

NOTICE TO EMPLOYEES

Notice is hereby given that the undersigned employer has secured the payment of compensation under the provisions of the West Virginia Workers' Compensation Law.

The Worker's Compensation insurance carrier/administrator for

JUNIATA COLLEGE

is:

(employer name)

THE TRAVELERS INSURANCE COMPANIES

(name of carrier/administrator)

P.O. BOX 4614

(mailing address)

BUFFALO, NY 14240-4614

(city, state, zip)

(800) 238-6225

(telephone number)

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(Name of employer contact person)

This notice must be posted and maintained conspicuously in and about the employer's workplace as required by West Virginia law.

West Virginia law requires that you notify your employer **immediately** upon sustaining a workplace injury.

AVISO PARA LOS EMPLEADOS SOBRE LA ASISTENCIA DISPONIBLE EN EL SISTEMA DE COMPENSACIÓN PARA TRABAJADORES POR PARTE DE LA OFICINA DE ASESORÍA PÚBLICA PARA EL EMPLEADO LESIONADO

¿Se ha lesionado en el trabajo? Como empleado lesionado en Texas, usted tiene derecho a recibir asistencia gratuita por parte de la **Oficina de Asesoría Pública para el Empleado Lesionado** (Office of Injured Employee Counsel – OIEC, por su nombre y siglas en inglés). OIEC es la agencia estatal que asiste a los empleados lesionados que no cuentan con representación legal con sus reclamacion en el sistema de compensación para trabajadores.

Usted puede comunicarse con OIEC llamando a su número de teléfono gratuito: **1-866-393-6432**.

Más información sobre OIEC y sobre el Programa de Ombudsman se encuentra disponible en el sitio web de la agencia (www.oiec.texas.gov).

Programa de Ombudsman

¿Qué es un Ombudsman ? Un Ombudsman es un empleado de OIEC que puede asistir si usted tiene una disputa con la aseguradora de su empleador. La asistencia por parte de un Ombudsman es gratuita.

Cada Ombudsman ha completado un extenso programa de capacitación, el cual ha sido diseñado específicamente para asistirle a usted con su disputa.

Un Ombudsman puede ayudarle a identificar y desarrollar los asuntos en disputa en su caso e intentar resolverlos. Si los asuntos no pueden ser resueltos, el Ombudsman puede ayudarle a solicitar un procedimiento de resolución de disputas ante el Departamento de Seguros de Texas, División de Compensación para Trabajadores (Texas Department of Insurance, Division of Workers' Compensation).

Una vez que el procedimiento ha sido programado, el Ombudsman puede:

- Ayudarle a prepararse para el procedimiento (Conferencia para Revisión de Beneficios [Benefit Review Conference, por su nombre en inglés] y/o Audiencia para Disputar Beneficios [Contested Case Hearing, por su nombre en inglés]);
- Asistir al procedimiento con usted y hablar en su nombre; y
- Ayudarlo a usted con una apelación o con una respuesta a la apelación de una aseguradora, si es necesario.

NOTICE TO EMPLOYEES CONCERNING ASSISTANCE AVAILABLE IN THE WORKERS' COMPENSATION SYSTEM FROM THE OFFICE OF INJURED EMPLOYEE COUNSEL

Have you been injured on the job? As an injured employee in Texas, you have the right to free assistance from the **Office of Injured Employee Counsel (OIEC)**. OIEC is the state agency that assists unrepresented injured employees with their claim in the workers' compensation system.

You can contact OIEC by calling its toll-free telephone number: **1-866-393-6432**.

More information about OIEC and its Ombudsman Program is available at the agency's website (www.oiec.texas.gov).

OMBUDSMAN PROGRAM

What Is An Ombudsman ? An Ombudsman is an employee of OIEC who can assist you if you have a dispute with your employer's insurance carrier. An Ombudsman's assistance is free of charge. Each Ombudsman has completed a comprehensive training program designed specifically to assist you with your dispute.

An Ombudsman can help you identify and develop the disputed issues in your case and attempt to resolve them. If the issues cannot be resolved, the Ombudsman can help you request a dispute resolution proceeding at the Texas Department of Insurance, Division of Workers' Compensation.

Once a proceeding is scheduled an Ombudsman can:

- Help you prepare for the proceeding (Benefit Review Conference and/or Contested Case Hearing);
- Attend the proceeding with you and communicate on your behalf; and
- Assist you with an appeal or a response to an insurance carrier's appeal, if necessary.

Managed Health Care Plan

We want you to be satisfied with the medical treatment you have received as a participant in the Travelers Workers Compensation Managed Health Care Plan. We appreciate your input on the following:

(Name of Provider/Clinic)

(Please circle appropriate choice)

1. Was the clinic or office clean?
 - A. very clean
 - B. somewhat clean
 - C. dirty
 - D. very dirty
2. How long did you wait to be seen by the medical staff?
 - A. less than 20 min.
 - B. 30-45 min.
 - C. 45 min- 1 ½ hrs.
 - D. over 1 ½ hrs.
3. Were you treated with care and attention?
 - A. very much so
 - B. careful and attentive
 - C. not so careful or attentive
 - D. very inattentive
4. Did the medical staff explain your diagnosis and/or treatment plan?
 - A. very much so
 - B. explained somewhat
 - C. did not fully cover all issues
 - D. did not explain at all
5. Overall, were you satisfied with your visit?
 - A. very satisfied
 - B. somewhat satisfied
 - C. somewhat dissatisfied
 - D. very dissatisfied

ADDITIONAL COMMENTS: _____

NAME: _____ DATE: _____

ADDRESS: _____ PHONE NUMBER: _____

****Please return this completed questionnaire via mail to:

Travelers
Attn: Managed Care Plan Administrator
P.O. Box 4614
Buffalo, NY 14240-4614

Or Fax to: 1-800-896-9547