PO Box 945927
Maitland, FL 32794-5927
321-214-5350 • Fax 321-214-0235
800-226-0666 • ffvamutual.com

Welcome to the FFVA Mutual family.

As a policyholder, your company has access to a variety of tools and resources to help provide a safe environment for your employees. Our services include support from our safety consultants, a library of online resources, access to *Safety Key*, and ongoing training programs to reduce workplace injuries and manage claim costs.

In this welcome packet you will find:

1. **Alabama Workers' Compensation Posting Notice –** This poster **must be posted** in a conspicuous place for your employees to see. This poster should be present at all locations for your business.
2. **When a Workplace Accident Occurs** – procedures to follow when reporting an injury.
3. **Initial Treatment Authorization** – to copy and send with your injured employee when treatment is sought.
4. **Pharmacy Benefits form** – to copy and send with injured employee to bring to the pharmacy when filling authorized prescriptions.
5. **First Report of Injury (FROI)** – We encourage employers to immediately report all workplace injuries. Report injuries 24/7 by phone, fax, email or online.

To access **state-specific forms**, visit www.ffvamutual.com/employers/claims/forms – click to expand state.

- **For medical emergencies, call 911**, and report the injury to FFVA Mutual's Claims Center at 800-226-0666 (available 24/7).
- For non-life-threatening injuries, call our Claims Center at 800-226-0666 (available 24/7). You may send injured workers to the closest walk-in clinic or hospital.
- After the claim is reported, your dedicated claims adjuster will begin to manage the injured worker's care and return to work transition.

Login assistance:

- Online Policyholder account, please contact our customer support staff at 800-346-4825 or customersupport@ffvamutual.com.

Rest assured your workers' compensation needs are covered with FFVA Mutual.

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WHEN A WORKPLACE ACCIDENT OCCURS

Immediately report all workplace injuries to our Claims Center at 800-226-0666 for 24-hour assistance and healthcare provider referrals. Notice of Injuries can be reported by email to claimsnoi@ffvamutual.com or by fax to 321-214-0235. **Please do not delay your call for lack of information**.

We will always ask for your tax ID number and policy number. Fill in below for quick reference:

Tax ID #_____ Policy # _____

Employee Information

- Address and Phone
- Date of birth
- Gender
- Marital status
- Name
- Social Security Number

Employee Job Information

- Average hourly wages
- Date disability began
- Hire Date
- Hours worked per day
- Payroll job class code

Employer Information

- Date employer first notified of injury
- Did injury occur due to not using a safety device?
- Do you agree with employee's description of the accident?
- Name, address and phone number
- Tax ID #
- Type of business

Injury Information

- Accident description
- Date and time injury reported to employer
- Time of day accident occurred
- Where accident occurred (address and county)

Medical Care Information

- Did employee request medical care?
- Name, address, phone of doctor or hospital providing initial care
- Was medical care provided?
- Was medical treatment authorized?

Work Information

- Has employee returned to work? (If yes, what date?)
- Last day employee worked
- What was the employee doing when injured?

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INITIAL TREATMENT AUTHORIZATION

To: Medical Facility:

From: Employer

Date:

RE:	Claimant	:
	D/B	:
	Soc. Sec. No.	:
	Employer	:
	D/A	:

Please accept this as authorization for initial medical treatment on the above-captioned injured employee. If this injured worker needs to be referred out, please call FFVA Mutual at 800-226-0666.

Please mail your bill and report to FFVA Mutual, PO Box 945927, Maitland, Florida 32794-5927; telephone number 800-226-0666; fax number (321) 214-0235.

Date: _____

_____ Full Duty

_____ Light Duty (as the employer participates in an Early-Return-to-Work Program)

Restrictions: _____

Diagnosis: _____

Next Office Visit: _____

Please provide the employee with a copy of the completed form.

Thank you for your prompt attention to the above.

MyMatrixx
By EVERNORTH

To the Injured Worker:

On your first visit, please give this form to any pharmacy listed on the back side to speed processing of your approved work-related injury prescriptions (based on the guidelines established by your employer).

Questions or need assistance locating a participating retail network pharmacy? Call the MyMatrixx Patient Care Contact Center at 800.945.5951.

Atencion Trabajador Lesionado:

En su primera visita, entregue este formulario a cualquier farmacia que se encuentre en el reverso del boleto para acelerar el procesamiento de sus recetas aprobadas para lesiones relacionadas con el trabajo (según las reglas establecidas por su empleador).

¿Tiene preguntas o necesita ayuda para localizar una farmacia participante? Llame al centro de contacto para pacientes de MyMatrixx al 800.945.5951.

Temporary Prescription Card

ID#: _____
Your SSN is your temporary ID.

RxBIN#: 003858

PCN: WC

RxGroup #: ZX3A

Date of Injury: _____
MM/DD/YYYY

For Workers' Compensation Only

Employee Information

_____
Full Name

_____
Street Address or PO Box

_____
City State ZIP

_____
Date of Birth

_____
Employer Name

To the Pharmacist:

MyMatrixx administers this Workers' Compensation prescription program. Please follow the steps below to submit a claim. Standard first fill shall not exceed a 14-day supply or a cost of $150. This form is valid for up to 30 days from date of injury (DOI). Limitations may vary.

For assistance, please call MyMatrixx at 888.786.9640.

Processing Steps:

1. Enter RxBin 003858
2. Enter PCN WC
3. Enter Rx Group Number ZX3A
4. Enter 9-digit member ID (Patient SSN)
5. Enter Date of Injury

Visit www.MyMatrixx.com to locate a participating pharmacy near you!

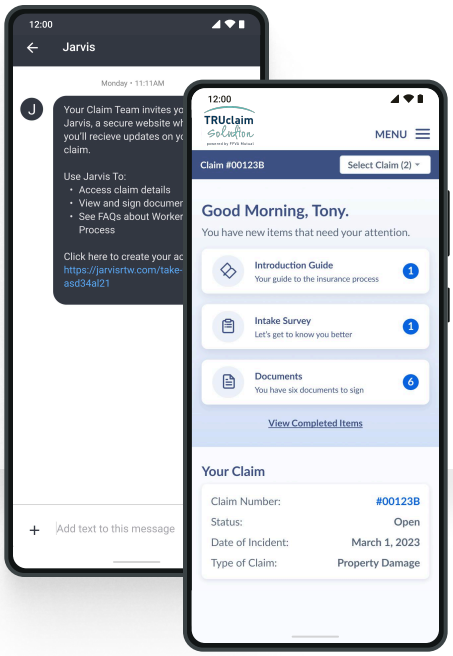
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CROSSTIE

TRUclaim Solution
powered by FFVA Mutual

Making Workplace Insurance Claims Easier

TRUclaim Solution is a website designed to support and guide injured workers through the Workers' Compensation process.



Top Benefits for Employers

By quickly connecting your employees to claim and recovery resources, Jarvis helps maintain positive relationships while guiding your employees back to work.

Connect Employee to Insurer

Once the claim is in Jarvis, your employee will receive a message from their claims team within 24 hours.

Return to Work Faster

Jarvis helps to minimize prolonged claims through proactive check-ins and streamlined claim processing.

Top Benefits for your Injured Workers

By increasing transparency and access to resources, TRUclaim Solution empowers injured employees to understand and easily navigate the claims process to achieve better outcomes.

Send messages anytime

Securely communicate with your insurance claims team via text, email, or in-app messaging 24/7.

View & sign documents faster

Read, upload, and e-sign documents directly in TRUclaim Solution without waiting for mail.

Appointments and Reminders

Reminders for upcoming appointments and to share updates with their claims team.

Expectation-Setting Content

Access to a library of resources and FAQs to reduce anxiety and extra communications.

THE USE OF THIS FORM IS REQUIRED UNDER THE PROVISIONS OF THE ALABAMA WORKMEN'S COMPENSATION LAW

WCC Form 2
Rev. 10/2012

STATE OF ALABAMA
EMPLOYER'S FIRST REPORT OF INJURY
OR OCCUPATIONAL DISEASE

CLAIM REFERENCE

1. Insured Report Number	2. Filing Office Claim Number	3. OSHA Log Case Number

EMPLOYER

4. Employer Business Name	ADDRESS, IF LOCATION DIFFERENT FROM BUSINESS ADDRESS
5. Physical Address 1	10. Mailing Address 1
6. Physical Address 2	11. Mailing Address 2
7. City 8. State 9. Zip	12. City 13. State 14. Zip

15. Federal ID Number	16. U.C. Account Number	17. NAICS

INSURER / FILING OFFICE

18. Insurer Name	21. Filing Office Name
	22. Mailing Address 1
19. Insurer Federal ID Number	23. Mailing Address 2 or Telephone Number
	24. City 25. State 26. Zip
20. Type Insurer Ins Co ☐ Self-Insurer ☐ Group Fund ☐	27. Filing Office Federal ID Number

EMPLOYEE / WAGES

28. First Name	32. Employee ID Number
29. Middle Name	33. Type Employee ID Number
30. Last Name	SSN ☐ Passport Number ☐ Green Card ☐
31 Last Name Suffix (ie. Jr., Sr., III)	Employment Visa ☐ Assigned by Jurisdiction ☐

34. Mailing Address 1	40. Gender Male ☐ Female ☐	41. Date of Birth
35. Mailing Address 2		
36. City 37. State 38. Zip 39. Phone		42.Nbr of Dependents

43. Marital Status Unmarried (Single or Divorced or Widowed) ☐ Married ☐ Separated ☐ Unknown ☐	44. Date Hired
45. Occupation Description	46. Number of Days Worked Per Week

47. Wages $	49. Received Full Pay For Day of Injury? Yes ☐ No ☐
48. Hourly ☐ Daily ☐ Weekly ☐ Bi-weekly ☐ Monthly ☐	50. Did Salary Continue? Yes ☐ No ☐

INJURY / TREATMENT

51. Date of Injury	52. Time of Injury a.m. ☐ p.m. ☐ unk ☐	53. Time Employee Began Work a.m. ☐ p.m. ☐	54. Date Disability Began	55. Date of Death

PLACE OF ACCIDENT, INJURY, OR EXPOSURE	61. Injury Occurred on Employer's Premises? Yes ☐ No ☐
56. Site Address	
57. City 58. State 59. Zip	62. Date Employer Notified
60. County	

63. DESCRIBE WHAT THE EMPLOYEE WAS DOING JUST BEFORE THE INCIDENT AND HOW THE INJURY OCCURRED. (Ex. While climbing a ladder and carrying roofing materials, ladder slipped on wet floor causing worker to fall 20 feet.)

PROVIDE DESCRIPTION CODES to identify **Nature of Injury**, **Part of Body** that was affected, and **Cause of Injury**.
(FOR COMPLETE LIST OF CODES, GO TO HTTP:// LABOR.ALABAMA.GOV/WC

64. Nature of Injury Code	65. Part of Body Code	66. Cause of Injury Code

67. Initial Treatment	No Medical Treatment ☐	68. Name of Treatment Facility
First Aid By Employer ☐	Minor Clinic / Hospital ☐	69. Address
Emergency Room ☐	Hospitalized Overnight ☐	70. City 71. State 72. Zip
Hospitalized > 24 Hours ☐	Outpatient Treatment ☐	

73. Name of Physician or Other Health Care Professional	74. Has Injured Returned to Work Yes ☐ No ☐	If so, 75. Date 76. Time a.m. ☐ p.m. ☐

OTHER

77. Date Prepared	78. Preparer's First Name	79. Last Name	80. Title	81. Preparer's Telephone Number

Tap into Our Safety Expertise

As an FFVA Mutual policyholder, you have access to our in-house safety experts for workplace training and resources to prevent injuries and reduce claim costs. Together, they are committed to providing you with industry-leading knowledge and resources to keep your employees safe at work. Learn more about our safety consultants and their areas of expertise below.

Safety and Loss Control Leadership



Ernesto Medina
Vice President of Safety & Loss Control



Karen Johnson
Safety Training & Resource Development Manager



David Kohl
Supervise Out-of-State (FL) Consultants
NC, SC, VA



Doug Maglich
Safety Supervisor
Central, West FL

Safety Consultants, Area of Expertise, and Territory



Arian Collick
Major Claim Investigations
North FL, South GA



Benjamin Smith
Ergonomic
IN,KY,MS,North GA,TN



Carol Norris
Education, Trending Topic & Training
North FL, South GA



Christina Luecke
Industrial Hygiene
Central, West FL



Christopher Tucker
Compliance & Life Safety
AL, GA



David Medina
Safety Consultant Trainee
FL



Jose Graulau
Training English and Spanish, Safety Key
Central, FL



Leonardo Nina
Safety Consultant
Central, East FL



Raul Gonzalez
Workers' Compensation
South FL



Yadira Richeson
Admin Support
Maitland, FL

* The combined expertise of our team is available to all policyholders no matter what state you are located in. Your consultant will collaborate with the appropriate *Solutionist* to provide the safety information and resources you need.

For contact information and to connect with your FFVA Mutual safety consultant, visit www.ffvamutual.com/safety/safety-team

Discover our free 30+ safety training courses at www.ffvamutual.com/safety/safety-training-request

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SAFETY & LOSS CONTROL

What sets FFVA Mutual apart is our hands-on approach to loss control provided by expert safety consultants. We offer a variety of services, training and resources at no additional cost to our policyholders.

Safety Services

- Ergonomic assessments
- Hazard identification
- Incident and accident analysis
- Industrial hygiene evaluations
- On-site and off-site training courses
- Regulatory compliance assistance
- Safety Key, an online toolkit
- Webcasts

Training Courses and Events

- Defensive driving
- First aid
- Hazardous communications
- Job hazard analysis (JHA)
- OSHA (10-hour) for construction and general industry
- Personal protective equipment (PPE)
- Recordkeeping
- Safety Leadership Academy

Unlock Safety Resources

Safety Key is an online area that provides access to:

- Customizable programs and policies
- Meeting materials, forms and checklists by topic
- On-demand webcast
- Safety program guides, general and by industry
- Workplace safety tips

To request a Safety Key login, visit https://www.ffvamutual.com/safety-key-login-request/ and submit form.

TOP 10 WAYS TO PREVENT MOTOR VEHICLE ACCIDENTS WHILE DRIVING FOR WORK

FFVA Mutual's Safety ***Solutionists*** are here to help you identify and eliminate motor vehicle accidents to keep employees safe on the road.

1	**Stay Focused Behind the Wheel:** Distracted driving is one of the top causes of work-related crashes. Avoid texting, eating, or adjusting devices. Always keep your eyes on the road.
2	**Buckle Up Every Time:** Seat belts save lives and reduce injury severity. Whether it's a short trip or a long haul, make buckling up automatic.
3	**Follow the Speed Limit:** Speeding cuts your reaction time. Drive at a speed that is safe for the road, traffic, and weather conditions.
4	**Avoid Driving When Fatigued:** Drowsy driving is as dangerous as impaired driving. Know your limits and take breaks during long shifts.
5	**Drive Only When Clear and Alert:** Prescriptions and over the counter medications can impair focus and reaction time. Know the risks and your responsibilities.
6	**Plan Your Route and Stops in Advance:** Map out your trip before you go. Planning reduces stress and helps avoid rushed decisions on the road.
7	**Keep a Safe Distance:** Tailgating increases crash risk. Leave enough space to stop safely, especially at higher speeds or in poor conditions.
8	**Adapt to Changing Conditions:** Weather, construction, and traffic require constant awareness. Adjust your driving as conditions change.
9	**Drive Defensively:** Expect the unexpected. Stay alert, anticipate the actions of other drivers, and always respond safely. Keeping your composure on the road protects everyone.
10	**Maintain Your Vehicle:** Regular maintenance prevents breakdowns and accidents. Report any mechanical issues as soon as you notice them.

Learn more and download your free safety resource packet at **ffvamutual.com/MVA-prevention-stand-down**