

EMPLOYER PROFILE QUESTIONNAIRE

Applicant:

Attach separate page(s) as needed for responses to questions.

1. Do you have written claims handling instructions with your current Third Party Administrator (TPA)?
 Yes, provide a copy
 No, complete the following

Describe your claim review process and the timing of the meetings with your TPA.

Describe the services that you are utilizing from your TPA (Loss Prevention, PPO Networks, Pharmacy Management, Medical Bill Review, Nurse Case Management, etc.).

Describe your authority limits/guidelines granted to your TPA for settlements and reserve changes.

2. Describe how you are utilizing your loss data to identify program gaps, trends, and issues (frequency and loss cause analysis, lag-time reporting, incident and/or near miss tracking).

Who provides the data for the trending and how often is it analyzed?

Who receives a copy of your loss trending analysis within your company?

What are the three top causes of losses that you see from a frequency and severity standpoint and what are you doing to manage these losses?

3. Do you have a safety committee?

Yes No if yes, provide detail on the following.

What are the primary tasks of the safety committee (program development, establishing policies and procedures, inspections, reviewing loss trending reports, etc.)?

How often do the committees meet?

What level of employees sit on the safety committee (senior leaders, managers, supervisors, front-line employees, etc.)?

Do you have an example of something that your safety committee has accomplished that has resulted in a safer work environment?

4. What types of safety training are provided to your employees?

If safety training is provided, who is conducting the training (Human Resources, Training Department, Safety Professional – internal and/or external, etc.)?

What level of employee is required to sit through the safety training?

How do you ensure employees follow through with the safety training that has been provided?

Do you have an example of training that has been recently conducted that addresses one of your top causes of loss?

5. Describe your policy toward regular hazard analysis inspections (how often, who performs the inspections, what are their qualifications for identifying hazards, etc.).

Do you have a formal policy for hazard correction? Yes No

Who is responsible for ensuring that hazards are corrected?

6. Describe your accident investigation procedures (formal, written procedures in place, root cause analysis conducted, roles and responsibilities have been assigned, qualifications of employees conducting investigations, etc.).

7. Describe your transitional duty program (formal written program, return to work coordinator, applied consistently throughout the company, written transitional duty descriptions or tasks, etc.). Who is responsible for coordinating your transitional duty program?

8. Describe your claims reporting process, including reporting time requirements (policy is posted, employees required to report within 24 hours of incident/accident, reporting policy is enforced).

9. What is your Risk Management and/or Safety Mission Statement?

10. How is senior management involved in your workers compensation program?

Completed By:

Title: Date:

Phone: Email: