

Human Resources and Labor Relations Department

## **Employers' Guide to Workers Compensation**

Accident 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.

Report Number	Name of Report	When to File	Where to File
Report # 1	Employee's Notice of a Work-Related Injury/Illness	File this form for every work related injury or illness claim.	This form should be emailed or faxed to FutureComp as soon as it is completed. This form is <u>not to be mailed</u> to the State of Massachusetts Department of Industrial Accidents. Email or fax to: Sandra.Feinstein@usi.com, (413) 739-9330.
Report # 2	Release of Medical Information	This form should be filed with the Employee's Notice of a Work-Related Injury (Report # 1).	This form should be emailed or faxed to FutureComp as soon as it is completed. This form is <u>not to be mailed</u> to the State of Massachusetts Department of Industrial Accidents. Email or fax to: Sandra.Feinstein@usi.com, (413) 739-9330.
Report # 3	Supervisor's Accident/Incident Report	should be filed with Reports # 1 and # 2. This report will help the City of Springfield	Sandra.Feinstein@usi.com,

Report Number	Name of Report	When to File	Where to File
Form # 127	Average Weekly Wage Computation Schedule	This form should be filed when an employee is unable to earn full wages for five or more calendar days.	emailed or faxed to

Questions regarding this form should be directed to FutureComp at (855) 874-0123.