

# **EAST RAMAPO CENTRAL SCHOOL DISTRICT**

OFFICE OF BUSINESS OPERATIONS  
105 South Madison Avenue - Spring Valley, NY 10977  
Phone: (845) 577-6061  
Fax: (845) 577-6003

## **WORKERS' COMPENSATION FACT SHEET**

### **For the Injured Claimant**

1. A C-2 Injury report **MUST** be filed within ten (10) days from the date that the employer first has knowledge of the accident.
2. Please notify your doctor and/or hospital emergency room that the School District is self-insured with **WRIGHT RISK MANAGEMENT, 333 Earle Covington Blvd., Suite 505, Uniondale, NY 11553-3624** The policy number is: **W861496**. **ALL** claims - medical bills are to be sent to them and not to the School District. Their telephone number is: **1800-476-9747, ext. 2433 (Julia Ramos)**.
3. If a doctor's visit becomes necessary a few weeks after the injury is sustained, you must notify Diane Grammerstorf, Workers' Comp. Coordinator in the Business Office (Ext. 6061).
3. If you are unable to report to work due to an on-the-job injury, please inform the Registry that is the reason you are absent and state the date you were injured. **You must also let Diane Grammerstorf X6061 know this as well** so she can notify the Workers Comp. Board and complete the proper paperwork. When you return to work you must have a medical note stating you can return without restrictions.
5. Out-of-State Residents who seek a doctor regarding work-related injuries are asked to consult a New York based doctor, unless the injury is of an emergency nature. Injuries occurring within the School District come under the jurisdiction of the New York Workers' Compensation Board. As such, the Law requires that you be treated by a doctor authorized to treat Workers' Compensation cases who will charge what is permissible under the New York State fee schedule. If you need assistance in choosing such a doctor in your vicinity, please call **(718) 802-6600**.
6. Any unpaid doctor or hospital bill that you may receive should be forwarded to **Wright Risk Management** at the above address.

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*Please make sure the Nurse completes your C-2 form and that you have answered all the questions. The Nurse will then sign the C-2 and have your Principal or Supervisor sign it as well. Then your C-2 is sent to Diane Grammerstorf in the Business Office so she may process your claim quickly and efficiently.*

### **\*Please note – EFFECTIVE IMMEDIATELY\***

***Claimants who are out of work due to on the job injury can not return to work unless they have a medical note stating that they can return to work full duty, no restrictions. Paychecks will be mailed to your residence.***

***Claimants who are out of work due to on the job injury are to remain off district property until they are cleared to return to work by Personnel (845) 577-6090.***