



1802 Terminal Drive ■ Richland, WA 99354 ■ Phone 509-420-7290 ■ Fax 509-420-7289

Colville Confederated Tribe of Indians Worker's Compensation Claims Act Reporting Instructions

NOTICE TO TRIBAL GOVERNMENT AND ENTERPRISE EMPLOYEES AS EMPLOYEES OF THE CONFEDERATED TRIBES OF THE COLVILLE RESERVATION OR ITS ENTERPRISES, YOU ARE INSURED FOR ON-THE-JOB INJURIES UNDER THE TRIBAL WORKERS COMPENSATION CLAIMS ACT

If you are injured or sustain an occupational disease while at work, you may be entitled to benefits as provided by the Tribal Workers Compensation Claims Act, Chapter 6-15 of the Colville Tribal Code. **NOTIFY YOUR EMPLOYER/SUPERVISOR IMMEDIATELY OF ANY INJURIES, NO MATTER HOW SLIGHT.** If you fail to do so, you may NOT be entitled to any benefits under the CCT Workers Compensation Claim Act. In no event shall benefits be paid to a worker who failed to notify his or her employer within fourteen (14) working days after sustaining such work-related injury, excepting cases where an extraordinary reason prevented the worker from reporting the injury or occupational disease to the employer in a timely manner. **It is your responsibility to file a claim for benefits under the act with the administrator and/or Risk Management, by completing the CCT Workers Compensation Injury/Occupational Disease Application for Benefits.** You are required to file a claim for any injuries or occupational disease **no more than thirty (30) days** after you have knowledge thereof. It is your responsibility to obtain the necessary forms from the tribal website at <https://www.colvilletribes.com/human-resources/>, request them by phone at 509.634.2845, email cct.benefits_workerscomp@colvilletribes.com or visit the Risk Management office in person.

Your exclusive remedy for any work connected injury or disease is through the tribal workers benefits system. **The state's workers compensation system has no authority to accept a claim from you related to employment by the Confederated Tribes of the Colville Reservation, a sovereign Indian Nation employer, which is exclusively under the jurisdiction of the tribal workers claim act.**

Please follow the instructions below when an injury/occupational disease occurs to ensure the claim is reported in a timely manner:

Employee Application for Compensation & Report of Injury or Occupational Disease

(Employee completes and reports incident to Supervisor immediately following the incident if possible)

Must be filled out in its entirety, If an area does not apply, address with "NA". If the application is incomplete this could delay benefits and medical coverage) please ensure that the description of the incident is detailed, to include the exact actions that were being performed at the time of the injury/occupational disease.

Submit a signed Job Description

Medical Release Form

Supervisor's Accident Report of Injury

(Supervisor responsible for completing and submitting to Risk Management immediately following the reporting of the incident)

Needs to be completed by immediate Supervisor. Supervisor must complete the form (signature and date completed required) and submit to the Risk Management Department immediately.

Must provide all approved SOP's and policies pertaining to the program/department

Physician's Initial Report

(Attending Provider completes)

Please provide a blank copy to the Physician/Provider who examines you initially. The Provider will complete the form, please ensure they provide you with a complete copy or fax the completed form to Penser North America at 509-420-7289 (this will assist the Claims Manager with determining claim allowance, diagnosis and what the treatment plan is going forward).

Activity Prescription Form

(Attending Provider completes)

Please provide a blank copy to the attending provider. This must be completed at every follow up visit and/or Hospital visit provided to Penser North America at 509-420-7289 or Risk Management at 509-634-2722, you can also email the completed form to laurah@penserna.com or brian.nanamkin@act@colvilletribes.com immediately following your appointment. A copy also needs to be provided to your Supervisor to determine if the work restrictions given (if any) can be accommodated by your Department.

YOU CAN EMAIL, FAX, OR VISIT RISK MANAGEMENT OR PENSER NORTH AMERICA WITH THE NECESSARY COMPLETED FORMS AT:

Brian Nanamkin, Risk Manager
Risk Management
Brian.Nanamkin.ACT@colvilletribes.com
P: 509-634-2845
F: 509-634-2722

Laura Hernandez, Sr. Claims Examiner
Penser North America
Laurah@penserna.com
P: 509-594-4796
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