



ONE TOWER SQUARE  
HARTFORD CT 06183

WORKERS COMPENSATION  
AND  
EMPLOYERS LIABILITY POLICY

EXTENSION OF INFO PAGE-SCHEDULE WC 00 00 01 ( A)

POLICY NUMBER: UB-6N259033-22-14-G

INSURER: THE TRAVELERS INDEMNITY COMPANY OF AMERICA

INSURED'S NAME: CHAMPLAIN COLLEGE INCORPORATED

13439-IL

RATE BUREAU ID: 911451999

EXP. MOD. EFFECTIVE DATE: 02-15-22

CLASSIFICATION	CODE	PREMIUM BASIS	RATES	ESTIMATED
		ESTIMATED TOTAL ANNUAL REMUNERATION	PER \$100 OF REMUNERATION	ANNUAL PREMIUM
LOCATION 001				
FEIN 030220266 ENTITY CD 001 00				

CHAMPLAIN COLLEGE  
INCORPORATED

IL- NO BUSINESS LOCATION

COLLEGE: PROFESSIONAL EMPLOYEES & CLERICAL	8868	51209.00	0.33	169
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IL MANUAL PREMIUM \$ 169

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1.10% EMPL. LIAB. INCREASED LIMITS (9807)	\$	2
TOTAL PREMIUM SUBJECT TO EXPERIENCE MOD.		171
EXPERIENCE MODIFICATION:0.65 MODIFIED PREMIUM		111
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM		111
-4.60% PREMIUM DISCOUNT (0064)		-5
TERRORISM (9740)		19
CAT (OTHER THAN CERT ACTS OF TERRORISM) (9741)		9
TOTAL ESTIMATED PREMIUM		134
1.01% IL WC COMM OP FUND SURCHARGE		1
TOTAL PREMIUM		135
DEPOSIT AMOUNT DUE		135

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## **ILLINOIS AMENDATORY ENDORSEMENT**

This endorsement applies because Illinois is shown in Item 3.A. of the Information Page.

Part Two – Employers Liability Insurance, Section B. (We Will Pay), Item 3. of the policy is replaced by the following:

3. For consequential bodily injury to a party to a civil union, spouse, child, parent, brother or sister of the injured employee; provided that these damages are the direct consequence of bodily injury that arises out of and in the course of the injured employee's employment by you; and

Part Five – Premium, Section G. (Audit) of the policy is replaced by the following:

### **G. Audit**

You will let us examine and audit all your records that relate to this policy. These records include ledgers, journals, registers, vouchers, contracts, tax reports, payroll and disbursement records, and programs for storing and retrieving data. We may conduct the audits during regular business hours during the policy period and within three years after the policy ends. Information developed by audit will be used to determine final premium. The National Council on Compensation Insurance has the same rights we have under this provision.

Part Six – Conditions, Section A. (Inspection) of the policy is replaced by the following:

### **A. Inspection**

We have the right, but are not obliged, to inspect your workplaces at any time. Our inspections are not safety inspections. They relate only to the insurability of the workplaces and the premiums to be charged. We may give you reports on the conditions we find. We may also recommend changes. While they may help reduce losses, we do not undertake to perform the duty of any person to provide for the health or safety of your employees or the public. We do not warrant that your workplaces are safe or healthful or that they comply with laws, regulations, codes, or standards. The National Council on Compensation Insurance has the same rights we have under this provision.

Part Six – Conditions, Section D. (Cancellation) of the policy is replaced by the following:

### **D. Cancellation**

1. You may cancel this policy. You will mail or deliver advance written notice to us, stating when the cancellation is to take effect.
2. We may cancel this policy. We will mail to each named insured at the last known mailing address advance written notice stating when the cancellation is to take effect. We will maintain proof of mailing of the notice of cancellation. A copy of all such notices shall be sent to the broker or agent of record, if known, at the last known mailing address. The broker or agent of record may opt to accept notification electronically.
3. If we cancel because you do not pay all premium when due, we will mail the notice of cancellation at least ten days before the cancellation is to take effect. If we cancel for any other reason, we will mail the notice:
  - a. At least 30 days before the cancellation is to take effect if the policy has been in force for 60 days or less;
  - b. At least 60 days before the cancellation is to take effect if the policy has been in force for 61 days or more.

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4. If this policy has been in effect for 60 days or more, we may cancel only for one of the following reasons:
  - a. Nonpayment of premium;
  - b. The policy was issued because of a material misrepresentation;
  - c. You violated any of the terms and conditions of the policy;
  - d. The risk originally accepted has measurably increased;
  - e. The Director has determined that we no longer have adequate reinsurance to meet our needs; or
  - f. The Director has determined that continuation of coverage could place us in violation of the laws of Illinois.
5. Our notice of cancellation will state our reasons for cancelling.
6. The policy period will end on the day and hour stated in the cancellation notice.

Part Six – Conditions, Section E. (Sole Representative) of the policy is replaced by the following:

**E. Sole Representative**

The insured first named in Item 1 of the Information Page will act on behalf of all insureds to change this policy, receive return premium, or give us notice of cancellation.

Part Six – Conditions of the policy is changed by adding the following:

**F. Nonrenewal**

1. We may elect not to renew the policy. We will mail to each named insured the nonrenewal notice at the last known mailing address at least 60 days prior to the expiration of the current policy. We will maintain proof of mailing of the nonrenewal notice. An exact and unaltered copy of such notice will also be sent to the named insured's producer, if known, or the producer of record at the last known mailing address. The named insured's producer, if known, or the producer of record may opt to accept notification electronically.
2. If we fail to give at least 60 days' notice prior to the expiration date of the current policy, the policy will automatically be extended for one year under the same terms and conditions. We may increase the renewal premium, but such increase must be less than 30% of this policy's premium and notice of such increase must be delivered to the named insured on or before the date of expiration of this policy. Additionally, in accordance with 215 ILCS 5/462a, we may be required to provide the named insured with 30 days' written notice prior to the expiration of this policy if the renewal premium is in excess of 5% above the rate recommendation filed with and approved by the Illinois Department of Insurance.
3. Our notice of nonrenewal will provide a specific explanation on the reasons for not renewing.
4. If we fail to provide the notice of nonrenewal as required, the policy will still terminate on its expiration date if:
  - a. You notify us or the producer who procured this policy that you do not want the policy renewed; or



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- b. You fail to pay all premiums when due; or
- c. You obtain other insurance as a replacement of the policy.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

**(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)**

Endorsement Effective	Policy No.	Endorsement No.
Insured		Premium \$
Insurance Company	Countersigned by _____	

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## **ILLINOIS RENEWAL ENDORSEMENT**

This endorsement applies because Illinois is shown in Item 3.A. of the Information Page. Part Six—Conditions of the policy is revised by adding the following:

### **G. Renewal**

1. We may elect to renew the policy in accordance with 215 ILCS 5/143.17a.
  - a. We will provide the named insured with written notice of our intent to renew if, compared to this current policy, the:
    - Renewal policy premium increases by 30% or more, or
    - Changes in deductibles or coverage materially alter the renewal policy.
  - b. We will mail or deliver the written renewal notice:
    - To the named insured at the last known mailing address
    - At least 60 days prior to the renewal or anniversary date of this current policy.
  - c. If we fail to provide notice 60 days prior to the renewal or anniversary date, but we do mail or deliver the written renewal notice to the named insured not less than 31 days prior to the renewal or anniversary date of this current policy, then we may extend this policy at the current terms and conditions for the period of time needed to equal the 60 day time period required to provide notice of intention to renew.
  - d. All renewal notices will also be sent to the producer, if known, or the producer of record, and to the mortgagee or lien holder listed on the policy. The producer, if known, or the producer of record and the mortgagee or lien holder may opt to accept notification electronically.
  - e. If we fail to provide renewal notice as required above, the policy will automatically be extended for one year under the same terms and conditions. We may increase the renewal premium, but such increase must be less than 30% of this policy's premium and notice of such increase must be delivered to the named insured on or before the date of expiration of this current policy. The increase in premium is based on the known exposure as of the date of the quotation compared to the premium as of the last day of coverage for the current year's policy, annualized. The renewal premium may be subsequently amended to reflect any change in exposure or reinsurance costs not considered in the quotation.
  - f. If we fail to provide the notice of renewal as required, the policy will still terminate on its expiration date if:
    - (1) You notify us or the producer who procured this policy that you do not want the policy renewed; or
    - (2) You fail to pay all premiums when due; or
    - (3) You obtain other insurance as a replacement of the policy.
  - g. Proof of mailing or proof of receipt of the notice of intent to renew to the named insured may be proven by a sworn affidavit by the company as to the usual and customary business practices of mailing notice pursuant to 215 ILCS 5/143.17a or may be proven consistent with Illinois Supreme Court Rule 236.
2. We may elect to conditionally renew the policy in accordance with 215 ILCS 5/462a.
  - a. For policies issued, delivered, amended, or renewed on or after January 1, 2019 ("this policy") we will provide the employer with written notice of our intent to conditionally renew if, compared to this policy, the renewal premium is in excess of 5% above the rate recommendation filed with and approved by the Illinois Department of Insurance.

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- b. To determine whether the renewal premium is in excess of 5% above the rate recommendation, we will **not** consider any premium increases generated from the following items:
  - Increased loss costs
  - Increased exposure units
  - The application of an experience rating modification
  - The application of a contracting classification premium adjustment program
  - The application of a large deductible program
  - The application of a retrospective rating plan
  - An audit of auditable coverages
- c. Mailing or delivering such written notice to the employer at least 30 days in advance of the expiration date of this policy, at the address shown in Item 1. of the Information Page, and to the authorized agent or broker will be deemed sufficient notice under this section.
- d. This conditional renewal notice will include a statement that clearly identifies:
  - (1) The amount of the premium increase or, if the amount cannot reasonably be determined as of the time the notice is provided, a reasonable estimate of the premium increase based on information available to us at that time
  - (2) The reason for the increased premium in excess of the rate recommendation filed with the Illinois Department of Insurance

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

**(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)**

Endorsement Effective	Policy No.	Endorsement No.
Insured		Premium \$
Insurance Company	Countersigned by _____	

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## **ILLINOIS AMENDATORY ENDORSEMENT**

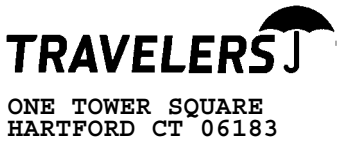
This endorsement applies only to the insurance provided by the policy because Illinois is shown in Item 3.A. of the Information Page. Exclusion C., 1., of Part Two (Employers Liability) of the policy is replaced by the following:

### **C. Exclusions**

**1.** is replaced by:

- 1.** liability assumed under a contract. This exclusion does not apply to a warranty that your work will be done in a workmanlike manner.

This exclusion also does not apply to your liability to a third party by reason of a claim or suit against you by that third party for contribution under the Illinois Joint Tortfeasor Contribution Act for damages claimed against such third party as a result of injury to your employee if such liability is otherwise covered under this Part Two of the policy, and you have that liability because you have waived, in a written contract, your right to limit such liability to the amount of the workers compensation benefits paid for that injured employee under the Illinois Workers Compensation Act. This exception only applies to bodily injury by accident that occurs after that contract was made and to bodily injury by disease caused or aggravated by conditions to which the injured employee's last day of exposure occurs after that contract was made.



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**NOTICE OF ELECTION TO ACCEPT AN INSURANCE DEDUCTIBLE  
FOR ILLINOIS WORKERS' COMPENSATION MEDICAL BENEFITS**

Illinois Policyholders

Illinois law now permits an employer to buy Workers' Compensation Insurance with a deductible. The deductible is for medical benefits only and applies separately to each accident, regardless of the number of people who sustain injury by such accident. The deductible amount is \$1,000 for each accident.

To prevent putting you in an uninsured position, your policy has been issued at full rates with no deductible applied.

If you wish to have this deductible option apply to your policy, fill in the information requested at the bottom of this form. Retain your copy for your records and send the agent and company copies to your agent within sixty (60) days after the effective date of your policy. An endorsement, will be then attached to your policy to reflect the change.

If you decide that you do not want the deductible to apply, or if you already have a medical deductible on the policy, you may disregard this form. Your policy will continue in force as issued. For a complete explanation of how this program operates or the savings available by choosing this option, please contact your agent.

Yes, I want a deductible of \$1,000 applied to medical benefits under the Illinois Workers' Compensation Law. I understand that the company shall pay the deductible amount and seek reimbursement from the employer shown below.

Date: \_\_\_\_\_

Employer: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

DATE OF ISSUE: 02-14-22

W12N3C01



# Illinois

## Preferred Provider Program

Inside:

- Employer Information and Implementation Guideline
- Employee Notice of Workers' Compensation Preferred Provider Program
- Notice of Preferred Provider Program for Workers' Compensation Medical Care
- Preferred Provider Program Key Points
- How to Find a Network Provider

## Employer Information and Implementation Guideline

**Welcome to the Preferred Provider Program (PPP) for Illinois.** As an insured of Travelers, you are able to take an active role in helping reduce your workers' compensation costs. Travelers has partnered with Coventry Health Care Workers' Compensation, Inc. to provide a custom PPP that is approved in every county in the state of Illinois. The enclosed materials will explain how to implement and use this program for your employees' work-related injuries.

The PPP is a network of medical care providers designated for treatment of work-related injuries. The PPP is required to have an adequate choice of medical providers available to treat common injuries within a reasonable distance of a covered employee's residence. Participation in this PPP allows you to encourage your injured employees to choose medical providers from a listing of PPP providers. These PPP providers have experience treating work-related injuries. The PPP encourages a proactive approach toward diagnosing and treating work-related injuries and promoting a safe, medically appropriate return to work.

### What you should know

- An injured employee is allowed two choices of treating provider.
- After being informed of the PPP, an employee has the right to decline participation in writing subsequent to and at any time after an injury occurs.
- If an employee declines to participate, this written notice constitutes one choice of provider, leaving him/her with only one more choice.
- You will need to retain and provide any written notices of non-participation that you receive to Travelers when an injury occurs.
- First aid or emergency care should be obtained from the nearest medical facility and does not constitute a choice of provider.

### Implementation Steps

1. Provide your employees with a copy of the **Notice of Worker's Compensation Preferred Provider Program (PPP)** as directed by the Illinois Workers' Compensation Commission and included in this packet.
2. Determine and post at the worksite a listing of occupational clinics and treating doctors available in the network and nearby your worksite.
3. If a worksite injury occurs, encourage your participating employee to choose a treating doctor from the PPP network directory.
4. When you receive notice of an injury, provide your employee with a copy of the **Notice of Preferred Provider Program for Workers' Compensation Medical Care** found in this packet. This will reinforce the notice provided when the program was implemented.
5. Collect, retain and forward to Travelers any written notices of non-participation in the PPP.
6. Remember to report your claim to Travelers.

Please take some time to review the information on **How to Find a Network Provider**. If you have any questions about this program and the enclosed materials, please contact us at 844 722-4698.

**The Travelers Indemnity Company/Coventry Health Care Workers Compensation, Inc.**

**Notice of Our Workers' Compensation Preferred Provider Program (PPP)**

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This information is being provided to you to explain your rights and responsibilities should you have an accident at work.

Illinois law allows our company to offer healthcare services to employees for workers' compensation injuries through a Preferred Provider Program (PPP). The Illinois Department of Insurance has approved our network of medical providers for treatment of work related injuries. The Department of Insurance requires our PPP network to meet standards for geographic accessibility, adequacy of medical providers and other factors important to assuring the adequacy of care to our injured employees.

You may choose to be treated by any of the medical providers of your choice in our PPP subject to the limitations described below. Our list of PPP medical providers is attached or you may access the list of the medical providers in our PPP at [www.Travelers.com/injuredemployee](http://www.Travelers.com/injuredemployee).

After your report of injury to us, you may in writing to us decline your participation in the PPP. Should you decline participation in the PPP, the law provides that your declination of participation constitutes one of the two choices of medical providers to which you are otherwise entitled. You may also decline treatment from our PPP at any time throughout your treatment for this work-related injury. However, that declination will also constitute one of your two choices of medical providers unless the Illinois Workers' Compensation Commission determines that the medical treatment provided to you by our PPP is inadequate.

In addition, the law provides if, prior to report of an injury, you are provided non-emergency treatment from a medical provider not within the PPP, that treatment would constitute one of the two choices of a medical provider to which you are otherwise entitled to. Please be advised that our company may not be required to pay for medical treatment you receive from medical providers outside or beyond your two choices of medical providers and subsequent referrals.

If our PPP does not provide a medical provider who can provide an approved medical treatment, a medical provider not a member of the PPP may be used at our expense if you have complied with our PPP's pre-authorization requirements for use of the medical provider who is not a member of the PPP.

For additional information regarding our program requirements, please review the attached materials that we are required to provide you pursuant to Section 370m (215 ILCS 5/370m) of the Illinois Insurance Code.

**IF YOU ARE INJURED ON THE JOB, IN CASE OF EMERGENCY, SEEK IMMEDIATE MEDICAL ATTENTION AT THE NEAREST EMERGENCY FACILITY.**

*Immediately* report your injury to your supervisor/manager or contact:

**Employer:** \_\_\_\_\_  
**Contact name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_

**NOTICE OF PREFERRED PROVIDER PROGRAM  
FOR WORKERS' COMPENSATION MEDICAL CARE**

We have received your report of a work-related injury. Please be advised that we have established a Preferred Provider Program (PPP) for medical treatment for workers' compensation cases, pursuant to the Illinois Workers' Compensation Act (820 ILCS 305/8(a) and 8.1a). Our PPP has been approved by the Illinois Department of Insurance as required under the Act.

We recommend that you obtain your medical care from the PPP network for any work-related injury because we believe it will provide good treatment for you. You may decline to be treated by providers in our PPP now or at any time throughout your treatment for this work-related injury.

Such declination must be made to us in writing, and will count as one of your two choices of medical providers. We may not be required to pay for medical services outside or beyond your two choices of medical providers and the chain of referrals there from.

However, not receiving treatment from our PPP will not be considered a choice of physicians if: 1) there is no medical provider in the PPP that provides treatment you need and you comply with all pre-authorization requirements; or 2) the Illinois Workers' Compensation Commission has determined that the treatment provided to you by our PPP is inadequate.

To obtain the list of medical providers in the PPP, go to [www.Travelers.com/injuredemployee](http://www.Travelers.com/injuredemployee) or call (844)722-4698. To decline participation in the PPP, you must do so in writing; direct it to [ILPPP@travelers.com](mailto:ILPPP@travelers.com). If you have questions about the employer's PPP network, please call 844-722-4698.

If you have any questions about your rights under the law, please call the Public Information Unit at the Illinois Workers' Compensation Commission at 312/814-6611, toll-free 866/352-3033, email the IWCC at [infoquestions.wcc@illinois.gov](mailto:infoquestions.wcc@illinois.gov), or check the Commission's website at [www.iwcc.il.gov/](http://www.iwcc.il.gov/).

## Aviso de Nuestro Programa de Proveedor Preferido (PPP) de Compensación Laboral

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Esta información se le provee para explicarle sus derechos y responsabilidades en caso de que usted tenga un accidente en su trabajo.

La ley de Illinois permite a nuestra compañía ofrecer servicios de atención médica a los empleados para lesiones relacionadas con Compensación Laboral, a través de un Programa de Proveedor Preferido (PPP). El Departamento de Seguros de Illinois ha aprobado nuestra red de proveedores de servicios médicos para el tratamiento de lesiones relacionadas con su trabajo. El Departamento de Seguros requiere que nuestra red PPP cumpla las normas de accesibilidad geográfica, competencia de los proveedores de servicios médicos y otros factores importantes para asegurar la aceptabilidad de la atención a nuestros empleados lesionados. Usted puede elegir recibir tratamiento por cualquiera de los proveedores de servicios médicos que usted elija en nuestro PPP sujetándose a las limitaciones descritas más abajo. Se adjunta nuestra lista de proveedores de servicios médicos del PPP, o usted puede acceder a esta lista de proveedores de servicios del PPP en [www.Travelers.com/injuredemployee](http://www.Travelers.com/injuredemployee).

Después de habernos informado de su lesión, usted puede negarse a participar en el PPP comunicándonoslo por escrito. En caso de que usted rehúse participar en el PPP, la ley establece que su rechazo a la participación constituye una de las dos opciones de proveedores de servicios médicos a las que usted tendría derecho. Usted también puede negarse a recibir tratamiento de nuestro PPP en cualquier momento durante su tratamiento de esta lesión relacionada con su trabajo. No obstante, esta denegación también constituirá una de sus dos opciones de proveedores de servicios médicos, a menos que la Comisión de Compensación Laboral de Illinois determine que el tratamiento médico que le dio nuestro PPP fuera inadecuado. Además, la ley dispone que si antes de reportar una lesión usted recibe atención que no sea de emergencia de un proveedor de servicios médicos no perteneciente al PPP, ese tratamiento constituirá una de las dos opciones de proveedores de servicios médicos a las que usted tendría derecho. Por favor, tenga en cuenta que nuestra compañía no tiene obligación de pagar por tratamientos médicos que usted reciba fuera o más allá de sus dos elecciones de proveedores de servicios médicos y sus referencias subsiguientes.

Si nuestro PPP no tiene un proveedor de servicios médicos que pueda dar un tratamiento médico aprobado, podrá usarse un proveedor de servicios médicos no perteneciente a nuestro PPP con los gastos a nuestro cargo si usted ha cumplido con los requisitos de autorización previa de nuestro PPP para el uso del proveedor de servicios que no sea miembro de nuestro PPP.

Para obtener mayor información de los requisitos de nuestro programa, sírvase revisar los materiales adjuntos que se nos exige que le demos según la Sección 370m (215 ILCS 5/370m) Del Código de Seguros de Illinois.

### **SI SE LESIONA EN SU TRABAJO, EN CASO DE EMERGENCIA PROCURE ATENCIÓN MÉDICA INMEDIATA EN LA INSTITUCIÓN DE CUIDADOS DE EMERGENCIA MÁS CERCANA.**

Reporte inmediatamente su lesión a su supervisor/gerente o comuníquese con:

**Empleador:** \_\_\_\_\_  
**Nombre del Contacto:** \_\_\_\_\_  
**Dirección:** \_\_\_\_\_  
**Teléfono:** \_\_\_\_\_

**AVISO DE PROGRAMA DE PROVEEDOR PREFERIDO  
PARA CUIDADOS MÉDICOS A TRAVÉS DE COMPENSACIÓN LABORAL**

Ha recibido su informe de una lesión que usted sufrió en su trabajo. Sírvase tener en cuenta que hemos establecido un Programa de Proveedor Preferido (PPP) para tratamientos médicos en casos de Compensación Trabajadores, de acuerdo con lo dispuesto en la Ley de Compensación Trabajadores de Illinois (Illinois Workers' Compensation Act) (820 ILCS 305/8(a) y 8.1a). Nuestro PPP ha sido aprobado por el Departamento de Seguros de Illinois tal como lo requiere la Ley arriba citada.

Le recomienda obtener atención médica a través de la red PPP para cualquier lesión relacionada con su trabajo porque consideramos que le proveerá un buen tratamiento. Usted puede negarse a recibir tratamiento de los proveedores de nuestro PPP ahora o en cualquier momento durante su tratamiento por esta lesión relacionada con su trabajo.

Deberá comunicarnos por escrito si se niega, y se contará como una de sus dos elecciones de proveedores médicos. No se nos podrá exigir que paguemos por servicios médicos prestados fuera o más allá de sus dos elecciones de proveedores de servicios médicos y la cadena de referencias de los mismos.

No obstante, no recibir tratamiento a través de nuestro PPP no se considerará una elección de médicos si: 1) no hay un proveedor de servicios médicos en el PPP que ofrezca el tratamiento que usted necesita, y usted cumple con todos los requisitos de autorización previa; o 2) La Comisión de Compensación Trabajadores de Illinois ha determinado que el tratamiento que le ha prestado nuestro PPP es inadecuado.

Para obtener la lista de proveedores de servicios médicos en el PPP visite el sitio web: [www.Travelers.com/injuredemployee](http://www.Travelers.com/injuredemployee) o llame al (844) 722-4698. Para declinar su participación en el PPP, debe hacerlo por escrito; diríjalo a [ILPPP@travelers.com](mailto:ILPPP@travelers.com). Si tiene preguntas acerca de la red del PPP del empleador, sírvase comunicarse con (844)722-4698.

Si tiene cualquier pregunta acerca de los derechos que le otorga la ley, llame por favor a la Unidad de Información pública de la Comisión de Compensación Trabajadores de Illinois al 312/814-6611, llame sin cargo al 866/352-3033, envíe un correo electrónico a IWCC a [infoquestions.wcc@illinois.gov](mailto:infoquestions.wcc@illinois.gov), o visite la página de Internet de la Comisión en [www.iwcc.il.gov/](http://www.iwcc.il.gov/).

## Preferred Provider Program Key Points

- An injured employee is allowed to choose a treating provider from the network directory who is appropriate for the treatment of his or her occupational injury. The injured employee is allowed to make up to two choices of treating providers. Any additional change will require approval of the employer and/or Travelers.
- If an employee does not wish to participate in the PPP, the employee must provide notice in writing to the employer and Travelers should a work related injury occur.
- If participation has been declined in writing, it constitutes one of the available two choices of provider.
- First Aid or Emergency care should be given at the closest medical facility and does not constitute a provider choice.
- When an employee provides a notice of work-related injury to the employer, the employer may recommend the injured employee to choose a provider within the PPP network.
- Any non-emergency treatment with a non-PPP provider selected by the injured employee prior to giving notice of a work-related injury to the employer is considered to be one of the employee's choices of provider(s).

Primary treating and hospital health care services for emergency medical must be located within 30 minutes or 15 miles of the employee's residence in a non-rural area.

- Occupational health services and specialty providers are to be within 60 minutes or 30 miles of the employee's residence.
- An appointment for initial treatment is to be available within three business days of a request.
- An appointment for treatment of common work-related injuries is to be available within twenty business days of request.
- If an employee is working or resides temporarily or permanently outside the Illinois geographic area, and requires treatment for their work-related injury, they may choose a treating provider from a network listing of at least three providers in that area.
- Employers and employees may obtain a current provider network listing by:
  - Searching in Claim Center and Find a Service Provider on [www.Travelers.com/injuredemployee](http://www.Travelers.com/injuredemployee)
  - Sending a request to [ILPPP@travelers.com](mailto:ILPPP@travelers.com)
  - Calling (844)722-4698 and requesting a listing
- Talking with the Claim Professional and requesting a listing

## How to Find and Use the Network Directory

### 1. Access the PPP Network directory by linking to [www.Travelers.com/injuredemployee](http://www.Travelers.com/injuredemployee)

- Select "Find a Service Provider" towards the bottom of the page.
- Step 1, on the following page, defaults to "Medical Providers"
- Step 2, Select the type of incident you had: "Workers Compensation"
- Step 3, regarding ConciergeCLAIM Nurse location:
  - If "Yes" is selected, this will provide you with the name of the nearest ConciergeCLAIM Nurse location for the ZIP Code provided.
  - If "No" is selected, you will need to select Medical Provider Type(s) and ZIP Code.
- Screen shows results that match search criteria. **ONLY IL PPP providers can be used.**

### 2. You are now in the Workers Compensation provider database:

- Select – "Provider Search" located in the Red Toolbar located at the top of the screen to search for a provider near a specific location.
- Enter city, state and/or zip code
- "Network Selection"- **IL PPP must be selected.**
- "Search Distance (miles)" – May change number of miles
- May "Sort Results By": Distance – Name – Specialty

#### *Continue:*

- Select – provider type/specialty that is needed

#### *Click Find Providers:*

- Screen shows results that match criteria. To see more providers, click page hyperlink at the top or bottom of the page button to continue review of all providers found in your search.

#### *Or:*

- Select – "Provider Look Up" located in the Red Toolbar located at the top of the screen to search by provider name (enter provider name and zip code)

3. This site has other features such as a link to workers' compensation claim resources and information regarding how to obtain injury related medications prescribed by the treating provider.
4. Additional information about a provider can be obtained by clicking on the provider's name.
5. A selected listing may be printed or emailed to a recipient's email address.
6. Another method is to email a request for a listing to [wcpn@travelers.com](mailto:wcpn@travelers.com) specifying a location or locations. Listings will be generated and provided by email in response.
7. If internet access is not available, please contact Travelers at 844-722-4698 and request a provider listing, which will be sent by mail within 3 business days.





## IMPORTANT NOTICE – COMPLAINTS – ILLINOIS

**NO COVERAGE IS PROVIDED BY THIS NOTICE. THIS NOTICE DOES NOT AMEND ANY PROVISION OF YOUR POLICY. YOU SHOULD REVIEW YOUR ENTIRE POLICY CAREFULLY FOR COMPLETE INFORMATION ON THE COVERAGES PROVIDED AND TO DETERMINE YOUR RIGHTS AND DUTIES UNDER YOUR POLICY. PLEASE CONTACT YOUR AGENT OR BROKER IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE OR ITS CONTENTS. IF THERE IS ANY CONFLICT BETWEEN YOUR POLICY AND THIS NOTICE, THE PROVISIONS OF YOUR POLICY PREVAIL.**

If you are having problems you may contact your insurance agent directly or you may contact the company at:

Mail: Consumer Affairs  
One Tower Square  
Hartford, CT 06183

Phone: (860) 277-1561 or toll free (866) 894-0687

Email: [consumeraffairs@travelers.com](mailto:consumeraffairs@travelers.com)

The addresses and phone numbers of the consumer complaint division of the Illinois Department of Insurance are:

Illinois Department of Insurance  
Consumer Division  
122 S. Michigan Ave. – 19th Floor  
Chicago, IL 60603  
312-814-2420 phone

And

Illinois Department of Insurance  
Consumer Division  
320 W Washington St  
Springfield, IL 62767  
217-782-4515 phone

Complaints may also be filed electronically to the Illinois Department of Insurance at:

<https://mc.insurance.illinois.gov/messagecenter.nsf>

POLICY NUMBER: **UB-6N259033-22-14-G**

## **IMPORTANT NOTICE**

### **RELIGIOUS FREEDOM PROTECTION AND CIVIL UNION ACT – ILLINOIS**

The Illinois Religious Freedom Protection and Civil Union Act provides that persons of the same or opposite sex who enter into a civil union must be afforded the same obligations, protections, and legal rights as married persons. This law became effective June 1, 2011, and is designed to ensure that civil unions and marriage are treated identically under Illinois law. In accordance with law, this policy will be interpreted to provide the same benefits and protections to persons in a civil union or in a marriage.

# WORKERS' COMPENSATION



Is a system of benefits provided by law to most workers who have job-related injuries or illnesses. Benefits are paid for injuries that are caused, in whole or in part, by an employee's work. This may include the aggravation of a pre-existing condition, injuries brought on by the repetitive use of a part of the body, heart attacks, or any other physical problem caused by work. Benefits are paid regardless of fault.

## IF YOU HAVE A WORK-RELATED INJURY OR ILLNESS, TAKE THE FOLLOWING STEPS:

- 1. GET MEDICAL ASSISTANCE.** By law, your employer must pay for all necessary medical services required to cure or relieve the effects of the injury or illness. Where necessary, the employer must also pay for physical, mental, or vocational rehabilitation, within prescribed limits. The employee may choose two physicians, surgeons, or hospitals. If the employer notifies you that it has an approved Preferred Provider Program for workers' compensation, the PPP counts as one of your two choices of providers.
- 2. NOTIFY YOUR EMPLOYER.** You must notify your employer of the accidental injury or illness within 45 days, either orally or in writing. To avoid possible delays, it is recommended the notice also include your name, address, telephone number, Social Security number, and a brief description of the injury or illness.
- 3. LEARN YOUR RIGHTS.** Your employer is required by law to report accidents that result in more than three lost work days to the Workers' Compensation Commission. Once the accident is reported, you should receive a handbook that explains the law, benefits, and procedures. If you need a handbook, please call the Commission or go to the Web site.

If you must lose time from work to recover from the injury or illness, you may be entitled to receive weekly payments and necessary medical care until you are able to return to work that is reasonably available to you.

It is against the law for an employer to harass, discharge, refuse to rehire or in any way discriminate against an employee for exercising his or her rights under the Workers' Compensation or Occupational Diseases Acts. If you file a fraudulent claim, you may be penalized under the law.

- 4. KEEP WITHIN THE TIME LIMITS.** Generally, claims must be filed within three years of the injury or disablement from an occupational disease, or within two years of the last workers' compensation payment, whichever is later. Claims for pneumoconiosis, radiological exposure, asbestosis, or similar diseases have special requirements.

Injured workers have the right to reopen their case within 30 months after an award is made if the disability increases, but cases that are resolved by a lump-sum settlement contract approved by the Commission cannot be reopened. Only settlements approved by the Commission are binding.

For more information, go to the Illinois Workers' Compensation Commission's Web site or call any office:

Toll-free: 866/352-3033 Chicago: 312/814-6611 Peoria: 309/671-3019 Springfield: 217/785-7087  
Web site: [www.iwcc.il.gov](http://www.iwcc.il.gov) Collinsville: 618/346-3450 Rockford: 815/987-7292 TDD (Deaf): 312/814-2959

### BY LAW, EMPLOYERS MUST DISPLAY THIS NOTICE IN A PROMINENT PLACE IN EACH WORKPLACE AND COMPLETE THE INFORMATION BELOW.

Party handling workers' compensation claims <b>THE TRAVELERS INDEMNITY COMPANY OF AMERICA</b>			
Business address	<b>THE TRAVELERS INSURANCE COMPANIES</b> P.O. BOX 660456 DALLAS, TX 75266-0456		
Business phone	(800) 238-6225		
Effective date	02-15-22	Termination date	02-15-23
Policy number	UB-6N259033-22-14-G	Employer's FEIN	030220266

# COMPENSACION A LOS TRABAJADORES



es un sistema de beneficios que por ley se provee a la mayoría de trabajadores que se han enfermado o accidentado en el trabajo. Los beneficios son pagados por lesiones que son causadas en parte o completamente por el trabajo del trabajador. Esto puede incluir el agravante o una condición pre-existente, lesiones causadas por uso repetitivo de una parte del cuerpo, ataques cardíacos, o cualquier otro problema físico causado por el trabajo. Los beneficios son pagados sin importar la causa.

## SI USTED SUFRE DE UNA LESION O ENFERMEDAD RELACIONADA AL TRABAJO, USTED DEBE TOMAR LAS SIGUIENTES MEDIDAS:

- OBTENGA AYUDA MEDICA.** Por ley, su empleador debe pagar por todos los servicios médicos necesarios que se requieran para aliviar los síntomas de lesión o enfermedad. Si es necesario, el empleador debe pagar por rehabilitación física, mental o profesional dentro de los límites establecidos. El trabajador puede escoger dos doctores, cirujanos u Hospitales. Si el empleador le notifica que tiene un programa de proveedor preferido (PPP) aprobado para la compensación de trabajadores, el PPP cuenta como una de las dos opciones de proveedores.
- NOTIFIQUE A SU EMPLEADOR.** Usted debe notificar a su empleador del accidente o enfermedad dentro de 45 días, ya sea por escrito o verbalmente. Para evitar posibles demoras, es recomendable que la nota incluya su nombre, dirección, número telefónico, número de Seguro Social, y una breve descripción de la lesión o enfermedad.
- CONOZCA SUS DERECHOS.** Su empleador por ley debe reportar accidentes que resulten en más de tres días de ausencia al trabajo, a la Comisión de Compensación para Trabajadores. Una vez que el accidente es reportado, usted recibirá un manual que explica la ley, beneficios y procedimientos. Si necesita un manual, por favor llame a la Comisión o visite nuestra red.

Si usted tiene que faltar al trabajo para recuperarse de la lesión o enfermedad, usted tiene derecho a recibir pagos semanales y atención médica necesaria hasta que este capacitado para regresar a trabajar y que el trabajo este de acuerdo a sus capacidades.

Es contra la ley que el empleador moleste, despidas o se niegue a reemplazar o de alguna manera discrimine contra un trabajador por ejercitar sus derechos de conformidad con las leyes que rigen el seguro de accidentes de trabajo de enfermedades profesionales. Si usted hace una demanda fraudulenta, podrá ser castigado por la ley.

- MANTENGASE DENTRO DEL LIMITE DE TIEMPO.** Usualmente, las quejas deben ser presentadas dentro de los primeros tres años del accidente o incapacidad de una enfermedad profesional, o dentro de dos años del último pago de compensación de trabajo, lo que sea más reciente. Quejas por neumoconiosis, exposición radiológica, asbestos, o enfermedades similares tienen requerimientos especiales.

Los trabajadores accidentados tienen derecho para volver a abrir su caso dentro de 30 meses después que la Comisión haya otorgado una decisión y la incapacidad haya incrementado, pero en casos resueltos por una suma global aprobada por la Comisión no pueden volver a abrirse. Únicamente las decisiones aprobadas por la Comisión son obligatorias.

Para mas información, visite la Red de la Comisión de Compensación para Trabajadores o llame a nuestras oficinas:

Toll-free: 866/352-3033 Chicago: 312/814-6611 Peoria: 309/671-3019 Springfield: 217/785-7087  
Web site: www.iwcc.il.gov Collinsville: 618/346-3450 Rockford: 815/987-7292 TDD (Sordo): 312/814-2959

### LOS EMPLEADORES DEBEN EXHIBIR ESTE AVISO EN UN LUGAR VISIBLE PARA TODOS LOS TRABAJADORES Y LLENAR LA INFORMACIÓN REFERENTE A LA COMPAÑIA DE SEGUROS.

Nombre: THE TRAVELERS INDEMNITY COMPANY OF AMERICA			
Dirección de la Compañía:	THE TRAVELERS INSURANCE COMPANIES P.O. BOX 660456 DALLAS, TX 75266-0456		
Teléfono de la Compañía:	(800) 238-6225		
Fecha efectiva:	02-15-22	Fecha de terminación:	02-15-23
Número de Póliza:	UB-6N259033-22-14-G	FEIN del Empleador:	030220266