

Initially following any departmental injury or illness:

1. Please complete the Provident First Notice of Claim Form (FNOC) which is available in the WFRA office or online through the Provident website ([www.providentbenefits.com](http://www.providentbenefits.com)) under the claim section.
2. Along with the completed FNOC please present an appropriate form of **pre-injury** wage verification from all places of employment that you had at the time of your injury or illness. Acceptable forms include a pay stub that was issued prior to your injury or illness that includes a gross year to date figure and pay ending date. If pay stubs are not available you may provide your prior year's tax return including but not limited to all applicable schedules and supporting documentation (W-2, 1099 or Schedule C (if self employed) from all places of employment). A written payroll summary prepared by the employer **may** be accepted in certain instances.
3. When your claim is presented to Provident, you may receive a subsequent set (more detailed request for information) of claim forms that need to be completed. If you receive the supplemental request for information, two forms will need completed by the injured member and the remaining forms will need to be presented to and completed by your current treating physician. Please complete and return these form to the company as soon as reasonably possible. Our departments expectation is to have the forms returned to the insurance company within 60 days from the date of your injury or illness.
4. In the event that you are released to return to work at a modified capacity (light duty status) you will be expected to present a copy of your pay stub to the insurance company for each week that you worked in a modified capacity (at any job).
5. In the event that your employer is not able to accommodate your modified duty restrictions, please secure a letter from each of your employers advising whether or not they have an ability to accommodate your return to work. This letter should be on their letter head and addressed to Provident.
6. Present to the insurance company a list of all the dates you attended medical treatment (MD visits, PT/OT visits, Hospitalizations, etc). This request should be electronically generated identifying the dates that you attended treatment. If an electronic printout is not available a statement on provider stationary would be accepted. Encourage the provider to list the dates chronologically and eliminate any duplicate dates. This benefit allows the company to make a payment for each date of treatment, not the number of treatments received in a day.
7. Keep a copy of your return to work (either light duty or full duty) release from the physician. We will need to send that as well.