

# Community College of Philadelphia

*The Path to Possibilities.*

I, \_\_\_\_\_, acknowledge that I have received Community College of Philadelphia's Workers' Compensation Benefits Policy and Procedure and I understand the following:

- All work related injuries must be reported to the Human Resources Department.
- Community College of Philadelphia will pay through AmeriHealth Casualty Services (the College's workers' compensation administrator) for reasonable hospital treatment, medicines, medical services and supplies, and orthopedic appliances and prostheses, in accordance with the Pennsylvania Workers' Compensation Act regulations.
- If I am out of work due to a work related injury, I must seek medical treatment with AmeriHealth's designated physicians or medical facilities for the first 90 days.
- I must provide a note from the network physician/medical facility to substantiate any work related injury absence.
- I will be paid my full salary or rate of pay by the College for the first week (five days).
- Workers' Compensation benefits will be initiated and paid by AmeriHealth if I am out of work for two or more weeks due to a substantiated work related injury. This benefit will be effective and paid from the first day that I am out of work.
- I agree that, if I am out of work for two or more weeks due to a work related injury, I will sign over to Community College of Philadelphia the first week check received from AmeriHealth, due to the double payment.
- I understand that workers' compensation benefits are based on a formula and percentage of pay which is approximately 66% up to the state maximum cap limit.
- If I am referred to physical therapy (network therapists) by my workers' compensation doctor I understand that I must schedule my appointments before or after work hours. Otherwise, I may work out a schedule with my supervisor to make up time off for physical therapy visits.
- I understand that physical therapy appointments are not paid by the College and that I cannot use "Injured on Duty" to receive paid time for these appointments.

Agreed and signed by:

\_\_\_\_\_  
Print

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date