

**WORK COMP CLAIM REPORTING FOR  
A NON-MONTANA BASED EMPLOYEE\*  
OF THE MONTANA UNIVERSITY SYSTEM:**

1. Employees report the injury incident to **your MT Supervisor** immediately.
2. Employee *and/or* Supervisor contact your [Campus Claim Coordinator](#).
3. Supervisors *and/or* Claim Coordinators, follow **Report an Injury Incident** instructions below for all non-MT states *except* North Dakota, Ohio, Washington, or Wyoming; contact your HR/Payroll Department for a claim involving ND, OH, WA, WY employees. Follow **The Hartford LossConnect** instructions on page 2 to Report a Work Comp Claim.

**WHEN CALLING THE HARTFORD LOSSCONNECT HAVE AVAILABLE:**

- **MUS Policy Number:** **53 WE KZ2005** (all states *except* MT, OH, ND, WA, WY)  
**Policy Term:** July 2017-July2018  
(Note: The Hartford may operate as Twin City Fire Insurance or Sentinel Insurance or possibly other carrier name depending on the state. The policy # is the same regardless of name).
- **Insured/policyholder:** **Montana University System**, 2500 Broadway, Helena, MT 59601
- **Insured/Policyholder FEIN#:** **16-1670804**
- **Employee information** detailed in **The Hartford's LossConnect** (see next page)
- **Incident information** detailed in **The Hartford's LossConnect** (see next page)

**Workers' Compensation Claim Compensability and Reporting rules and procedures** vary from state to state. Timely reporting to the insurer is critical to ensure employee access to benefits, optimize recovery, and to protect the employee and Montana University System from non-compliance liability. If you need additional assistance contact Leah Tietz, Director MUS Work Comp Program at 406-444-0615 or [ltietz@montana.edu](mailto:ltietz@montana.edu)

Each state also has unique rules regarding qualified workers' compensation medical providers. The Hartford provides a listing of state rules regarding selecting a medical provider and a list of Network providers at <http://www.talispoint.com/htfd/external/> .

*\*Employees who work and live outside of Montana on more than travel status basis are typically non-Montana employees. MUS provides workers' compensation insurance for its Non-Montana employees (except in OH, ND, WA, WY due to those states' laws) through **The Hartford**. In event of a work-related injury/illness incident, follow **The Hartford claim process** below. Montana-based employees are covered by workers' compensation through the MUS self-funded workers' compensation program; these employees should notify their supervisors immediately and file a claim at <https://firstreportinjury.mus.edu/> . Please contact our campus claim coordinator with any questions.*

## THE HARTFORD'S LOSSCONNECT

# Reporting a Work-Related Injury is Time Sensitive!

Call The Hartford's LossConnect immediately to report a claim.

**1-800-327-3636**

Available 24 hours a day, 365 days a year.

### The Benefits of Timely Loss Reporting:

Research has shown that faster loss reporting significantly affects loss costs. The sooner we are notified, the sooner we can investigate the accident and coordinate with you, the injured employee, and the medical team to ensure the fastest possible return to health and work.

### The Effect of Timely Reporting on Controlling the Cost of Your Loss:

Average Loss for Closed Claims (Accident Years 2002-2005)	
Report Lag in Days	Percent Change in Loss Costs Compared to First Week Report
Incident Day	-6%
Week 1	0%
Week 2	13%
Week 3 or 4	16%
1 Month or Later	24%

Statutory requirements also necessitate the prompt initial reporting of the accident causing injury or death. Failure to comply may result in a fineable offense by the State.

#### Information You'll Need

##### Company Information

- o Account Number
- o Location Code (if applicable)
- o Parent Company (or program name)
- o Policy Number

##### Worker Information

- o Name, DOB, Address, Phone
- o Social Security Number
- o Age, Gender
- o Marital Status, Number of Dependents
- o Hire Date, Years in Current Position
- o Wage Information

##### Incident Information

- o Type of injury (burn, cut, etc.)?
- o Exact body part injured?
- o What caused the accident?
- o Any reason to question the injury?
- o Any witnesses?
- o Address where injury occurred?
- o Where was the injured employee treated?  
(Provide name, address, phone of medical provider.)
- o When was the accident reported to you and by whom (date, time)?

#### Network Providers

A listing of more than 400,000 network providers qualified to treat work-related injuries is available online at [www.talispoint.com/hartext](http://www.talispoint.com/hartext) or by calling our Network Referral Unit at 1-800-327-3636 (select 4 at the prompt). Since network referrals are often impacted by state specific rules, please call to learn how to maximize our network capabilities on behalf of your employees.