



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. **Mississippi Workers' Compensation Notice** – this poster **must be posted** in a conspicuous place for your employees to view. This poster should be present at all locations for your business.
2. **Mississippi Workers' Compensation Physician Choice form** – the injured employee may elect the physician/facility of his/her choice.
3. **When a Workplace Accident Occurs** – procedures to follow when reporting an injury.
4. **Initial Treatment Authorization** – to copy and send with your injured employee when treatment is sought.
5. **Pharmacy Benefit form** – to copy and send with injured employee to bring to the pharmacy when filling authorized prescriptions.
6. **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 online**, 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).
- For initial treatment have the injured worker elect a physician of his/her choice on the **Physician Choice** form.
- 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.

NOTICE OF MY PHYSICIAN CHOICE

Employee's Name _____

Employee's Social Security Number _____

Employer's Name _____

Injury Date _____ Part of Body Injured _____

MWCC No. _____ Insurance Carrier or TPA No. _____

I am claiming to have sustained a work related injury or illness. **I understand that my signature on this form has legal consequences and is binding on me.**

I understand that under the Mississippi Workers' Compensation Law I have the right to choose one physician to render treatment to me. I also understand that any referral to any other doctor must be made by my one chosen physician.

My employer may tender treatment to me by a physician of its choosing, and I understand that I can either accept the physician to whom I am sent by my employer or I can choose a different physician.

I also understand that after I make my choice, my employer or its workers' compensation insurance carrier must approve any physician change. *If, therefore, I change doctors without their permission I may be responsible for all expenses related to the unauthorized treatment.*

With that understanding, I make my choice as follows:

☐ I accept as my choice of physician my employer's tender of treatment by Dr. _____

☐ I elect to choose my own physician to render treatment, and that choice is Dr. _____

I understand that medical information under the Mississippi Workers' Compensation Law is not privileged and that my employer and its workers' insurance carrier are entitled to all medical information such as is necessary to carry out the workers' compensation law. This "choice of physician" form shall therefore also confirm that I authorize any doctor, physician, psychologist, hospital or other provider of medical and related care to release unto and/or discuss with my employer, their agents, employees, workers' compensation insurance carrier, third party administrator, or attorneys, all medical information including reports, psychological tests results, opinions, records, x-rays, x-ray reports, laboratory reports, nurses' notes, physicians' orders, and any and all other documents relating to any examination or treatment of myself.

I hereby agree that a copy of this authorization form shall have the same force and effect as the original and I further agree that this authorization shall remain valid so long as my claim against my employer remains open.

Employee

Date

Witnessed by:

Original – Employer's File

Copy – Employee

Copy – Carrier/Third Party Administrator

Copy - MWCC



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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:

From: Employer

Date:

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

Please accept this as authorization for initial treatment on the above-captioned injured employee. If this injured worker needs to be referred out, please call FFVA Mutual at 1-800-226-0666.

Please give the attached NOTICE OF MY PHYSICIAN CHOICE form to the injured worker at the time of the visit.

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.



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:

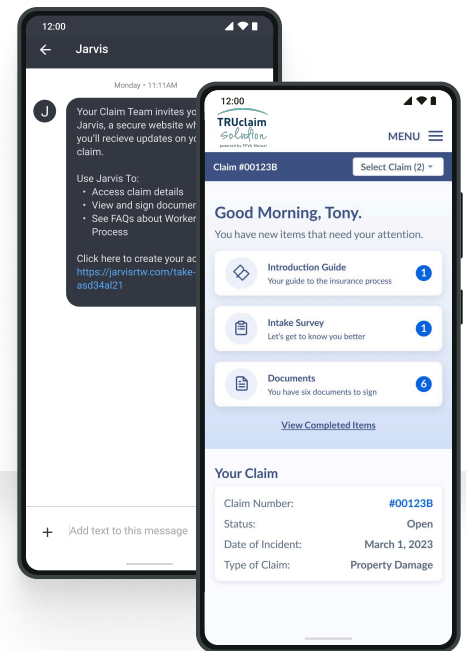
1. Enter RxBin 003858
2. Enter PCN WC
3. Enter Rx Group Number ZX3A
4. Enter 9-digit member ID (Patient SSN)
5. Enter Date of Injury

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



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.



For assistance, please call FFVA Mutual Insurance Co. (321) 214-5300

MWCC - WORKERS' COMPENSATION - FIRST REPORT OF INJURY OR ILLNESS

EMPLOYER (NAME & ADDRESS INCL ZIP)		CARRIER/ADMINISTRATOR CLAIM NUMBER				REPORT PURPOSE CODE	
		JURISDICTION		JURISDICTION CLAIM NUMBER			
		INSURED REPORT NUMBER					
		EMPLOYER'S LOCATION ADDRESS (IF DIFFERENT)				LOCATION #	
SIC CODE		EMPLOYER FEIN		PHONE #			

CARRIER/CLAIMS ADMINISTRATOR							
CARRIER (NAME, ADDRESS & PHONE NO)			POLICY PERIOD		CLAIMS ADMINISTRATOR (NAME, ADDRESS & PHONE NO)		
			TO				
			☐ CHECK IF APPROPRIATE ☐ SELF INSURANCE				
CARRIER FEIN		POLICY/SELF-INSURED NUMBER				ADMINISTRATOR FEIN	

AGENT NAME & CODE NUMBER							
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EMPLOYEE/WAGE									
NAME (LAST, FIRST, MIDDLE)			DATE OF BIRTH		SOCIAL SECURITY NUMBER		DATE HIRED	STATE OF HIRE	
ADDRESS (INCL ZIP)			SEX		MARITAL STATUS		OCCUPATION/JOB TITLE		
			☐ MALE (M) ☐ FEMALE (F) ☐ UNKNOWN (U)		☐ UNMARRIED/SINGLE/DIVORCED (U) ☐ MARRIED (M) ☐ SEPARATED (S) ☐ UNKNOWN (K)		EMPLOYMENT STATUS		
			# OF DEPENDENTS				NCCI CLASS CODE		
PHONE									
RATE		PER:	DAY	MONTH	#DAYS WORKED WEEK	FULL PAY FOR DAY OF INJURY?		YES	NO
		WEEK	OTHER:			DID SALARY CONTINUE?		YES	NO

OCCURRENCE/TREATMENT									
TIME EMPLOYEE BEGAN WORK		AM	DATE OF INJURY/ILLNESS	TIME OF OCCURRENCE	AM	LAST WORK DATE	DATE EMPLOYER NOTIFIED	DATE DISABILITY BEGAN	
		PM			PM				
CONTACT NAME/PHONE NUMBER				TYPE OF INJURY/ILLNESS			PART OF BODY AFFECTED		
DID INJURY/ILLNESS EXPOSURE OCCUR ON EMPLOYER'S PREMISES?				TYPE OF INJURY/ILLNESS CODE			PART OF BODY AFFECTED CODE		
☐ YES ☐ NO									
COUNTY WHERE ACCIDENT OR ILLNESS EXPOSURE OCCURRED					ALL EQUIPMENT, MATERIALS, OR CHEMICALS EMPLOYEE WAS USING WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED				
SPECIFIC ACTIVITY THE EMPLOYEE WAS ENGAGED IN WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED					WORK PROCESS THE EMPLOYEE WAS ENGAGED IN WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED				
HOW INJURY OR ILLNESS/ABNORMAL HEALTH CONDITION OCCURRED. DESCRIBE THE SEQUENCE OF EVENTS AND INCLUDE ANY OBJECTS OR SUBSTANCES THAT DIRECTLY INJURED THE EMPLOYEE OR MADE THE EMPLOYEE ILL								CAUSE OF INJURY CODE	
DATE RETURN(ED) TO WORK		IF FATAL, GIVE DATE OF DEATH		WERE SAFEGUARDS OR SAFETY EQUIPMENT PROVIDED?				YES	NO
				WERE THEY USED?				YES	NO
PHYSICIAN/HEALTH CARE PROVIDER (NAME & ADDRESS)				HOSPITAL (NAME & ADDRESS)				INITIAL TREATMENT	
WITNESSES (NAME & PHONE #)								NO MEDICAL TREATMENT (0)	
								MINOR: BY EMPLOYER (1)	
								MINOR CLINIC/HOSP (2)	
								EMERGENCY CARE (3)	
								HOSPITALIZED > 24 HRS (4)	
								FUTURE MAJOR MEDICAL/ LOST TIME ANTICIPATED (5)	
DATE ADMINISTRATOR NOTIFIED		DATE PREPARED		PREPARER'S NAME & TITLE				PHONE 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