



Human Resources Department

Employers' Guide to Workers' Compensation

Employee Injury reports must be completed and filed within 24 hours of an employee member injured on the job. Compiled below are the required forms and a step-by-step procedure on how, when and where to file each report.

<i>Report/Form Number</i>	<i>Name of Report</i>	<i>When to File</i>	<i>Where to File</i>
Report # 1	Employee's Notice of a Work-Related Injury/ Occupational Disease	File this form for every work related injury or illness claim.	This form should be mailed or faxed to FutureComp as soon as it is completed. This form is NOT to be mailed to the State of Massachusetts Department of Industrial Accidents. Mail or Fax to: FutureComp, 123 Interstate Drive, West Springfield, MA 01089, (413) 739-9330.
Report # 2	Concentra Employer's Authorization Form During Business Hours	An employee is sent by the supervisor to Concentra for medical triage and treatment. Unless life threatening or emergency medical care is necessary, have the employee transported to Baystate Medical Center.	Send this form with the employee or fax it ahead of time to Concentra at (413) 746-3230.
Report # 3	Supervisor's Accident/Incident Report, if required by the department	This report is required and should be filed with Reports # 1 and # 2. This report will help the City of Springfield identify the root cause of all accidents and ensure all accidents/injuries are properly investigated.	This form should be mailed or faxed to FutureComp as soon as it is completed. This form is NOT to be mailed to the State of Massachusetts Department of Industrial Accidents. Mail or Fax to: FutureComp, 123 Interstate Drive, West Springfield, MA 01089, (413) 739-9330.

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Form # 101	Employer First Report of Injury	The 101 should be filed out when an employee is injured, or alleges an injury, and is unable to earn full wages for five (5) or more calendar days (Monday through Sunday). It is the responsibility of the employer to report an alleged injury, whether or not the employer agrees with the employee's claim or not. This form must be filed within seven (7) business days (not counting Sundays and legal holidays), from fifth day of disability. The form with the original signature should be sent to the DIA.	<i>Mail the original 101 form to: Department of Industrial Accidents Department 101, 600 Washington Street, Boston, MA 02111. One (1) copy MUST be given to the employee. Send one (1) copy to FutureComp, 123 Interstate Drive, West Springfield, MA 01089 and keep one (1) copy for your records. You can visit the Dept of Industrial Accidents website for more information and access to forms. www.mass.gov/dia or to register for submitting the 101 form electronically*</i>
Form # 127	Average Weekly Wage Computation Schedule	This form should be completed when an employee is unable to earn full wages for five or more calendar days.	This form should be mailed or faxed to FutureComp as soon as it is completed. This form is NOT to be mailed to the State of Massachusetts Department of Industrial Accidents. Please Fax to: FutureComp, 123 Interstate Drive, West Springfield, MA 01089, (413) 739-9330.

*Questions regarding this form should be directed to FutureComp at (800) 688-7256.