



At CopperPoint, we are committed to reducing the complexity of the workers' compensation process by providing step by step information for your medical care, facilitation of benefits, return to work, and most importantly, your recovery.

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Arizona

Immediately notify your employer of the workplace accident, injury or industrial illness. The employer will complete an industrial injury report.

Ask your employer for a referral to a physician or medical facility, or view CopperPoint's list of occupational providers from [Find A Medical Provider](#).

Upon arrival at the medical facility, complete and sign the Worker's and Physician's Report of Injury form. Your medical provider should have this form available.

Ask the physician to immediately send the reports to the Industrial Commission of Arizona and to

CopperPoint so your workplace injury compensation claim may be filed.

Complete and immediately return all requests for information about your workplace injury claim.

Complete the [Workers Report of Injury and Release of Medical Information](#) (407) form and return it to CopperPoint via mail or fax. (To view and download, right mouse click on the link, select "save link as.")

Nevada

Immediately notify your employer of the workplace accident, injury or industrial illness and ask to fill a Notice of Injury or Occupational Disease – Incident Report. You must provide this

written notification of the injury within 7 days after the accident.

Ask your employer for a referral to a physician or medical facility.

Upon arrival at the medical facility, complete and sign a C-4 form.

The medical provider has 3 working days from the date of treatment to forward the C-4 to the correct insurer/TPA and to the correct employer. The C-4 is not valid until both parties have signed and dated it.

Upon returning from seeking initial medical treatment, provide your employer with a copy of the work status and a copy of the C-4. Retain a copy of the C-4 for your records.

Colorado

Immediately report your injury to your employer or within four working days of your injury.

The employer should provide you with its designated provider list should it choose to designate a provider.

In non-emergency situations, select one provider from the Designated Provider List given to you by your employer. That physician becomes your authorized treating physician for purposes of this injury.

Complete and immediately return all requests for information about your workplace injury claim.

Utah

Immediately notify your employer of the workplace accident, injury or industrial illness. The employer will complete a first report of injury or illness Form 122E and forward it to the insurance carrier.

An employer or their insurance carrier may require you to be initially treated by a preferred medical provider.

The medical provider will complete a "Physician's Initial Report of Injury or Illness" (Form 123) and submit the report to the Industrial Accidents Division within 7 days of the initial visit. You can request a copy of the Form 123 from your medical provider.

Complete and immediately return all requests for information about your workplace injury claim.

New Mexico

Immediately notify your employer of the workplace accident, injury or industrial illness or within 15 days of accident or injury and complete the Notice of accident form and submit to your employer.

The employer will notify the insurance carrier and complete the first report of injury or illness.

Check with your employer before getting medical care (except emergency care). Your employer has the right to choose a doctor or to allow you to choose what doctor will be seen.

Complete and immediately return all requests for information about your workplace injury claim.

California

If the incident is an emergency, contact 911 or have another party do so on your behalf.

Immediately notify your supervisor of a workplace accident, injury, or industrial illness. Your employer will provide a DWC-1 claim form. Complete the Workers' Compensation Claim Form (DWC-1) and return it to your employer.

Ask your employer to refer you to a physician or medical facility for treatment.

Your treating physician will provide you with your work status at each visit. After each doctor's appointment, check in with your supervisor or designated employer contact to ensure you are provided with all benefits available to you.

Your employer and CopperPoint will do everything we can to facilitate your return to work. If you are unable

to perform your usual work, your employer may present you with a return to work offer for modified or alternate work.

If your employer is unable to accommodate your work restrictions, please contact your claims adjuster for further information and administration of benefits.

Please be sure to attend all medical appointments to ensure you are receiving the most timely care.

Maintain regular communication with your employer and CopperPoint throughout your claim to ensure any questions or concerns are addressed in a timely manner.

This information is provided as a general overview. Actual coverage and services may vary and is subject to policy language as issued. Coverage is underwritten by CopperPoint Insurance Company, or one of its wholly-owned insurance companies, and is limited to the states where licensed. California policies are underwritten by Pacific Compensation Insurance Company and Alaska National Insurance Company.

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Employee Responsibilities after Injury

Alaska, Oregon, Idaho, Montana

The following outline is a template.

Your company believes that its employees are its most important asset.

1. In order for us to ensure the best care for you, report the incident to your supervisor as soon as possible.
2. Return the attached Team Member Incident/Accident Statement once completed.
3. If this is an emergency contact 911
4. In all other cases:
5. Follow the steps of the company provided 24/7 Injury Helpline at 1.800.553.8041 prior to seeking treatment.
 - The **[Company]** will do everything we can to bring you back to work. In order to facilitate this please take the attached Attending Physician's Form to the doctor's office informing the office that we can provide transitional work for all restrictions.
 - After each doctor's appointment, return to the office and/or check in with your manager to ensure we are providing you with all benefits available to you under the return to work program.
6. If you're unable to perform your full position, the Manager or appropriate supervisor will present you with a return to work offer letter and a copy of the completed Incident form.

Your company believes that you its employees are its most important asset. When one of their employees is unable to work because of a work-related injury or illness, they want that employee to receive the best medical care and return as a productive employee as soon as appropriate. Transitional employment has been shown to help injured and ill employees to recover more quickly and more completely. It is for these reasons that we are proud to offer, when appropriate, the benefit of transitional employment assignments for our employees to assist them in their recovery.

I have read and understand my responsibilities related to the companies return to work program as outlined above, and I am aware my manager is available to answer any additional questions.

Employee Signature: _____ Date: _____

This information is provided as a general overview. Actual coverage and services may vary and is subject to policy language as issued. Coverage is underwritten by CopperPoint Insurance Company, or one of its wholly-owned insurance companies, and is limited to the states where licensed. California policies are underwritten by Pacific Compensation Insurance Company and Alaska National Insurance Company.

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