



MEMORANDUM

DATE: Current Plan Year
TO: All PPR Associates
FROM: Terri Cohen, Manager
SUBJECT: Workers' Compensation

The Workers' Compensation Law provides a system of compensating associates who are accidentally injured and/or disabled as a direct result of their employment. This is a form of insurance provided by PPR at no cost to you.

If you are injured on the job, please report the incident to the Human Resources Department immediately. A Notice of Injury form (see attached) must be completed for any injury, regardless of how slight.

Home Office Associates:

If treatment by a physician is necessary, you will need to go to the following facility:

Baptist/St. Vincent's Occupational Health
Beaches Office - 900 Beach Boulevard
Jacksonville Beach, Florida 32250
904-249-0335

Field Associates:

If treatment by a physician is necessary, you can go to your current facility.

**If you are in a life-threatening situation,
go to the emergency facility nearest to you for treatment immediately**



healthcare staffing

WORKERS' COMPENSATION CLAIM INFORMATION

Should you be injured on the job, IMMEDIATELY:

1. Gather the following information.
2. Fax a copy of this form to 888-778-5039.

INJURED WORKER:

Name _____ SSN _____

Address _____

Home Phone# _____ Work Phone # _____

Sex M/F Marital Status _____ Number of Dependents _____

Date of Birth _____ Date of Hire _____

Job Title _____ Wage Information \$ _____ per hour

Regular Work Hours: From _____ To _____ Hours Per Week _____

INJURY:

Date _____ Time _____ Where _____

Witness _____ Telephone Number _____

Type of Injury (cut, burn, etc.) _____

Exact Part of Body Injured _____

Describe the Incident: _____

Name and Address of Physician and Hospital That Treated Injury _____

Any Missed Time From Work _____ Return to Work Date _____