



City of Hampton
PERSONNEL ADMINISTRATIVE INSTRUCTION

DATE: August 10, 1999	CHAPTER: 6	PAI No. 2	
REFERENCES: Section IV	SUBJECT: Workers' Compensation		
<p>I. <u>General:</u></p> <p>This instruction establishes the guidelines for administering a Workers' Compensation Program for City employees. Departments and Divisions shall comply with the procedures in this administrative instruction.</p> <p>II. <u>Applicability:</u></p> <p>Any employee, who sustains a work-related injury, develops an occupational disease, or death arising out of and during the course of employment with the City is entitled to file for Workers' Compensation benefits as prescribed by the Virginia Worker's Compensation Act and administered by the Virginia Workers' Compensation Commission. The purpose of Workers' Compensation is to provide financial benefits and medical care for employees who are injured while performing job duties. The Division of Risk Management is responsible for administering the Workers' Compensation Program and shall provide the expertise necessary to assist both management and employees regarding Workers' Compensation claims and related concerns. The services of a Third Party Administrator (TPA) have been contracted to provide medical management of each claim under the City's Self-Insured Workers' Compensation program.</p> <p>III. <u>Benefits Available:</u></p> <p>The Workers' Compensation Program shall provide the following benefits to eligible employees. Employees are eligible who have suffered a work related injury or illness as defined in the Virginia Workers' Compensation Act as found in Code of Virginia § 65.2-100 et seq. The exact amounts of and eligibility for these benefits shall be determined in accordance with the Act.</p> <p>A. <u>Medical Expenses:</u></p> <p>Medical, surgical, hospital and rehabilitation costs incurred as a result of a work-related injury or occupational disease.</p> <p>B. <u>Indemnity:</u></p> <p>Upon determination by a physician that an injured employee is not capable of returning to work and the employee is out of work for a period of 7 days, workers' compensation indemnity will begin. The employee will receive approximately 2/3 of gross average weekly wage. Indemnity payment will come for the TPA, not from the City's Payroll Office.</p>			
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C. Compensation for Lost Time:

When an employee is absent from work as a result of a work-related injury or occupational disease, no indemnity is paid the first seven (7) calendar days. The time missed from work will be considered as injury leave and the employee shall be paid normal salary by the employee's department. When an employee is absent from work for more than seven (7) calendar days because of a work-related injury or occupational disease, the employee shall receive Workers' Compensation Indemnity beginning the next calendar day.

D. Salary Make-Up:

A permanent employee, with five (5) or more years of service on the date of the work-related injury or occupational disease, may receive salary make-up from his/her department in addition to the regular Workers' Compensation benefit for a period not to exceed three (3) months. Salary make-up is defined as the difference between an employee's normal weekly salary/wages (not including overtime or holiday pay) and the amount of the Workers' Compensation benefit. Salary make-up shall be payable upon written authorization to the Division of Risk Management by the employee's Department Head. Risk Management will confirm the employee's workers' compensation status and provide the City's Payroll office with information concerning the amount of indemnity the employee is receiving. Expiration of the three (3) month period for salary make-up shall have no effect on an incapacitated employee's continued eligibility for regular Workers' Compensation benefits.

E. Effect of Workers' Compensation Status on Other Benefits:

When an employee is receiving Workers' Compensation but is not receiving salary make-up, the City shall pay the employee's share of the premiums/contributions for Group Health Insurance and Group Life Insurance. Risk Management will take the necessary steps to inform the City's Payroll Office and the appropriate manager/supervisor and Payroll Clerk of the injured employee's Workers' Compensation status. When an employee is receiving both Workers' Compensation and salary make-up normal deductions for such premiums/contributions shall be withheld from the employee's pay each pay period. When an employee is in a non-work status due to a work-related injury or occupational disease for an extended period (usually more than 30 days or 240 hours), the Department Head may defer the performance management evaluation until the employee returns to work and for such an additional period as may be necessary (not to exceed the period of time of the employee's absence) in order to fairly appraise the performance. The deferral shall be documented by the Department Head in a memorandum to the Director of Human Resources with a copy provided to the employee. Any increase that results from a deferred evaluation shall be prorated for the remainder of the evaluation period.

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IV. Reporting of Work Related Injuries and Illnesses

All injuries occurring on the job are considered work related until a review of the circumstances determine differently. Illness will be considered on a case by case basis after a review of the medical reports. Under no circumstances should initial medical attention be held up pending that review.

Employees are required to immediately inform their supervisors of all workplace injuries, conditions or illnesses. Reporting requirements are generally the same. Only timing requirements will vary depending on the type and severity of injury. . All required documents and instructions are attached to this instruction as Appendix A.

A. Emergency Medical Treatment Requiring Transport to a Hospital Emergency Room

1. Risk Management must be notified immediately by telephone with whatever details of the incident are available.
2. As soon as is practical after the injury, the Supervisor shall complete the **City of Hampton, Report of Work Related Injury or Illness** (Report Form) This form is for all City work related injuries or illnesses and can be found in the **Accident and Injury Reporting Packet**. (See appendix.)
3. Within 48 hours of the injury Public Works, Fleet Management, and Parks and Recreation Supervisors will forward this form to the Environmental Health and Safety Coordinator and follow their respective Departmental or Divisional requirements to notify the Department Head and payroll clerk. All other departments/divisions will forward this form directly to Risk Management within 48 hours of the incident.

B. Injuries Not Constituting An Emergency But Requiring Medical Treatment

1. These types of injuries will be treated by a physician selected by the injured employee from a Panel of Physicians. The names and locations of the panel physicians are located on the back of the Report Form.
2. Often times the type of injury will allow for the injured employee and the supervisor to complete the Report Form while the employee is selecting the treatment physician.
3. The employee must sign and date the Report Form confirming the injury information and acknowledging his/her selection of a physician.
4. The employee may decline medical care. The Medical Waiver on the Report form must be signed and witnessed by the supervisor. The employee should be informed that non-emergency treatment performed

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by a physician outside of the panel will be at the employee's expense and may not be reimbursed.

5. Prior to the employee leaving for medical treatment the supervisor will give the employee each of the following from the Reporting Packet:
 - i. A copy of the signed Report Form
 - ii. The Physician's Medical report signed by the supervisor
 - iii. Workers Compensation: Prescription Coverage document.

C. Superficial Injuries

Injuries such as minor cuts, bruises, small puncture wounds, scratches, etc., may be treated in the field or in the office by administering proper first aid procedures. The Report Form must be completed and forwarded as described in paragraph IV. A. above.

V. Responsibilities:

A. Department Responsibilities:

Each department is responsible for developing procedures that will allow the Department to meet the requirements in this policy.

The primary responsibility of each Department is the prevention of occupational injuries and illnesses. Therefore each department must maintain safe and healthy working conditions and enforce all applicable workplace safety rules and regulations. Risk Management is the source for information and assistance in carrying out this responsibility.

B. Employee Responsibilities:

1. Employees are required to exercise due care in the course of work to prevent injuries to self and fellow employees.
2. Employees are required to report all injuries, no matter how minor, to the manager/supervisor immediately. Failure to immediately report an injury may result in denial of benefits for coverage of lost time and/or medical expenses.
3. It is important that the employee's supervisor know the condition and work status of the injured employee. Therefore employees are required to report back to their supervisor the same day upon receiving medical treatment to discuss the employees work status.

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- Employees who have been placed in a “Do not return to work” status by the physician must call-in to the supervisor and either deliver or make arrangements for the supervisor to receive the applicable paper work.
 - Employees who are placed on limited or restricted duty must report back on the same day of receiving treatment to discuss work restrictions. If returning to work would mean returning after their regular shift hours the employee must return to work at the beginning of their next regularly scheduled shift.
 - Employees who are treated and the physician places no restrictions or limits regarding his/her job functions must return to work immediately after receiving treatment unless doing so returns them after the end of their scheduled shift.
4. It is the Employees responsibility to deliver to his/her supervisor all documentation regarding status, work restrictions, and information regarding their work status and to discuss the availability of work within any restrictions the physician has placed on the employee’s ability to work.
 5. The employee must keep the supervisor informed of all scheduled medical appointments.

C. Manager/supervisor Responsibilities:

1. The manager/supervisor will notify Risk Management immediately of any injury or illness that requires medical attention.
2. Managers/supervisors in Public Works, Fleet Management, and Parks and Recreation will forward the report of injury or illness to the Environmental Health and Safety Coordinator within 48 hours. They will also follow departmental or divisional requirements to notify the Department Head and Payroll Clerk. All other departments and divisions will forward this form directly to Risk Management within 48 hours of the injury or illness.
3. The manager/supervisor must submit the required forms to Risk Management within two (2) business days of the injury or illness.

D. Returning to Work Under Physician Assigned Restrictions and Limitations.

1. The Supervisor will review physician assigned work restrictions to

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determine the division's ability to comply.

2. The Supervisor will consider the requirements of PAI No. 2.3 – Section IV: Americans with Disabilities Act Amendments Act (ADAAA) and other applicable personnel instructions.

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Appendix A

The following documents are contained in this Appendix. Their use and distribution are explained below.

All injured employees should receive a copy of each of these documents whether they seek medical treatment or not.

Supervisors should retain copies of all documents signed by the injured employee.

1. **Report of Work-Related Injury or Illness:** This form is a detailed account of how, when, where, and why the injury occurred. It allows the employee to document the body parts injured and requests all information necessary to report the incident to the VWC otherwise known as the Virginia Workers' Compensation Commission. This report is due to Risk Management within 48 hours of incident.
2. **Panel of Physicians:** This form provides the employee with a panel of physicians certified and capable of handling work-related injuries. The physicians on the panel are Occupational Physicians and understand the working environment.

Employees are required to choose from the panel, and name the selected physician on the **Report of Work-Related Injury or Illness**. If the employee declines medical attention, the **employee must still select a physician** and go to that physician should the employee decide they do need medical attention.

3. **Physician's Medical Report:** This form should be presented by the employee to the physician when initial medical treatment is obtained. Once the physician fills this form out the employee is responsible to bring the form back to their supervisor. This form provides the supervisor with the capabilities of the employee post injury. The supervisor can then determine whether the employee is able to work under light duty or completely temporarily disabled from the incident. It will also inform the supervisor of the employee's follow-up appointment. The Supervisor must forward the form to Risk Management and the Department Head in accordance with specific Department/Division procedures.

This form only goes the first time to the physician's office with the employee once, physician's offices will carry their own return to work notices from the date of the second appointment and continuing.

It is the employee's responsibility to make sure their supervisor has the work status notes.

It is the Supervisor's responsibility to get all information received from the doctor's office to Risk Management in accordance with Dept/Div procedures.

4. **"TMESYS Prescription Coverage":** This form will allow the employee to obtain prescriptions issued by the treating physician with no out of pocket expense. The document should be given to all employees who are injured along with a copy of the **Report of Work-Related Injury or Illness** and **Physician's Medical Report**

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What To Do When An Injury Occurs

Have the employee fill out
'Report of Work-Related Injury or Illness' form
Please make sure they choose from
the **Panel Doctors** located on the back of the form
even if they choose not to seek treatment at this time

If the employee chooses to seek treatment at this time
Make sure they leave with the:
'Physicians Medical Report' along with the
'Workers Compensation Prescription Coverage' Sheet

Once the employee has completed
The **'Report of Work-Related Injury or Illness'**
Please turn the report in immediately to
Mark White

**In the event of an emergency please contact
Risk Management immediately at
(757) 727-6617
Emergency phone line
(757) 870-3472**

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CITY OF HAMPTON Report of Work-Related Injury or Illness EIR FORM 1000 (Revision Jan 2012)		NOTE: PLEASE FORWARD REPORT TO RISK MANAGEMENT AND SAFETY.	
Employee			
Name of employee (Last, First, Middle)		Social Security Number	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Department		Date of birth	Job Title
Time and Place of Injury/Illness			
Location where incident occurred	Date of injury or illness	Hour of injury or illness a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	Time began work a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>
Date injury or illness reported	Person to whom reported	Name of other witness	If fatal, give date of death
Incident Type		Injury Type	
<input type="checkbox"/> Animal Bite <input type="checkbox"/> Caught In /On / Between <input type="checkbox"/> Fall Same Level <input type="checkbox"/> Fall Different Level <input type="checkbox"/> Illness <input type="checkbox"/> Insect Bite		<input type="checkbox"/> Lifting <input type="checkbox"/> Push/Pull <input type="checkbox"/> Slip/Trip <input type="checkbox"/> Struck Against/By <input type="checkbox"/> Temperature <input type="checkbox"/> Other	
		<input type="checkbox"/> Abrasion <input type="checkbox"/> Bruise <input type="checkbox"/> Burn <input type="checkbox"/> Cut//Puncture <input type="checkbox"/> Other	
		<input type="checkbox"/> None <input type="checkbox"/> Skin Rash <input type="checkbox"/> Sprain/Strain <input type="checkbox"/> Fracture	
Body Part Affected			
<input type="checkbox"/> Left <input type="checkbox"/> Right / <input type="checkbox"/> Abdomen <input type="checkbox"/> Groin <input type="checkbox"/> Toes <input type="checkbox"/> Hand <input type="checkbox"/> Ankle <input type="checkbox"/> Wrist <input type="checkbox"/> Arm <input type="checkbox"/> Head <input type="checkbox"/> Back <input type="checkbox"/> Hip <input type="checkbox"/> Chest			
<input type="checkbox"/> Knee <input type="checkbox"/> Ear <input type="checkbox"/> Leg <input type="checkbox"/> Elbow <input type="checkbox"/> Mouth <input type="checkbox"/> Eye <input type="checkbox"/> Neck <input type="checkbox"/> Face <input type="checkbox"/> Nose <input type="checkbox"/> Shoulder <input type="checkbox"/> Other			
Employee's Action			
<input type="checkbox"/> Bending <input type="checkbox"/> Driving <input type="checkbox"/> Riding <input type="checkbox"/> Running <input type="checkbox"/> Sitting <input type="checkbox"/> Squatting <input type="checkbox"/> Standing <input type="checkbox"/> Walking <input type="checkbox"/> Other			
Surface Type			
<input type="checkbox"/> Brick <input type="checkbox"/> Dirt <input type="checkbox"/> Stone <input type="checkbox"/> Carpet <input type="checkbox"/> Grass <input type="checkbox"/> Tile <input type="checkbox"/> Concrete <input type="checkbox"/> Pavement <input type="checkbox"/> Wood <input type="checkbox"/> Other			
Employee's Version of How Incident Occurred			
Physician's Information			
Panel Physician (name and address)		Note to Supervisor: Please make sure employees choose from the Panel Doctors located on the back of the form even if they choose not to seek treatment at this time.	
_____ Medical Assistance Waiver: (Please initial in space provided) I do not want to schedule an appointment at this time.			
Has employee returned to work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
EMPLOYEE: (name, signature, title)		Date	Phone Number
Supervisor's Comment			
SUPERVISOR: (name, signature, title)		Date	Phone Number
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IMPORTANT FACTS ABOUT WORKERS' COMPENSATION

It is the employee's responsibility to:

- Report any work-related injury or illness immediately to his/her supervisor
- If necessary, see a doctor on the Panel of Physicians for medical treatment and follow the doctor's instructions.
- Get written authorization from physician indicating work status. A disability note is required for ALL time missed and cannot be back dated.
- Stay in touch with his/her supervisor and provide supervisor with doctor's written authorization for work status.

The Virginia Worker's Compensation Act directs coverage for workers injured in a work-related accident or who develops a work-related illness. Risk Management's compensation claims administrator determines if an injury or illness is covered under the Act and may conduct an investigation to make that determination. **Please be aware that not all circumstances are covered.**

Workers' compensation benefits:

- Begin on the eighth calendar day of disability.
- Are normally equal to two-thirds of your average weekly earnings.
- Are not subject to federal, state or social security taxes.
- Are paid by special checks issued through our workers' compensation claims administrator.
- Cover expenses for medical treatment provided by a doctor selected from the approved panel of physicians.

PANEL OF PHYSICIANS

When a work-related injury requires immediate medical care, the first concern is to assure prompt and appropriate treatment—then a supervisor should be notified. For serious injuries an ambulance should be called to transport the employee to the hospital. The following physicians are authorized to provide medical care for work-related injuries:

Dr. Michael Baddar
I & O Medical Center
593 Aberdeen Road
Hampton, Va
757-825-1100

8:00am-7:00pm Monday-Friday
8:00am-6:00pm Saturday
11:00am-2:00pm Sunday

No appointment needed walk-in

Dr. Lawrence Hyman
Tidewater Family Medicine
2114 Hartford Road
Hampton, Va
757-826-3460

8:30am-5:00pm Mon, Tues, Thrus, Fri
8:30am-12:00pm Wed
Not open Saturday or Sunday

By appointment only

Dr. Robert Mahoney
Sentara Medical Group
747 J. Clyde Morris Blvd
Newport News, Va
757-599-6117

8:00am-8:00pm Monday-Friday
8:00am-6:00pm Saturday
10:00am-4:00pm Sunday

No appointment needed walk-in

Dr. Roxanne Dietzler
732 Thimble Shoals Blvd. Suite 102
Newport News, Virginia 23606
(757) 599-3623

7:00am-6:00pm Monday thru Friday

No appointment needed walk-in

NOTE: You can help control our medical costs by using the hospital emergency room only when medically necessary (life threatening). Hospital emergency rooms will be used for treatment of emergencies only. Emergency care is defined as profuse bleeding, broken bones, unconsciousness, shock, etc.

To be covered for payment, treatment other than emergency care must be sought from a doctor on this Panel of Physicians. Any exceptions require prior approval from the workers' compensation claims administrator. If you select any other physician for treatment, including your own doctor, you must pay for this expense. Please note that medical expenses for work-related injuries or illnesses are not covered by our group medical insurance plans (eg. Trigon Blue Cross and Blue Shield, MAMSI)

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**CITY OF HAMPTON AND HAMPTON CITY SCHOOLS
PHYSICIAN'S MEDICAL REPORT**

TO PHYSICIAN: Please treat _____ for the injury he/she reported receiving while working on (date) _____.

SUPERVISOR: _____ **SCHOOL NAME/CITY DEPARTMENT:**

TO BE COMPLETED BY THE ATTENDING PHYSICIAN

Is this event work-related? Yes No

Date and Time of Visit: _____ **Discharge Time:** _____

Diagnosis and Treatment: _____

Is employee taking any medication which could affect behavior or performance at work? Yes No

Is employee scheduled for a follow-up visit: Yes No If Yes, When? _____

Employee can return to work:

With no restrictions on (date) _____

With restrictions on (date) _____

No work until (date) _____

Please check work restrictions which apply:

No use of affected limb Limited use of affected limb Limited walking

Limited bending/stooping/climbing No work outside Keep affected part clean and dry

No lifting over _____ lbs. No operating of equipment No Driving

Other _____

Additional comments and instructions: _____

Physician's Signature _____

NOTICE TO PHYSICIAN:

We expect the best medical treatment and care you can provide for our employee. We also want him/her to return to work as soon as possible so that he/she can continue to receive full wages and so that we can maintain continued efficiency and minimize our accident costs.

In most cases, we believe that getting the employee back to work is the best rehabilitative treatment we can provide. We recognize that this depends on the physical limitations, if any, and the jobs available. We make every effort to offer temporary work consideration for our employees. Please call RISK MANAGEMENT at 757-726-6617 if there are any questions about our employees not being able to return to work.

Once you have completed this form, hand it back to the employee so that he/she can return it to the supervisor.

SUPERVISOR: PLEASE SEND ORIGINAL OF THE COMPLETED FORM TO RISK MANAGEMENT.

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Workers Compensation: Prescription Coverage

PMA Management Corp, a subsidiary of *The PMA Insurance Group*, provides prescription coverage for your workers' compensation claims through our partnership with the *TMESYS™* Workers' Compensation Pharmacy PPO. Virtually all major pharmaceutical stores can bill on-line through this network.

Medication prescriptions can be filled with **NO MONEY OUT-OF-POCKET**.

All claims should be reported to PMA immediately. However, if the first trip to the pharmacy is prior to this claim being fully registered in PMA's system, the pharmacy can still process the prescription fill through TMESYS on-line through their "**FIRST FILL**" program if it is during normal business hours. If TMESYS does not recognize the employee's name/SSN, the pharmacist will need to contact TMESYS to request a short fill (10 day supply) under their FIRST FILL program. TMESYS will then contact PMA to obtain basic verification of coverage with VADA and it can then be direct billed on-line.

A sampling of the pharmacies that participate is listed below. However, if you don't see one you are looking for listed, call TMESYS @ **1-800-964-2531** to find a pharmacy close to you.

**MAKE COPIES OF THIS PAGE AND SIMPLY HAND THIS TO THE EMPLOYEE
WHEN THE INJURY IS REPORTED.**

PMA Injured Worker Prescription Information Sheet

TAKE TO PHARMACY

Injured Worker Name: _____

Social Security#: _____ **Date Of Injury:** _____

Dear Injured Worker,

On your first visit, please give this notice to any pharmacy listed on this insert to expedite the processing of your approved Worker's Compensation prescriptions, based on the established parameters by **PMA** as explained above.

(The PMA policyholder name is City of Hampton or Hampton Public Schools)

Dear Pharmacist,

Please call Tmesys to obtain the ID # necessary to process the medications for this injured worker. Your company has signed an Agreement to participate in the *Tmesys™* Workers' Compensation Pharmacy PPO. If you do not find us in your computer or your plan book, please call Tmesys™ immediately at 800-964-2531. Thank you for your assistance.

Sincerely, Tmesys™, Inc.

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DRUG STORES HONORING TMESYS PRESCRIPTION PROGRAM.

ALL PARTICIPATING PHARMACIES HAVE NOT BEEN INCLUDED ON THIS LIST. PLEASE CALL TMESYS REGARDING ANY QUESTIONS (800) 964-2531	
CHAIN NAME	INDEX NAME
CVS Drugs	Condor Code: 8822
Drug Center Pharmacy	Index: TMESYS
K-mart phcy	Carrier code: TYS
Publix	carrier:TME plan: SYS or TYS
Rite-Aid drugs	TMESYS
RX Discount Pharmacy	input code:TME
Safeway Phcy	processor code: TME or TYS
Sams Club Pharmacy	carrier code: TME
Thrift Drug	carrier code: 4139
Vons	carrier: TME
Walgreens	carrier code: TMEWC
Wal-Mart phcy	carrier: TME

NOTE: If employee can not get to a TMESYS partner drugstore, the employee can pay out of pocket for the initial prescription and will be reimbursed 100% by PMA. Contact Risk Management for information regarding reimbursement.

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CITY OF HAMPTON Report of Property Damage EDR FORM 2000		NOTE: PLEASE FORWARD REPORT TO SAFETY AND RISK MANAGEMENT	
Employee			
1. Name of employee (Last, First, Middle)		2. Phone number	3. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
4. Division		5. Date of birth	6. Marital status <input type="checkbox"/> Single <input type="checkbox"/> <input type="checkbox"/> Married <input type="checkbox"/> Widowed
7. Job Title	8. Date of Hire	9. SSN (Last 4 digits)	
Accident Information			
10. Type of Accident <input type="checkbox"/> Vehicle <input type="checkbox"/> Property Damage <input type="checkbox"/> Near Miss <input type="checkbox"/> Utility Damage			
11. Time of accident	12. Date of accident	13. Location of accident	
14. Time accident reported	15. Person to whom reported	16. Name of other witness/Other property involved	
17. Property (1) Involved (include serial or registration number)		18. Extent of damage and estimated cost	
19. Property (2) Involved (include serial or registration number)		20. Extent of damage and estimated cost	
Nature and Cause of Accident			
21. Events that lead to mishap			
22. Employee's: (signature)			23. Date
Supervisor's Comment			
24. Supervisor's (name and title)		25. Division	
26. Supervisor's Comment:			
27. Corrective action (Completed by supervisor)			
28. Supervisor's: (signature)			29. Date
Risk Management/Safety Comment			
30. Comments:			
31. Risk Management/Safety: (signature)			32. Date
Information from this used report damage to city or private property Report			Employee's Damage (rev. 08/2011)
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