

NEVADA SYSTEM OF HIGHER EDUCATION WORKERS' COMPENSATION LEAVE CHOICE OPTION

PURPOSE OF THIS FORM:

Employees who are eligible to receive temporary total disability (TTD) benefits for a lost time claim can continue to receive full salary by choosing one of four options of leave to **supplement** the Workers' Compensation Insurance benefits. The insurance checks will be mailed directly to the BCN Workers' Compensation Office in order to receive this benefit. **State law prohibits employees from receiving both insurance benefits and full leave benefits.**

You may choose to be placed on leave without pay in lieu of using accrued leave (NRS 281.390). If you used paid leave and your leave is exhausted, you may, with the approval of the appointing authority, be placed on a leave of absence without pay.

When you choose options #2 - #5 to supplement your insurance benefits, the amount of paid leave charged equals the difference between the insurance check and your regular salary. Your pay center will issue a check for the full amount of your salary and the insurance check will either be sent directly to BCN Workers' Compensation Office as reimbursement by the insurance company or you must turn over the check to BCN Workers' Compensation if it was sent to you.

These options can be changed or modified as necessary by working directly with your department and the BCN Workers' Compensation Office.

Choice (Check One)

_____ Option #1 – Do not apply any accumulated leave time during the period in which workers' compensation is being received.
(LWOP)

_____ Option #2 - Apply accrued sick leave to make up the difference between my insurance benefits and my normal salary during the period in which workers' compensation is being received.

_____ Option #3 - Apply accumulated compensatory time to make up the difference between my insurance benefits and my normal salary.

_____ Option #4 - Apply accrued annual leave to make up the difference between my insurance benefits and my normal salary.
(Annual leave may only be used after sick leave is exhausted, unless you are on approved FMLA leave.)

_____ Option #5 - Apply a combination of Option #2, #3 or #4 to make up the difference between my insurance benefits and my normal pay, during the period in which workers' compensation is being received. Record the space below the type and amount of leave and the order in which you would like it used. **Also, note any special instructions regarding leave usage. (Example: use all sick leave except for 8 hrs and then apply comp leave.)**

If I have selected options #2 - #5, my signature below indicates that I authorize the Workers' Compensation Insurance Company to send my disability payment checks directly to my employer, until such time as the designated leave is exhausted. I understand that BCN Workers' Compensation will contact the insurance company when this leave has expired and that thereafter my disability checks will be sent directly to me.

I understand that the amount of leave benefits combined with the Workers' Compensation insurance benefits cannot exceed my normal salary.

Print Employee's Name

Print Supervisor's Name

EMPLOYEE'S SIGNATURE

DATE

SUPERVISOR'S SIGNATURE

DATE

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Additional Information

Catastrophic Leave

If all accumulated leave is exhausted, employees may request consideration of use of catastrophic leave to make up the difference between their temporary total disability payment and normal salary.

Health Plan Benefits

State contributions toward the regular Health Benefit Plan will cease after 9 months of leave without pay while receiving EICN benefits. **Employees will be responsible to pay these costs if they wish to continue in the State Health Plan.** The benefits office of the Nevada System of Higher Education is responsible to notify Risk Management when this 9 months has elapsed.

Long Term Disability

Employees may be eligible for long term disability benefits if an absence from work, due to an injury, exceeds 6 months. **It is the employee's responsibility to contact the Risk Management Division at 687-4085 to request this benefit.**

General Assistance

If you are experiencing difficulty in receiving information, responses to requests or delays in medical care from the assigned Managed Care Organization or Workers' Compensation Insurance Company, contact the appropriate representative or the BCN Workers' Compensation Office at 784-4394 for assistance.

Original to file

Copy to employee

Copy to Frank Gates Service Co.

Prepared by:

Nevada System of Higher Education

Business Center North

Workers' Compensation Office

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