

- [] Notify UAL Management **ASAP** of a work related injury/illness even if you will not miss work. **3-5,A**
- [] Assist Supervisor in filling claim. Call Center should be notified by supervisor. **3-5,B**
- [] If a Notification of Occupational Injury/Illness Form (OII) or report was generated get copies of each. Get copies of the Employee Status Form (ESF) to take to your treating physician at each visit. **3-5,B,C,D, 3-6,E; 3-8, L.**
- [] **Call AFA for the Occupational Benefits Committee (OBC) Information Packet . 3-11,X** You can download the info packet from the AFA MEC website <http://www.unitedafa.org>
- [] Get medical treatment of your choice. Have doctor complete ESF & return it to your domicile in person, by mail or fax after each visit. If UAL asks for a Section 12 Exam (formerly IME) you must comply. **3-5,D; 3-6,G & H, I; 3-7,K**, If Sec 12 doctor returns you to work (RTW), go to Company Medical to determine status & possible need for medical arbitration, **3-10,V**
- [] When your claim is accepted, you will receive TTD directly from Gallagher Bassett. You may supplement your income by using personal S/L with the 3 options of Sec. 19A of the AFA Agreement. If you do not use S/L, you will be placed on a medical LOA. **3-8, L; 3-9, Q**
- [] Determine your average weekly wage (AWW) for 12 months prior to injury. Call GB to determine what they are using as your AWW. If incorrect send correct information to WHQPZ & GB, include claim number. **3-7,J**
- [] If you miss time from work consider using FMLA in conjunction with Occ. S/L only if you are in discipline for S/L use. **3B8, M.** Any requests for Special LOA or 30-day ANP (WOP) should be reviewed. **3-9 N & O**
- [] Start a log of all phone calls & retain all documents, medical bills & correspondence concerning your injury.
- [] GB will investigate the claim. Cooperate but you do not have to allow taping of conversations. Sign ONLY the AFA medical records release form. **3-6,F & G**
- [] Call GB for the final decision on your claim & get your claim number. **3-8,L**
- [] If there is a delay in accepting the claim ask GB what they need to process your claim. Send any documentation requested by **FAX & U.S. Mail, RETURN RECEIPT REQUESTED. 3-6,F**
- [] A nurse from CorVel may contact you to ask questions about your medical condition & treatment. If you are not comfortable speaking with her/him you may refuse but your treatment may be delayed. You must allow written medical records to be released only. You or your doctor don=t have to answer written questions. **3-6,G & 3-7,I**
- [] If claim denied or delayed, you may file a claim in your domicile state, call your local OBC for more info. **3-5,C**
- [] Check your pay stub the month prior to your date of injury for your sick leave (S/L) balance. **3-8,L**
- [] You may defer your vacation if you are on occ. status then bid for another by the interim bid process, Sec. 18G. **3-9, P.** In October pick up vacation bid packet & bid for vacation for the next year. **3-9, P.** Arrange to get contents of SW mailbox.
- [] If contacted for vocational rehabilitation cooperate if physically able. Speak w/ AFA or attorney. **3-10 T, 3 - 11 W**
- [] If you have long term disability insurance you will qualify for benefits after 270 days of disability. **3B10, U**
- [] If you are contacted by GB for a settlement, you should speak with a WC lawyer. **3B9, S**
- [] Any problems or if claim is denied **call local AFA Office or Local Occupational Benefits Committee.** **3-11,Z**

*Numbers & letters refer to **Know Your Occupational Benefits** information sheets for detailed explanations.