

# LESSONS LEARNED FROM LOSSES

## MONTHLY NEWSLETTER - NOVEMBER 2022

# REPORTING REFRESHER

- **WORKERS' COMPENSATION:** REPORTING THE CLAIM AS SOON AS POSSIBLE TO QUAL-LYNX IS INTEGRAL IN KEEPING THE COSTS DOWN. PLEASE CALL [1-888-342-3839](tel:1-888-342-3839). **REPORTING CLAIMS WITHIN 3 DAYS OF THE INJURY RESULTS IN A CLAIM WITH LOWER COSTS!**
- **LIABILITY:** DELAYED REPORTING CAN HAMPER THE BEST POSSIBLE DEFENSE THAT QUAL-LYNX, THE DEWESEE LAW FIRM AND THE DEFENSE PANEL CAN PROVIDE.
- **PROPERTY:** DAMAGES CAN WORSEN IF NOT MITIGATED TIMELY LEADING TO INCREASED COSTS AND POTENTIALLY NO COVERAGE FOR PORTION OF THE CLAIMS.

CLAIMS REPORTING ROADMAPS RIGHT ON THE HOMEPAGE OF YOUR WEBSITE  
GO TO THE CLAIMS TAB AND CLICK ON CLAIMS ROADMAPS

**WORKERS' COMPENSATION CLAIMS ROADMAP**  
 When an employee or qualified volunteer reports an injury arising out of and in the course of their employment.

**Step 1 Gather basic information:**  
 On First Accident Report (FAR) for guidance. Date, Place and Time of Occurrence. How Injury Occurred. Type of Injury. Witness Info: Name and Phone. EI Info: Name, DOB, SSN, Address, Phone.

**Step 2 Report the Claim to the Intake Department:**  
 Phone: 1-888-342-3839. Facsimile: 1-609-365-4000.

**Step 3** If medical treatment is requested, ensure first aid has been administered and/or direct injured EE to an authorized physician.

**Step 4** Complete and forward Supervisor Incident Report per instructions. Send 25 Week Wage Statement to: [db00@qual-lynx.com](mailto:db00@qual-lynx.com) or fax 609-601-3136.

**Step 5** State of New Jersey First Report of Injury or Illness (FROI) is generated and a copy is sent to the Claims Coordinator.

The entire Qual-Lynx Workers' Comp Team is available to assist you as needed with your Workers' Compensation claims. \*Refer to [www.acnjf.org](http://www.acnjf.org) for forms and instructions.

**LIABILITY CLAIMS ROADMAP**  
 When someone is Charged (Criminal or Civilly) Resulting from the Action/Reaction of the Municipality.

**Step 1** Initial of Case reported to the Municipality. Complete (LIAB) ACORD. Stop Work if necessary.

**Step 2** Forward Notice of Date Available (NODA) and/or Letter of Denial (LOD) to the Claims Coordinator with a copy to the Claims Coordinator/Panel Selector.

**Step 3** Qual-Lynx assigned adjuster forwards the Tort Claims Act Questionnaire (TCA) to the Municipality with a copy to the Claims Coordinator/Panel Selector.

**Step 4** Complete TCA received from Municipality to the Qual-Lynx assigned adjuster.

**Step 5** If Municipality is served with Summons & Complaint forward it to the Claims Coordinator. Claims Coordinator shall send it to Liability Panel Selector and Panel Selector.

**Step 6** Panel Selector will copy Claims Coordinator on defense counsel appointment letter. Defense counsel and Qual-Lynx adjuster will be filed in accordance.

The entire Claims team will walk you through every step of the claims process and take actions on your behalf if necessary.

**PROPERTY CLAIMS ROADMAP**  
 When there is damage to a vehicle, building or equipment owned by the Municipality. This is a 3<sup>rd</sup> Party Property Claim.

**Step 1** Complete Property Claim Form and 0-100 and 0-100 AC and send to the Property Claims Coordinator. Please include at least the following 4 items of information.

**Step 2** Mitigate damages by securing up water or handling up vehicles. Detail car not being used in report state coverage. Protect involved equipment, if it may be evicted.

**Step 3** Remove vehicles from establishments changing coverage. Use photos taken at the time of the incident.

**Step 4** New Residents - State Inquiries - Save Agreements. Can be used with zoning the claim and with litigation.

**Step 5** Qual-Lynx will handle the claim to conclusion and follow-up for any Subsequent/Damage Potential.



- ALSO, UNDER THE CLAIMS TAB IS INFORMATION TO HELP YOU WITH REPORTING CLAIMS, SUCH AS;
- SUPERVISOR'S INCIDENT REPORT & FIRST ACCIDENT REPORT, ACORD FORMS, LIST OF URGENT CARE PROVIDERS, QUAL-LYNX NAMES AND CONTACT INFORMATION
- CYBER INCIDENT INFORMATION

