



METS WORKERS COMPENSATION NOTICE

All METS employees are covered by the Worker's Compensation Act for injuries occurring on the job. When a METS employee is injured while on assignment, the following process should be followed to ensure the employee receives immediate care when medically necessary and any/all follow up treatment is managed in a timely manner.

- **All** injuries for METS employees must be reported to METS utilizing the **METS Accident Report** within 3 days of the accident. This includes minor injuries that do not require medical treatment (example: small cuts, bruises, sprains, etc)
- For minor injuries that do not require medical treatment, the METS Accident Report should be completed at the time of the injury and faxed directly to the METS Workers Compensation Representative.
- For injuries that require immediate medical attention/life threatening, the METS Accident Report should be completed within 3 days of the injury and the employee should be sent for medical treatment to the nearest company approved medical facility. A copy of the **Authorization for Medical Treatment Form**, should accompany the employee. For **any** accident requiring immediate treatment, including EMS and/or hospitalization, contact should be made immediately, by telephone, to the METS Workers Compensation Representative to report the injury, in addition to completion of the METS Accident Report.
- Injured METS employees who require medical attention should be directed to the health care provider the district uses for medical treatment.
- It is METS's goal to have all injured employees return to normal work activities as quickly as possible; employees are required to attend all scheduled appointments related to the treatment of their injuries. If a scheduled appointment occurs on a day when the employee is working, the employee is expected to schedule their appointment around their work schedule.
- To request additional forms or for any questions related to the METS Workers Compensation Process, please refer to the contact information provided below or visit the METS website at www.contractbusdrivers.com

METS Contact Information:

Kim Badder
140 Kent Street
Portland, MI 48875
Phone: (517) 526-1006
Fax: (517) 647-7535



METS Employee Accident Report

Fax to Kim Badder at 517-647-7535

Please print clearly and complete all sections of the accident report.

Person involved in incident: _____
Last Name First Name Middle Name

Worker's Job Title: _____ Worker's Location: _____

Home Street Address Apt#/PO Box City State Zip

Primary Phone (include area code) _____ Secondary Phone (include area code) _____

Date of Incident: _____ Time of Incident: _____ a.m. p.m. Date Reported: _____

Worker's Shift: (from) _____ a.m. p.m. to _____ a.m. p.m.

Location Where Accident Occurred: _____

Address Where Accident Occurred City State Zip

What was employee doing when accident occurred? (Be specific)

Was there an unsafe condition that caused the injury? (check one): yes no If yes, please list the unsafe condition that caused the injury:

Nature of Injury (strain, cut, bruise, etc):

Body Part(s) Affected:



METS Authorization for Treatment

Date: _____

METS authorizes the medical facility and/or doctor to render necessary treatment to injured employee (Employee Name): _____

Who alleges a work related injury occurred on (date of injury): _____

Nature of injury: _____

Date of Birth

Social Security Number

Home Mailing Address:

PO Box/Apt #:

City

State

Zip Code

Telephone (primary)

Telephone (secondary)

e-mail

Medical Facility/Doctor:

Facility/Doctor Phone:

Authorized Signature (ie District Supervisor)

Title

**All bills should be directed to:
Accident Fund Insurance Company
PO Box 40790
Lansing, MI 48901-7990
Fax: 517-3162747
Policy Number:WCV6053083**

**All additional information should be directed to:
METS
Kim Badder
Phone: 517-526-1006
Fax: 517-647-7535
e-mail: kimbadder@contractbusdrivers.com**