

Diocese of Covington

Policies & Procedures Manual

Section: Compliance – Insurance and Parish

Policy: Workers Compensation



Workers Compensation coverage is provided in compliance with the requirements of the Kentucky Workers Compensation Commission through coverage with AmTrust Insurance (AmTrust).

The policy is written on a calendar year basis and is paid centrally by the Diocese, who bills premiums out to parishes, schools and institutions based on the payroll of each entity. At December 31 of each year an estimate of each location's total payroll cost is made and a bill is issued. After the end of that year, each location submits a report of their actual payroll for that year to the Diocese so that the AmTrust bill can be allocated. An adjusted workers compensation bill may be issued based on the actual payroll. This is referred to as a workers compensation audit and premiums audit. All billings from the Diocese to parishes/schools/institutions are due upon receipt.

WORKERS COMPENSATION REPORTING REQUIREMENTS

Any time that an employee is injured on the job, the parish, school or institution must report the incident to AmTrust Insurance. There are two methods of reporting as follows:

1. AmCares 24/7 Nurse Line

The preferred method is to immediately call the AmCares 24/7 Nurse line. See the information on the next page for detailed instruction. In short, this method gets the claim filed while also providing the injured employee with professional medical guidance. You will need the policy number and name of the insured (Roman Catholic Diocese of Covington) along with all relevant information about the injured party (who, what, when, where, contact information, lost time information).

2. Manual Paper Forms

If a call cannot be made at the time of injury, the parish/school must file a "First Report of Injury or Illness" form with AmTrust. This form is posted on the Diocesan website and can be accessed by [clicking here](#).

Please note the following when completing this form:

- It is mandatory that the form be received by AmTrust within 7 days of the injury. Failure to meet this deadline may result in being fined by the Commonwealth.
- Every question must be answered. Contact AmTrust if you are unsure of how to complete the form.
- If available, the employee should sign the form at the bottom of the second page. If the employee is not available, submit the form to AmTrust without the employee's signature.
- It is very important that the form be completed in its entirety and submitted to AmTrust within the 7 day timeframe.

Workers' Compensation claim paperwork can be emailed to AmTrust via workerscompclaimreport@amtrustgroup.com. All questions or inquiries should be directed to AmTrust using the phone number (888)-239-3909.

EMPLOYEE NOTICE

AmTrust will provide the required Employee Notice posting to all locations on an annual basis. This notice must be posted in a conspicuous place so that all employees are properly notified of the coverage in place.