uno de estos métodos fáciles para encontrar una farmacia de la red:
- Visite a su local de Walgreens y Rite Aid Pharmacy.
- Nos llame al: 866.599.5426.
Workers’ Compensation Fraud Is A Crime!

Workers’ compensation fraud is a felony punishable by imprisonment, large fines and restitution.

TOWER GROUP COMPANIES

Administered By: GlobalOptions FRAUD & SIU SERVICES