



## INSTRUCTIONS FOR EMPLOYEE EMPLOYEE INJURY/ILLNESS ON THE JOB CLAIMS (WORKER'S COMP)

Human Resources Department 110 E. Main Street Los Gatos, CA 95030 408.399.5739 408.395.8640 (fax)

Employee No.:	Employee Name:
Department:	Last Day Worked:

The Worker's Compensation Checklist form is designed to assist the employee in providing the necessary documents in the event of an industrial injury or illness.

**If medical care is needed:** If you are requiring emergency medical care, please go to the nearest hospital before you do anything else. If emergency medical care is not required, please seek medical treatment at a designated medical facility. If necessary, please ask your supervisor or department representative to drive you to the medical facility. The following paperwork must be processed:

- Worker's Compensation Form (DWC-1).** Fill out the top (employee) section of the form and return it to the department representative or supervisor. Make sure that you have signed it.
- Medical Referral Form.** Please take to the doctor or medical and have the physician fill-out and complete it. Then submit the form to the department representative or supervisor.

**If you are refusing medical treatment:** If you do not wish to file a claim and refuse medical treatment, the following paperwork must be processed:

- Refusal of Medical Treatment Form.** Please complete and sign the form. Please note: You may still file a claim at a later date. Submit it to the department representative or supervisor.

*Please note: The Worker's Compensation claim is completely under the control of Innovative Claim Solutions (ICS) and the Town has no influence on how those claims are handled, processed or approved/denied.*

If you have any questions, please contact Human Resources at (408) 399-5739 or (408) 399-5718.

Form(s) as needed:

Medical Referral Form  
Worker's Compensation Form (DWC-1)  
Medical Facility Locations  
Refusal of Medical Treatment Form