



### Vehicle Accidents

All vehicle accidents should be reported immediately to your supervisor.

Seek appropriate medical attention for anyone injured.

Do not admit fault and/or liability. Do not tell someone that Macon-Bibb County will take care of damages/injuries. Direct them to Risk Management.

Immediately notify appropriate law enforcement authority

Secure the other parties' name address, phone number, make model, year, license plate

Photos should be taken of accident damage of both vehicles, license tags and accident scene.

All vehicles should be taken to Vehicle Maintenance for post-accident inspection.

The following should be sent to Risk Management

- Police Report
- Internal report
- Photos
- Video
- Driver and any witness statement

A drug and alcohol test will be done as quickly as possible at the Medical Dispensary 478-751-2900 or after hours call 478-342-5859.

### Property Damage

All property damage should be reported immediately to your supervisor.

Do not admit fault and/or liability. Do not tell someone that Macon-Bibb County will take care of damages/injuries. Direct them to Risk Management.

Photos should be taken of any property damage

Supervisor shall get statements from all parties.

All information should be sent to Risk Management as quickly as possible.

### Risk Management Contact Information

Risk Management Function  
Human Resources Department  
545 First Street  
Macon, Georgia 31201

Or

P. O. Box 247  
Macon, Ga. 31202-0247

Karen Pennycuff  
Risk Manager  
[kpennycuff@maconbibb.us](mailto:kpennycuff@maconbibb.us)  
478-310-4137

**YOU ARE THE KEY TO  
YOUR SAFETY!!**

# Macon-Bibb County

## Risk Management



**Workers' Compensation  
Program**

**Vehicle Accidents**

**Claims against Macon-Bibb  
County**

**Property and Liability Coverage**

**Job Related Health and Safety**

**Drug and Alcohol Testing**

**Safety Training**

**THINK SAFETY  
FIRST!!**

## Risk Management's Mission Statement

The reduction and management of losses against Macon-Bibb County are handled through the Risk Management Office. We identify and evaluate risk to which Macon-Bibb County is exposed and develop efficient ways to manage and finance these risks. We work to develop ways to protect our employees and to preserve our physical assets.

**Safety is EVERYONE's Responsibility**

### Workers' Compensation Program

Workers' Compensation is a benefits program created by Georgia State law that provides medical, rehabilitation, income, death and other benefits to employees and dependents due to injury, illness and death resulting from a compensable work-related claim covered by the law.

Injuries, illness or death arising out of and in the course of employment is by definition a compensable work-related claim. This means if an employee is injured while performing assigned job duties during assigned work hours, they are covered under the workers' compensation program. Injuries sustained while engaging in unassigned duties, activities during lunch, breaks, commutes to and from work, and idiopathic injuries are not covered. Risk Management will make the determination as to whether or not a reported injury is compensable or not under the Georgia Workers' Compensation Laws.

Workers' compensation is the "exclusive remedy" a worker has against his/her employer for damages resulting from an on-the-job injury.

If you are injured, you must report the injury immediately to your supervisor. At that time, the supervisor will assist you in getting initial medical attention. Unless it is a true emergency or afterhours, the employee should be taken to the Medical Dispensary which is located at 124 Third Street 478-75-2900. At that time, the employee will be shown the Panel of Physician list and select the doctor that will be their workers' compensation authorized treating physician.

When the Medical Dispensary is closed (weekend, holidays, and nights) and treatment cannot wait, the employee may seek treatment from an emergency medical facility or med stop; however, the employee must follow up with the Medical Dispensary on the first day the Medical Dispensary is open to be set up with an authorized treating physician.

All employees that report an injury whether or not they want medical attention will be drug and alcohol tested. It is the Department's responsibility to ensure that this is done as quickly as possible. This will be done at the Medical Dispensary during normal operating hours or the supervisor will call 478-342-5859 after hours even if the employee goes to an urgent care or emergency room.

Macon-Bibb County makes temporary light duty for injured employees. Employees are to report to work when released to light duty. Employee will be assigned work that meets the work restrictions. If there is a question regarding an employee's return to work, it should be brought to the attention of Risk Management who will then make a determination.

All authorized medical bills will be paid by workers' compensation. If you are receiving a bill at home that is related to a workers' compensation injury, you need to bring it to Risk Management as soon as possible.

### Some Ways to Jeopardize Your Benefits

- Failure to report injuries promptly
- Failure to cooperate with employer and authorized treating physician regarding medical evaluations, treatment, rehabilitation services and claim investigations.
- Refusal to return to suitable employment
- Working elsewhere while receiving Temporary Total Disability Benefits.
- Submittal of fraudulent information to employer or medical provider
- Refusal to take drug and alcohol test or testing positive
- Refusal to submit to a medical examination by the authorized treating physician
- If you seek treatment outside the workers' compensation system

A person making false statements or misrepresenting information or condition in order to obtain or assist in obtaining workers' compensation benefits may be punished by fine and/or imprisonment. Information regarding workers' compensation fraud can be reported to Risk Management or to the GA WVC Enforcement Division at 1-800-533-0682

[www.sbwvc.georgia.gov](http://www.sbwvc.georgia.gov)

The goal of Macon-Bibb County is to prevent work related injuries and to manage those that occur per Ga W. C. Law. It is everyone's responsibility to assist in the accomplishment of this goal. Our employees are the most important asset that we have. Help us to protect them.

## Risk Management

### Staff

Karen Pennycuff  
Risk Manager  
478-310-4137 Office  
[Kpennycuff@maconbibb.us](mailto:Kpennycuff@maconbibb.us)

Jackie McNair  
Risk Management Specialist  
478-300-9242  
[JMcNair@maconbibb.us](mailto:JMcNair@maconbibb.us)

Fax      478-751-2732  
              478-751-2735

### Physical Address

Human Resources  
545 First Street  
Macon, GA 31201

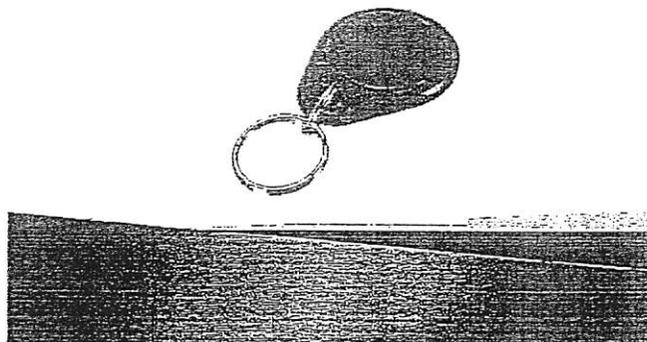
### Mailing Address

Risk Management  
Macon-Bibb County  
P.O. Box 247  
Macon, GA 31202-247

## NEW-HIRE DRIVER COPY POINTS

- Supervisors must email a request for a replacement fob or PIN
- Protect your PIN as you would your bank card. Do Not Share with anyone
- Immediately report lost or stolen key fobs or PIN
- Upon termination, return your keys to HR as a part of exit interview
- Treat the vehicle as your own, drive smart and maintenance upkeep
- Preventative Maintenance and Repairs at 1122 Seventh Street Macon (Vehicle and Equipment Maintenance Department)
- Absolutely no fueling into your personal vehicle
- Fueling Ports are located at: 670 Eric Drive, 4520 Knight Road, 505 Tenth St, 652 Hazel and 1122 Seventh Street (free air for your tires including personal car)
- Visit 1122 Seventh Street or Questions, Mildred Freeman at 751-9102
- Malfunctions or User Training contact Mildred Freeman at 751-9101
- During the COVID-19 mandate, if more than person in vehicle, mask must be worn

### Fuel Equipment Transition





**ACKNOWLEDGEMENT OF RECEIPT  
VEHICLE MAINTENANCE DRIVER POINTS**

I, \_\_\_\_\_, do hereby acknowledge that I have received a copy of the Macon-Bibb County Government New Hire Driver Points provide by Vehicle Maintenance. I agree without reservation to view and follow these procedures I understand it is my responsibility to become familiar with these procedures and to request assistance from my supervisor or the Vehicle Maintenance Department for any part I do not understand.

It is also my responsibility to discuss with my supervisor the specific departmental rules and regulations that may not be covered in this handbook.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Position

\_\_\_\_\_  
Department

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_



Georgia  
State Board of Workers'  
Compensation  
270 Peachtree Street, N.W.  
Atlanta, Georgia 30303-1299

**Georgia State Board of Workers' Compensation**  
**Enforcement Division**



**WORKERS' COMPENSATION FRAUD**  
**AND**  
**INSURANCE NON-COMPLIANCE**

**Everyone pays the price for W.C. Fraud!**

**Contact the Workers' Compensation Enforcement Division.**



**Toll Free Fraud Hotline: 1-800-533-0682**

**Office: (404) 657-7285**

**Fax: (404) 651-7390**

**Visit our Website at [www.shwc.georgia.gov](http://www.shwc.georgia.gov)**

**WORKERS' COMPENSATION FRAUD WILL BE PROSECUTED**

(This notice must be posted in a conspicuous place readily accessible to the employee at all times.)

# PANEL OF PHYSICIANS

## OFFICIAL NOTICE

This business operates under the Georgia Workers' Compensation Law.

**WORKERS MUST REPORT ALL ACCIDENTS IMMEDIATELY TO THE EMPLOYER BY ADVISING THE EMPLOYER PERSONALLY, AN AGENT, REPRESENTATIVE, BOSS, SUPERVISOR, OR FOREMAN.**

If a worker is injured at work, the employer shall pay medical and rehabilitation expenses within the limits of the law. In some cases the employer will also pay a part of the worker's lost wages.

Work injuries and occupational diseases should be reported in writing whenever possible. The worker may lose the right to receive compensation if an accident is not reported within 30 days (see O.C.G.A. § 34-9-80).

The employer will supply free of charge, upon request, a form for reporting accidents and will also furnish, free of charge, information about workers' compensation. The employer will also furnish to the employee, upon request, copies of board forms on file with the employer pertaining to an employee's claim.

A worker injured on the job must select a doctor from the list below. The minimum panel shall consist of at least six physicians, including an orthopedic surgeon with no more than two physicians from industrial clinics (see O.C.G.A. § 34-9-201). Further, this panel shall include one minority physician, whenever feasible (see Rule 201 for definition of minority physician). The Board may grant exceptions to the required size of the panel where it is demonstrated that more than four physicians are not reasonably accessible. One change to another doctor from the list may be made without permission. Further changes require the permission of the employer or the State Board of Workers' Compensation.

The insurance company providing coverage for this business under the Workers' Compensation Law is:

Macon-Bibb County Government/Risk Management

Insurer Name

P. O. Box 247 Macon, Ga. 31202-0247  
address

478-310-4137  
phone

### PHYSICIANS' NAMES

You must go through Macon Occupational Medicine to select a doctor from below.

Macon Occupational Medicine  
124 Third Street  
Macon, Ga. 31201  
478-751-2900

name/address/phone

Dr. Gregory Jones (Eye)  
856 1st Street  
Macon, Ga. 31201  
478-741-1740

name/address/phone

Caduceus Occupational Med  
1980 Riverside Drive  
Suite A  
Macon, Ga. 31201  
478-746-9898

name/address/phone

Ortho Georgia (Northside)  
3708 Northside Drive  
Macon, Ga. 31210  
478-745-4206

name/address/phone

Neurology Assoc of Ctrl Ga  
175 Water Tower Ct.  
Macon, Ga. 31210  
478-471-6217

name/address/phone

North Macon Dental  
4020 Elnora Drive  
Macon, Ga. 31210  
478-477-1228

name/address/phone

(Additional doctors may be added on a separate sheet)

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-656-3818 OR 1-800-533-0682 OR VISIT <https://sbwc.georgia.gov>  
Willfully making a false statement for the purpose of obtaining or denying benefits is a crime subject to penalties of up to \$10,000.00 per violation (O.C.G.A. § 34-9-18 and § 34-9-19).

WC-P1 (7/2022)

**GEORGIA STATE BOARD OF WORKERS' COMPENSATION****BILL OF RIGHTS FOR THE INJURED WORKER**

As required by law, O.C.G.A. §34-9-81.1, this is a summary of your rights and responsibilities. The Workers' Compensation Law provides you, as a worker in the State of Georgia, with certain rights and responsibilities should you be injured on the job. The Workers' Compensation Law provides you coverage for a work-related injury even if an injury occurs on the first day on the job. In addition to rights, you also have certain responsibilities. Your rights and responsibilities are described below.

**Employee's Rights**

1. If you are injured on the job, you may receive medical rehabilitation and income benefits. These benefits are provided to help you return to work. Your dependents may also receive benefits if you die as a result of a job-related injury.
2. Your employer is required to post a list of at least six doctors or the name of the certified WC/MCO that provides medical care, unless the Board has granted an exception. You may choose a doctor from the list and make one change to another doctor on the list without the permission of your employer. However, in an emergency, you may get temporary medical care from any doctor until the emergency is over, then you must get treatment from a doctor on the posted list.
3. Your authorized doctor bills, hospital bills, rehabilitation in some cases, physical therapy, prescriptions, and necessary travel expenses will be paid if injury was caused by an accident on the job. All injuries occurring on or before June 30, 2013 shall be entitled to lifetime medical benefits. If your accident occurred on or after July 1, 2013 medical treatment shall be limited to a maximum of 400 weeks from the accident date. If your injury is catastrophic in nature you may be entitled to lifetime medical benefits.
4. You are entitled to weekly income benefits if you have more than seven days of lost time due to an injury. Your first check should be mailed to you within 21 days after the first day you missed work. If you are out more than 21 consecutive days due to your injury, you will be paid for the first week.
5. Accidents are classified as being either catastrophic or non-catastrophic. Catastrophic injuries are those involving amputations, severe paralysis, severe head injuries, severe burns, blindness, or of a nature and severity that prevents the employee from being able to perform his or her prior work and any work available in substantial numbers within the national economy. In catastrophic cases, you are entitled to receive two-thirds of your average weekly wage but not more than \$725 per week for a job-related injury for as long as you are unable to return to work. You also are entitled to receive medical and vocational rehabilitation benefits to help in recovering from your injury. If you need help in this area call the State Board of Workers' Compensation at (404) 656-0849.
6. In all other cases (non-catastrophic), you are entitled to receive two-thirds of your average weekly wage but not more than \$725 per week for a job related injury. You will receive these weekly benefits as long as you are totally disabled, but no longer than 400 weeks. If you are not working and it is determined that you have been capable of performing work with restrictions for 52 consecutive weeks or 78 aggregate weeks, your weekly income benefits will be reduced to two-thirds of your average weekly wage but no more than \$483 per week, not to exceed 350 weeks.
7. When you are able to return to work, but can only get a lower paying job as a result of your injury, you are entitled to a weekly benefit of not more than \$483 per week for no longer than 350 weeks.
8. Your dependent(s), in the event you die as a result of an on-the-job accident, will receive burial expenses up to \$7,500 and two-thirds of your average weekly wage, but not more than \$725 per week. A widowed spouse with no children will be paid a maximum of \$290,000. Benefits continue until he/she remarries or openly cohabits with a person of the opposite sex.
9. If you do not receive benefits when due, the insurance carrier/employer must pay a penalty, which will be added to your payments.

**Employee's Responsibilities**

1. You should follow written rules of safety and other reasonable policies and procedures of the employer.
2. You must report any accident immediately, but not later than 30 days after the accident, to your employer, your employer's representative, your foreman or immediate supervisor. Failure to do so may result in the loss of the benefits.
3. An employee has a continuing obligation to cooperate with medical providers in the course of their treatment for work related injuries. You must accept reasonable medical treatment and rehabilitation services when ordered by the State Board of Workers' Compensation or the Board may suspend your benefits.
4. No compensation shall be allowed for an injury or death due to the employee's willful misconduct.
5. You must notify the insurance carrier/employer of your address when you move to a new location. You should notify the insurance carrier/employer when you are able to return to full-time or part-time work and report the amount of your weekly earnings because you may be entitled to some income benefits even though you have returned to work.
6. A dependent spouse of a deceased employee shall notify the insurance carrier/employer upon change of address or remarriage.
7. You must attempt a job approved by the authorized treating physician even if the pay is lower than the job you had when you were injured. If you do not attempt the job, your benefits may be suspended.
8. If you believe you are due benefits and your insurance carrier/employer denies these benefits, you must file a claim within one year after the date of last authorized medical treatment or within two years of your last payment of weekly benefits or you will lose your right to these benefits.
9. If your dependent(s) do not receive allowable benefit payments, the dependent(s) must file a claim with the State Board of Workers' Compensation within one year after your death or lose the right to these benefits.
10. Any request for reimbursement to you for mileage or other expenses related to medical care must be submitted to the insurance carrier/employer within one year of the date the expense was incurred.
11. If an employee unjustifiably refuses to submit to a drug test following an on-the-job injury, there shall be a presumption that the accident and injury were caused by alcohol or drugs. If the presumption is not overcome by other evidence, any claim for workers' compensation benefits would be denied.
12. You shall be guilty of a misdemeanor and upon conviction shall be punished by a fine of not more than \$10,000.00 or imprisonment, up to 12 months, or both, for making false or misleading statements when claiming benefits. Also, any false statements or false evidence given under oath during the course of any administrative or appellate division hearing is perjury.

The State Board of Workers' Compensation will provide you with information regarding how to file a claim and will answer any other questions regarding your rights under the law. If you are calling in the Atlanta area the telephone number is (404) 656-3818, outside the metro Atlanta area call 1-800-533-0682, or write the State Board of Workers' Compensation at 270 Peachtree Street, N.W., Atlanta, Georgia 30303-1299 or visit our website: <https://www.sbwc.georgia.gov>. A lawyer is not needed to file a claim with the Board; however, if you think you need a lawyer and do not have your own personal lawyer, you may contact the Lawyer Referral Service at (404) 521-0777 or 1-800-237-2629.

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-656-3818 OR 1-800-533-0682 OR VISIT <https://www.sbwc.georgia.gov>

WILLFULLY MAKING A FALSE STATEMENT FOR THE PURPOSE OF OBTAINING OR DENYING BENEFITS IS A CRIME SUBJECT TO PENALTIES OF UP TO \$10,000.00 PER VIOLATION (O.C.G.A. §34-9-10 AND §34-9-11).

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856 1st Street  
Macon, Ga. 31201  
478-741-1740

name/address/phone

Caduceus Occupational Med  
1980 Riverside Drive  
Suite A  
Macon, Ga. 31201  
478-746-9898

name/address/phone

Ortho Georgia (Northside)  
3708 Northside Drive  
Macon, Ga. 31210  
478-745-4206

name/address/phone

Neurology Assoc of Ctrl Ga  
175 Water Tower Ct.  
Macon, Ga. 31210  
478-471-6217

name/address/phone

North Macon Dental  
4020 Elnora Drive  
Macon, Ga. 31210  
478-477-1228

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WC-P1 (7/2022)

Date

Human Resources Witness

Employee Signature

Employee Name Printed

# GEORGIA STATE BOARD OF WORKERS' COMPENSATION

## BILL OF RIGHTS FOR THE INJURED WORKER

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|                    |                         |
|--------------------|-------------------------|
|                    |                         |
| Date               | Human Resources Witness |
|                    |                         |
| Employee Signature | Employee Name Printed   |