

Workers' Compensation Claim Information

July 2023

Employee/Supervisor needs to complete the following forms and submit to Human Resources within 24 hours of the incident. Forms may be emailed to ndot.onbaseinjuryandaccident@nebraska.gov or faxed to Human Resources at (402) 479-3765.

Doctor's Notes – Please email all doctor's notes to ndot.medicalandworkcomp@nebraska.gov

Questions – Contact Human Resources at (402) 479-3110.

- **Attention Medical Provider and Pharmacist (2¾" x 3½" card)**
 - Employee gives this card to the Hospital/Clinic/Doctor/Pharmacist.
 - The card has information for the Medical Provider/Pharmacist to use when submitting claim information to Gallagher Bassett.
- **Supervisors Incident Analysis Report**
 - Supervisor completes, signs, and dates – email/fax to Human Resources ASAP.
- **Witness Statement**
 - Witnesses to the incident must complete this form and submit to Human Resources.
- **Employee Incident Form**
 - Employee completes, signs and dates.
- **Prescription Program for Work-Related Injuries**
 - Employee gives this form to the Pharmacist.
- **Workers' Compensation Claim Information and Repayment Acknowledgement**
 - Employee and supervisor sign and dates.
- **Employee's Choice or Change of Doctor Form**
 - Employee signs and dates and send to Human Resources.
- **HIPPA Compliant Medical Release**
 - This form must be completed by the employee and sent to Human Resources.
- **Report of Work Ability**
 - This form must be completed by the physician and sent to Human Resources.
- **Check, Direct Deposit and Prepaid Card Authorization Form**
 - Employee selects an option for payment, signs, dates and send to Human Resources.
- **Employee Injury Incidents**
 - All incidents must be submitted in OnBase by supervisor, along with the completed documents to Human Resources. For additional information, log into EDC, type DR82 in the search box. There is a UserGuide and two videos to assist in entering an incident.

Supervisor's Incident Analysis Report
STATE OF NEBRASKA INCIDENT INFORMATION

Agency _____ Department of Transportation _____ Division: _____

Individual Reporting Incident: _____

Who Incident was Reported to: _____

INDIVIDUAL INVOLVED (ATTACH ADDITIONAL REPORTS IF MORE THAN ONE PERSON WAS INVOLVED)

Name of Person Injured/Involved: _____ Date of Birth: _____

Date of Injury: _____ Male Female

DESCRIPTION OF ACCIDENT/INCIDENT/INJURY/ILLNESS (CHECK ALL THAT APPLY)

Type of Incident: Minor Injury or Illness Serious Injury or Illness Fatality Other

Incident Location: _____

Property Damage: Yes No

Product Involved: _____

Vehicle Involved: Yes No

Other Vehicle Driver: _____ Date of Incident: _____ License Number: _____

Vehicle Make & Model: _____ Time of Incident: _____ AM PM

Type of Activity during which Incident/Injury occurred: _____

First Aid Treatment/Immediate Remedy: _____

Root Cause Analysis – What is the root cause(s) of the event? _____

Recommended Solution/Suggestions: _____

Witness Statement
Nebraska Department of Transportation

Your Name (Print): _____

Work Phone: _____

Cell Phone: _____

Name of Person Injured/Involved: _____

Date of Incident: _____

Accident/Injury Description and Location (*be specific*):

What did you witness?

Who was in the area?

How did it happen?

What equipment was involved?

Any other details you can share?

I have given the above statement and certify that it is true to the best of my knowledge.

Witness Signature

Date

Employee Incident Report

This form must be completed, reviewed with a supervisor and submitted to WCC within 24 hours.

Employee Name *(last, first)* _____ Emp. ID #: _____ DOB: _____

Address: _____ Job Title: _____ Hire Date: _____

City: _____ State: _____ Zip: _____ **Department of Transportation**

Work Number: _____ Supervisor: _____

Cell Number: _____ Supervisor's Work Number: _____

Date of Injury/Illness: _____ Time Employee Began Work: _____ a.m. Time of Injury/Illness: _____ a.m.

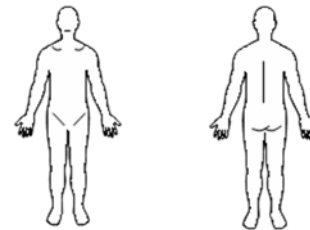
Location of Incident: _____ Who was Notified? _____

Date Employer Notified: _____ Last Work Day: _____ Date Returned to Work: _____

Body Part Injured: _____ If Fatal, Date of Death: _____

Describe Incident *(describe what happened, how the incident occurred, include details pertaining to equipment, environment, tasks, etc.)*

Indicate on the Diagram the location of injury:



Injury is a New or Re-injury

- Initial Treatment:
- | | |
|------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> No Medical Treatment | <input type="checkbox"/> Emergency Room |
| <input type="checkbox"/> First Aid by Employer | <input type="checkbox"/> Hospitalized Overnight |
| <input type="checkbox"/> Minor Clinic/Hospital | <input type="checkbox"/> Hospitalized > 24 hours |

What was the cause of this incident?

How could this incident have been prevented?

Did anyone witness the incident? Yes No

If yes, please provide the name and phone number of the witnesses.

Do you have other employment? Yes No

If yes, where? _____

Employee Signature

Date

To the Injured Worker:

On your first visit, please give this notice to any pharmacy listed on the back side to speed processing your approved work-related injury prescriptions.

Questions or need assistance locating a participating retail network pharmacy? Call the myMatrixx Patient Care Contact Center at 844-276-2515.

Atención Trabajador Lesionado:

Este formulario de identificación para servicios temporales de prescripción de recetas por compensación del trabajador DEBERÁ SER PRESENTADO a su farmacéutico al surtir su(s) receta(s) inicial(es).

Si tiene cualquier duda o necesita localizar una farmacia participante, por favor contacte al área de Atención a Clientes de Express Scripts, en el teléfono 844-276-2515.

To the Pharmacist:

myMatrixx, an Express Scripts company administers this occupational accident prescription program. Please follow the steps below to submit a claim. Standard first fill shall not exceed a 30-day supply or a cost of \$500. This form is valid for up to 30 days from date of injury (DOI). Limitations may vary. For assistance, call myMatrixx at 844-276-2515.

Pharmacy Processing Steps

- Step 1: Enter bin number 003858
- Step 2: Enter processor control WC
- Step 3: Enter the group number as it appears above
- Step 4: Enter the injured worker's nine-digit ID number
- Step 5: Enter the injured worker's first and last name
- Step 6: Enter the injured worker's date of injury

myMatrixx, an Express Scripts Company

ID#: _____

Your SSN is your temporary ID number; present to the pharmacy at the time prescription is filled. You will receive a new ID number shortly.

Date of Injury: _____ / _____ / _____
MM/DD/YYYY

Group #: NZEA

Employee Date of Birth: _____ / _____ / _____

Thank you for using a participating retail network pharmacy. Even though there is no direct cost to you, it's important that we all do our part to help control the rising cost of healthcare.

Please see other side for a list of participating retail network pharmacies.

To the Supervisor:

Please fill in the information requested for the injured worker.

Employee Information

First M Last

Street Address or PO Box

City State ZIP

Employer Name

009006 State of Nebraska

Participating Retail Network Pharmacies

A & P	Drug Emporium	Longs Drug Store	Sav-On
Acme Pharmacy	Drug Fair	Major Value	Save Mart
Albertson's	Drug Town	Marsh Drugs	Schnucks
Albertson's/Acme	Drug World	Medic Discount	Scolari's
Albertson's/Osco	Eckerd	Medicap	Sedano
Albertson's/Sav-On	Econofoods	Medistat	Shaw's
Amerisource Bergen	EPIC Pharmacy	Meijer	Shop 'N Save
Anchor Pharmacies	Network	Minyard	Shopko
Arrow	FamilyMeds	NCS HealthCare	ShopRite
Aurora	Farm Fresh	Neighborcare	Snyder
Bartell Drugs	Farmer Jack	Network	Stop & Shop
Bigg's	Food City	Pharmaceuticals	Sun Mart
Bi-Lo	Food Lion	Northeast Pharmacy	Super Fresh
Bi-Mart	Fred's	Services	Super Rx
BJ's Wholesale Club	Gemmel	Osco	Target
Brooks	Giant	P & C Food Markets	Texas Oncology Srvs
Brookshire Brothers	Giant Eagle	Pamida	The Pharm
Brookshire Grocery	Giant Foods	Park Nicollet	Thrifty White
Bruno	Hannaford	Pathmark	Times
Carrs	Harris Teeter	Pavilions	Tom Thumb
Cash Wise	H-E-B	Price Chopper	Tops
Coborn's	Hi-School Pharmacy	Publix	Ukrop's
Costco	Hy-Vee	Quality Markets	United Drugs
Cub	Jewel/Osco	Raley's	United Supermarkets
CVS	Kash n Karry	Randalls	Vons
D&W	Keltsch	Rite Aid	Waldbaums
Dahl's	Kerr	Rosauers	Walgreens
Dierbergs	Kmart	Rx Express	Wal-Mart
Discount Drugmart	Knight Drugs	RXD	Wegmans
Doc's Drugs	Kroger	Safeway	Weis
Dominicks	LeaderNet (PSAO)	Sam's Club	Winn Dixie

EMPLOYEE'S CHOICE OR CHANGE OF DOCTOR FORM

NOTICE TO EMPLOYER:

GIVE THIS FORM TO THE INJURED WORKER AS SOON AS POSSIBLE AFTER EACH INJURY

PART A: NOTICE REGARDING CHOICE OR CHANGE OF DOCTOR

Under the Nebraska workers' compensation laws, you may have the right to choose a doctor to treat you for your work-related injury. You may choose a doctor who has treated you or an immediate family member before this injury happened. Immediate family members are your spouse, children, parents, stepchildren and stepparents. The doctor you choose must have records to show that past treatment was provided. Your employer may ask the person who was treated to give permission so the doctor can verify past treatment.

If you want to choose your doctor, you must tell your employer the name of the doctor you choose. Do this as soon as possible after your employer gives you this notice and before getting any treatment unless it is emergency medical treatment. Once you tell your employer the name of the doctor, you may not change your choice unless your employer agrees or the Nebraska Workers' Compensation Court orders a change.

If you do not choose your doctor, your employer has the right to choose the doctor to treat you. The employer may also choose the doctor to treat you if you or your family member does not give permission so your employer can verify past treatment by the doctor you chose.

You may choose a doctor if your claim is denied. You may also choose the doctor to do major surgery or for an amputation.

You may use Part B (below) to tell your employer the name of the doctor you choose.

My employer has informed me of the above information regarding choice or change of doctor.

[SIGNATURE OF EMPLOYEE]

[DATE]

PART B: CHOICE OF DOCTOR

I choose the following doctor to treat me for this work-related injury. I certify that this doctor has treated me or an immediate family member before the work-related injury.

I do not have or I do not wish to choose a doctor who has treated me or an immediate family member.

[DOCTOR'S NAME]

[SIGNATURE OF EMPLOYEE]

[DOCTOR'S ADDRESS]

[DATE]

PART C: USE TO CHANGE THE CHOICE MADE IN PART B, ABOVE

I wish to change my choice of doctor or I wish to choose a doctor to treat me for my work-related injury. I certify the doctor named below has treated me or an immediate family member before this work-related injury. I understand that I cannot make this change unless my employer agrees or unless the Nebraska Workers' Compensation Court orders a change.

[DOCTOR'S NAME]

[SIGNATURE OF EMPLOYEE & DATE OF SIGNATURE]

[DOCTOR'S ADDRESS]

[SIGNATURE OF EMPLOYER & DATE OF SIGNATURE]



**GALLAGHER BASSETT SERVICES, INC.
AUTHORIZATION FOR RELEASE OF INFORMATION
(HIPAA COMPLIANT)**

Patient Information:

_____ BD: _____ SS# _____
(Print Name of Patient)

Information to be released from:

Name of Designated Facility or Provider

Address

City, State, Zip Code

Phone Number

Information to be sent to:

GALLAGHER BASSETT SERVICES, INC.
ATTN: Resolution Manager

Name of Designated Recipient

PO Box 2934

Address

Clinton, Iowa 52733

City, State, Zip Code

402-972-4785

Phone Number

Information to be released:

- The most recent 2 years of pertinent information (chart notes, labs, X-rays and special tests)
- All medical records
- Specific information (Please specify) _____

Purpose for which disclosure is being made: Processing of an insurance claim.

Date of Loss: _____

Patient Authorization:

I understand that my records may contain information regarding the diagnosis or treatment of HIV/AIDS, sexually transmitted diseases, drug and/or alcohol abuse, mental illness, or psychiatric treatment. I give my specific authorization for these records to be released.

*** EXCLUDE the following information from the records released (please initial):**

_____	Drug/Alcohol abuse /treatment & diagnosis	_____	Sexually Transmitted Disease
_____	HIV/AIDS diagnosis/treatment/testing	_____	Mental Illness or psychiatric diagnosis/treatment

My Rights:

I understand I do not have to sign this authorization in order to obtain health care benefits (treatment, payment or enrollment). I may revoke this authorization in writing. To view the process for revoking this authorization, please read the Privacy Notice to patients posted at the facility where your information is being released. I understand that once the health information I have authorized to be disclosed reaches the noted recipient, that person or organization may re-disclose it, at which time it may no longer be protected under Privacy laws.

SIGNATURE: _____ DATE: _____
(Patient, Guardian*, or Authorized Representative*)
[*Please provide documents to prove authority to sign on behalf of the patient]

**SHALL BE VALID FOR ONE YEAR FROM THE ABOVE DATE
PHOTOCOPY VALID AS ORIGINAL**

Workability Form

Associate Name (Last, First): _____ DOB: _____

Employer: _____ Claim Number: _____

Diagnosis/Condition: _____ Date of Injury: _____ Date of Visit: _____

Check One: Initial Visit Follow-Up Discharge from Care

Current Treatment Plan: _____

Completed copies of this report must be sent back to XXXX with the associate:

Work Status (choose one):

- Full Duty:** Associate may return to work on (____/____/____) with no restriction or limitations
- No Duty / Temporary:** Associate is physically unable to return to work as of (____/____/____)

Anticipated Return to Work date (____/____/____) to **Temporary transitional Duty** **Full Duty**

Temporary transitional Duty /Temporary

Associate may return to work on (____/____/____) with the follow limitations (measured in hours)

Stand/Walk	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> 16
Sit	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> 16
Drive	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> 16
Bend/Stoop	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> 16
Twist	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> 16
Squat/Crouch	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> 16
Climb	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> 16
Kneel/Crawl	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> 16
Overhead Work	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> 16
Lifting and Carrying														
0 – 10 lbs.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> 16
10 – 20 lbs.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> 16
20 – 30 lbs.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> 16
30 – 50 lbs.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> 16
50 – 75 lbs.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> 16
75 – 100 lbs.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> 16
Hands:	<input type="checkbox"/> Left	<input type="checkbox"/> Right		<input type="checkbox"/> Both										
Grasping	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> 16
Pinching	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> 16
Pulling/Pushing	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> 16
Fine Manipulation	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> 16
Keyboarding/typing	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> 16
Feet:	<input type="checkbox"/> Left	<input type="checkbox"/> Right		<input type="checkbox"/> Both										
Foot Controls/Pedal	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> 16

If the associate is on medication, will the medication restrict the associate's ability to drive or work safely? Yes No

These restrictions are TEMPORARY and will be reassessed on: (____/____/____)

Patient is expected to resume full duty within 24 hrs 48 hrs 30 days 60 days 90 days 120 days 180 days 180+ days

Resume work No Restrictions? Yes No Was patient referred to a specialist? Yes No

Next office visit date: (____/____/____)

Print Doctor's Name: _____ Telephone Number: _____ Doctor's Signature: _____ Employee's Signature: _____

I understand that by signing this form, I am agreeing to furnish a copy to my work location.

CHECK, DIRECT DEPOSIT, AND PREPAID CARD AUTHORIZATION FORM

Directions: To begin, change or cancel the transmittal of workers' compensation benefits directly to a Financial Institution, please read, complete and send this form to the Risk Management Division of the Department of Administrative Services, the Administrator of the State of Nebraska's Workers' Compensation Program (Neb. Rev. Stat. § 48-125.) If owed, benefits will be paid by paper check if this form is not returned and/or incomplete. Risk Management has hired a Third-Party Administrator, Gallagher Bassett, to assist with the administration of the Workers' Compensation Program. Gallagher Bassett is responsible for paying benefits owed on behalf of Risk Management.

Contact Information:

Risk Management
 1526 K Street, Suite 220
 Lincoln, NE 68508

(402) 471-2551 (office)
 (402) 471-2800 (fax)

as.riskworkcomp@nebraska.gov (email address)

CLAIMANT'S RIGHTS:

- This form is optional. You have the right to receive your workers' compensation benefits by paper check in the mail.
- You have the right to cancel the direct deposit or pre-paid card at any time by checking the appropriate box on this form and forwarding the completed form to Risk Management.
- You may have your benefits sent to your attorney.
- For direct deposit and prepaid card, the account must be in your name, unless payments are being sent to your attorney.
- Payments made by direct deposit or prepaid card are not subject to attachment or garnishment or held liable for any debts, except as provided in Neb. Rev. Stat. § 48-149. If any payments are withheld pursuant to this statute, you will be notified of the amount withheld, case number and any other identifying information regarding the withholding.
- All terms and conditions of the prepaid card, including fees are disclosed in the attached documents titled, U.S. Bank ReliaCard® Fee Schedule and U.S. Bank ReliaCard® Pre-Acquisition Disclosure. Please keep this authorization form and disclosures for your review and file.

AUTHORIZATIONS & UNDERSTANDINGS:

- I authorize Gallagher Bassett to deposit my workers' compensation benefits into the specified bank account or onto a prepaid card.
- I authorize Gallagher Bassett to debit the account in order to recover any credits deposited in error. Gallagher Bassett may recover credits deposited in error by any lawful means.
- I understand that this authorization will remain in full force and effect until Risk Management has received updated account information from me. I also agree that I will maintain current banking information. If I do not maintain current banking information, my benefits will be paid via a paper check.
- I understand that prepaid cards will be issued by the Risk Management. I acknowledge that it may take 7-10 business days for the card to arrive in the mail.
- I understand that upon receipt of the prepaid card, I will be required to activate it and choose a Personal Identification Number (PIN). I further understand that I will not be able to use the card until it is activated.
- Upon the selection of direct deposit or prepaid card, I understand that it may take up to 4 weeks before funds are deposited into the account. If any benefits are owed during this 4 week processing time, I further understand that those benefits will be paid by paper check.

By signing below, I certify I have read and understand the statements above and agree with these conditions.

Claimant's Name:	Date:
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CHECK, DIRECT DEPOSIT, AND PREPAID CARD AUTHORIZATION FORM

NEW ENROLLMENT **CHANGE** **CANCEL**

SECTION 1 (TO BE COMPLETED BY CLAIMANT)

Claimant's Name (last, first):	Social Security Number:	Date of Birth:	
Phone Number (including area code):	Email Address:		
Mailing Address (include city, state, and zip code):	Benefit Payment Selection: <input type="checkbox"/> Paper Check <input type="checkbox"/> Direct Deposit / Attorney Trust Account <input type="checkbox"/> Prepaid Card		
For Direct Deposit Only: <input type="checkbox"/> Checking Account (attached voided check) <input type="checkbox"/> Savings Account <input type="checkbox"/> Attorney Trust Account (attached copy of attorney's W-9)			
Financial Institution Name:	City:	State:	Zip Code:
Routing Transit or American Banking Association Number:			
Account Number:	Account Holder Name:		

Should I be entitled to receive workers' compensation benefits pursuant to the Nebraska Workers' Compensation Act, I authorize Gallagher Bassett ("Gallagher") to begin payment of my benefits payment(s) as indicated above. If I elect to receive benefit payment(s) through a prepaid card, I understand that the Office of Risk Management with the State of Nebraska will issue the card and that it may take up to 10 business days for me to receive it. Direct deposit/prepaid card requires a processing time of 4 weeks before funds begin to be electronically deposited into the account. Any benefits owed during this processing time will be paid by paper check. This authorization, as indicated above, will remain in full force and effect until Risk Management has received an updated form from me. I also agree that I will maintain current banking information. If I do not maintain current banking information, Gallagher will issue benefit payment(s) through a paper check. I also authorize withdrawal of any funds deposited in error.

SECTION 2 (SIGNATURES)

Claimant's Signature:	Date:
Claimant's Attorney's Signature (for deposit into Trust Account):	Date:

[Office Use Only: Workers' Compensation Claim Number: _____]

U.S. Bank ReliaCard[®]

Frequently Asked Questions

What is the ReliaCard?

The ReliaCard is a reloadable, prepaid debit card issued by U.S. Bank. The ReliaCard provides an electronic option for receiving your government agency payments. It is not a credit card, but works similarly to other debit cards.

How does the ReliaCard work?

Once funds are added to the card account, it can be used to make purchases, pay bills, and make online, phone or mail-order purchases. You can also get cash back with purchases at participating merchants or withdraw cash at ATMs, banks or credit unions.¹ The amounts of purchases, bill payments or cash withdrawals are automatically deducted from the available balance on the card.

What are the advantages of having a ReliaCard?



Fast – Your money is automatically deposited to your card account



Save Time – Easy and quick access to your funds without waiting in line to cash or deposit a check



Convenient – Make purchases anywhere Visa[®] debit cards are accepted, including retail stores, grocery stores, restaurants and pharmacies and withdraw cash at ATMs



Secure – No need to carry large amounts of cash



Save Money – No more going to a check casher



Track Spending – Account information and customer service 24 hours a day



Purchasing Power – Enjoy the prestige and purchase protection given to Visa[®]-branded cardholders, without a credit check²



Reliable – Receive your money on time. No more lost or stolen checks



Safe – Funds are FDIC insured and are protected if lost or stolen³

How do I check my balance?

Online – View account online at www.usbankreliacard.com

Text⁴/Email – Sign up to receive email or text alerts when funds have been deposited to your account or when your balance gets low

Mobile Banking App – Search for “U.S. Bank ReliaCard” in the App Store or Google Play

Phone – Call Cardholder Services at 866-567-8587

ATM – Perform a balance inquiry at an ATM¹



Getting the Card

When the card is sent in the mail, what does the envelope look like?

For security reasons, the card will arrive in a plain, white, windowed envelope.

What information or instructions come with the card?

The card comes with:

- Instructions on how to activate the card
- A complete Fee Schedule
- The cardholder agreement, which discloses terms and conditions
- A usage guide detailing where and how the card can be used
- The U.S. Bank Privacy Pledge

What do I do after I receive the card?

You must call Cardholder Services at **866-567-8587** or visit www.usbankreliacard.com to activate the card and choose your Personal Identification Number (PIN). You cannot use the card until it has been activated. Be sure to sign your name on the back of your card in ink. Your card is not valid unless it's signed. Note: we accept relay calls.

Do I receive a new card every time a payment is made?

No. Future payments will be deposited automatically onto the initial card.

Using the Card

How do I make a purchase with my card?

The card works much like other prepaid or debit cards. You can use it online, over the phone, at grocery stores, retail stores, restaurants, medical offices, etc. It is important to know your account balance before making purchases.

When making a purchase, on the authorization machine, which selection (credit or debit) do I choose?

Select "**Credit**" or "**Debit**" to make a purchase. Select "**Debit**" to get 'cash back' with your purchase. (You will have to enter your PIN.)



How can I get cash with my card?¹

- Cash Back With Purchases—at participating merchants such as grocery or convenience stores
- ATM Withdrawal – at any ATM
- Teller Withdrawal – at any bank or credit union



How do I withdraw cash at an ATM?

- Insert or swipe your card and enter your 4-digit PIN
- Select "**Withdrawal from Checking**"
- Enter the amount to be withdrawn



How do I get cash back with a purchase?

- When the authorization machine asks for credit or debit, select "**Debit**"
- Enter the 4-digit PIN
- Select "**Yes**" for cash back
- Enter the amount, press "**OK**"

Using the Card

How do I get cash at a bank or credit union teller?

You must know your available balance (the teller will not have access to this information) and ask for a cash withdrawal¹ in the amount you wish to withdraw.

Note: you may need to provide your driver's license to verify your identity.

Do I have to go to a U.S. Bank ATM or U.S. Bank branch to get cash?

No. You can get cash back with purchases at participating merchants throughout the United States such as grocery and convenience stores. Cash can also be obtained from any ATM¹ or over the counter at any Visa bank or credit union. To find the ATM nearest you, visit www.usbank.com/locate or www.moneypass.com.

Do I need a PIN to use the card?

Yes & No. The card can be used to make signature-based purchases without a PIN. However, a PIN must be used for PIN-based purchases and for cash withdrawals at ATMs. You must choose your own PIN by calling Cardholder Services at 866-567-8587 or visiting www.usbankreliacard.com after you receive your card. For security reasons it is important that you pick a PIN that only you would know, and not share the PIN or the card with anyone.

What should I do if I forget my PIN?

You must contact Cardholder Services at **866-567-8587** or visit www.usbankreliacard.com to reset your PIN.

Can I still get cash if I forget my PIN?

Yes. You can go to any Visa bank or credit union and ask the teller for a cash withdrawal.¹

How do I transfer funds from my card to another bank account (“Card-to-Account Transfers”)?

If your program allows Card-to-Account Transfers, click on the “Transferring Funds” link on the left side of cardholder website and complete the required fields on the Card to Bank Transfer page. The transfer will appear as an *ACH withdrawal* on your card transaction history and monthly statement. In addition, if a fee is assessed in relation to this transfer, the description of the fee in your transaction history and monthly statement will appear as a separate *ACH withdrawal* transaction. For more information about this fee, please see the Fee Schedule included in your card packet, log into your account at www.usbankreliacard.com, or call Customer Service at 866-567-8587.

What are some things I need to keep in mind when using my card to make purchases?

Some merchants where you typically tip may authorize your transaction for an amount greater than your purchase to cover tips. Make sure your balance can cover the 20% or your transaction will be declined. When purchasing gasoline at a gas station, pay inside with the cashier to avoid a hold greater than the amount of your purchase (some ReliaCard programs may not allow you to pay with your card using the pay-at-the-pump option). The funds held will not be available for other purchases until the actual transaction amount clears. Payments made inside clear for the actual transaction amount immediately. Check your program materials for additional details.



How can I be notified when funds are deposited to my card?

You have the option of signing up for optional text or email alerts⁴ when money is added or your card balance gets low at www.usbankreliacard.com. You can also use our two-way text alert feature by texting a short code to receive the following updates:

Alert Type	Instructions
Balance Alert	Text BAL to 90831
Recent Transactions	Text TRANS to 90831
Customer Service Number	Text HELP to 90831

NOTE: this feature may not be available for all programs. For text messages, standard messaging charges apply through your mobile carrier and message frequency depends on account settings.

Using the Card



Can I manage my account with my smart phone?

Yes. You can use the ReliaCard Mobile Banking app to check your account balance, enroll in and manage text alerts, view your most recent transactions or search for the nearest in-network ATM location. Search for “**U.S. Bank ReliaCard**” in the App Store or Google Play.



Can I pay bills¹ with my card?

Yes. You can visit your billers' websites and provide your 16-digit card number and expiration date or log on to www.usbankreliacard.com.

Note: this feature may not be available for all programs. Some fees may apply. Check your program materials for additional details.

Are all features available on all ReliaCard and ReliaCard II programs?

Some features may not be available for some ReliaCard or ReliaCard II programs. Refer to your cardholder agreement for available program features.

Limits

Can I make a purchase for more than the amount on my card?

If you need to make a purchase for more than the amount you have on your card, you will need to use two forms of payment. Tell the cashier how much you want taken from the balance on your card — the cashier cannot determine your available balance. Then, pay the remaining balance with cash, check, credit card or check card.



Can the ReliaCard be overdrawn?

Usually a purchase that exceeds the available balance will not be approved. In very limited circumstances, if you do not have sufficient funds when the final amount clears, it may result in a negative balance; however you will not be charged an overdraft fee. You can check your balance online, using the ReliaCard Mobile App or by calling Cardholder Services 24/7.

How do I obtain information about fees for my ReliaCard?

Fees are located on the Fee Schedule sent to you with your card. You may view your fee schedule online by logging into your account at www.usbankreliacard.com. You may also call Cardholder Services at **866-567-8587** to request fee information. Please consult the table on the next page for information on how to avoid fees on certain transactions for most ReliaCard programs. Please consult your program fee schedule to determine if a specific fee applies.



Can anyone else view or track my transactions?

No. For privacy reasons, U.S. Bank does not share card account numbers or transaction details. However, for reconciliation purposes, your government agency does have access to the amount and date of each deposit.

How to Avoid Fees

Fee Description

How to Avoid

ATM Withdrawals (Out-of-Network*)

- **Make Purchases:** Use your card to make purchases anywhere Visa® debit cards are accepted – in stores, over the phone, online or pay bills. You can use your card for free to make everyday purchases such as groceries, convenience stores, etc.
- **Cash Back with Purchases:** You can ask for ‘cash back’ when making purchases at participating merchants at places like grocery stores or retail stores. Select ‘DEBIT’ on the authorization machine, enter your 4-digit PIN and enter the amount of cash back you’d like. There is no fee to get cash back with purchases.
- **Bank Teller:** Go into any Visa bank and ask the teller for a cash withdrawal for up to the full amount available on your card. (Fee may apply to some programs.)
- **In-Network ATMs:** Withdraw cash for free at any U.S. Bank or MoneyPass ATM. For the nearest fee-free ATM locations visit:
www.usbank.com/locate or www.moneypass.com.

ATM Balance Inquiries (Out-of-Network*)

U.S. Bank does not assess a fee to check your balance using any of the following methods:

- **Online** – View account online at www.usbankreliacard.com.
- **Text⁴/Email** – Sign up to receive email or text alerts when funds have been deposited to your account or when your balance gets low.
- **Mobile Banking App** – Search for “U.S. Bank ReliaCard” for your iPhone or Android phone.
- **Phone** – Call Cardholder Services at 866-567-8587.
- **ATM** – Perform a balance inquiry at a U.S. Bank or MoneyPass ATM.

*Out-of-Network ATMs means any ATM that is not a U.S. Bank or MoneyPass ATM.

Customer Service

Can I view my account online?

Yes, at www.usbankreliacard.com. The following functions can be performed online:

- PIN Change
- Balance inquiry
- View card transactions
- View previous statements
- Set up alerts
- Pay bills

How do I view my monthly statement?

Monthly statements can be viewed online 24/7 at www.usbankreliacard.com.

What should I do if I change addresses?

Contact Cardholder Services at **866-567-8587** or visit www.usbankreliacard.com to report an address change. Also contact your government agency to report an address change so that your mail may also be sent to the correct address.

Who do I contact if I have questions about my card?

For questions about your deposit, such as when you will receive the next deposit to the card, or the amount of a deposit to the card, contact your government agency. For all other questions about the card, you may log into your account at www.usbankreliacard.com or contact Cardholder Services 24 hours a day, toll-free at **866-567-8587**.

What happens if my card gets lost or stolen?

You must immediately call Cardholder Services at **866-567-8587** to report your card lost/stolen and have a replacement card sent to you within 5-7 business days. You may not be responsible for any fraudulent activity that occurs on your card provided that you report the card missing in a timely manner, and have not shared your card or PIN number with anyone.

Can I contact my local bank for customer service on my ReliaCard account?

No. You must direct all ReliaCard questions to Cardholder Services at **866-567-8587**, or utilize the web site, www.usbankreliacard.com, for inquiries.

What services does the ReliaCard 24-hour Cardholder Services line provide?

The following can be done through customer service:

- Activate the card
- Choose/Change PIN (Personal Identification Number)
- Balance inquiry
- Enroll in text alerts
- Review recent transaction history
- Report card lost or stolen and have it reissued
- Speak to a live representative if additional assistance is needed. **Note:** we accept relay calls.

¹ Fees and transaction limits apply. See Fee Schedule for details. ² Successful identity verification required. ³ You are generally protected from all liability for unauthorized transactions with Zero Liability. You must call the number on the back of your Card immediately to report any unauthorized use. Certain conditions and limitations may apply. See your Cardholder Agreement for details. ⁴ For text messages, standard messaging charges apply through your mobile carrier and message frequency depends on account settings.

U.S. Bank ReliaCard® Pre-Acquisition Disclosure
 Program Name: Nebraska State Employees Workers' Compensation

You have options as to how you receive your payments, including direct deposit to your bank account or this prepaid card. Ask your agency for available options and select your option.

Monthly fee	Per purchase	ATM withdrawal	Cash reload
\$0	\$0	\$0 in-network \$1.00* out-of-network	N/A
ATM Balance Inquiry (in-network or out-of-network)			\$0
Customer Service (automated or live agent)			\$0 per call
Inactivity (after 365 days with no transactions)			\$1.00 per month

We charge 3 other types of fees.

* This fee can be lower depending on how and where this card is used. See the accompanying Fee Schedule for free ways to access your funds and balance information.

No overdraft/credit feature.
 Your funds are eligible for FDIC insurance.

For general information about prepaid accounts, visit cfpb.gov/prepaid. Find details and conditions for all fees and services inside the card package or call **1-866-567-8587** or visit usbankreliacard.com.

U.S. Bank ReliaCard® Fee Schedule

Program Name: Nebraska State Employees Workers' Compensation

All fees	Amount	Details
Get cash		
ATM Withdrawal (in-network)	\$0	This is our fee per withdrawal. "In-network" refers to the U.S. Bank or MoneyPass® ATM networks. Locations can be found at usbank.com/locations or moneypass.com/atm-locator.html .
ATM Withdrawal (out-of-network)	\$1.00	This is our fee per withdrawal. This fee is waived for your first ATM withdrawal per month, which includes both ATM Withdrawals (out-of-network) and International ATM Withdrawals. "Out-of-network" refers to all the ATMs outside of the U.S. Bank or MoneyPass ATM networks. You may also be charged a fee by the ATM operator even if you do not complete a transaction.
Teller Cash Withdrawal	\$0	This is our fee for when you withdraw cash off your card from a teller at a bank or credit union that accepts Visa®.
Information		
ATM Balance Inquiry (in-network)	\$0	This is our fee per inquiry. "In-network" refers to the U.S. Bank or MoneyPass ATM networks. Locations can be found at usbank.com/locations or moneypass.com/atm-locator.html .
ATM Balance Inquiry (out-of-network)	\$0	This is our fee per inquiry. "Out-of-network" refers to all the ATMs outside of the U.S. Bank or MoneyPass ATM networks. You may also be charged a fee by the ATM operator.
Using your card outside the U.S.		
International Transaction	0%	This is our fee which applies when you use your card for purchases at foreign merchants and for cash withdrawals from foreign ATMs and is a percentage of the transaction dollar amount, after any currency conversion. Some transactions, even if you and/or the merchant or ATM are located in the United States, are considered foreign transactions under the applicable network rules, and we do not control how these merchants, ATMs and transactions are classified for this purpose.
International ATM Withdrawal	\$1.00	This is our fee per withdrawal. This fee is waived for your first ATM withdrawal per month, which includes both ATM Withdrawals (out-of-network) and International ATM Withdrawals. You may also be charged a fee by the ATM operator even if you do not complete a transaction.
Other		
Card to Bank Transfer	\$2.00	This is our fee per transfer to transfer funds from your card to your bank account.
Card Replacement	\$0	This is our fee per card replacement mailed to you with standard delivery (up to 10 business days).
Card Replacement Expedited Delivery	\$15.00	This is our fee for expedited delivery (up to 3 business days) charged in addition to any Card Replacement fee.
Inactivity	\$1.00	This is our fee charged each month after you have not completed a transaction using your card for 365 consecutive days.

Your funds are eligible for FDIC insurance. Your funds will be held at U.S. Bank National Association, an FDIC-insured institution, and are insured up to \$250,000 by the FDIC in the event U.S. Bank fails. See fdic.gov/deposit/deposits/prepaid.html for details.

No overdraft/credit feature.

Contact Cardholder Services by calling **1-866-567-8587**, by mail at P.O. Box 551617, Jacksonville, FL 32255 or visit usbankreliacard.com.

For general information about prepaid accounts, visit cfpb.gov/prepaid. If you have a complaint about a prepaid account, call the Consumer Financial Protection Bureau at 1-855-411-2372 or visit cfpb.gov/complaint.