



ONE TOWER SQUARE  
HARTFORD CT 06183

WORKERS COMPENSATION  
AND  
EMPLOYERS LIABILITY POLICY

EXTENSION OF INFO PAGE-SCHEDULE WC 00 00 01 ( A)

POLICY NUMBER: UB-6N259033-22-14-G

INSURER: THE TRAVELERS INDEMNITY COMPANY OF AMERICA

INSURED'S NAME: CHAMPLAIN COLLEGE INCORPORATED

13439-MI

CLASSIFICATION	CODE	PREMIUM BASIS	RATES	ESTIMATED
		ESTIMATED TOTAL ANNUAL REMUNERATION	PER \$100 OF REMUNERATION	ANNUAL PREMIUM
LOCATION 001				
FEIN 030220266 ENTITY CD 001 00				

CHAMPLAIN COLLEGE  
INCORPORATED

MI- NO BUSINESS LOCATION

COLLEGE: PROFESSIONAL EMPLOYEES	8868	128472.00	0.22	283
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MI MANUAL PREMIUM \$ 283

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0.80% EMPL. LIAB. INCREASED LIMITS(9807)	\$	2
TOTAL PREMIUM SUBJECT TO EXPERIENCE MOD.		285
EXPERIENCE MODIFICATION:NONE MODIFIED PREMIUM		NONE
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM		285
-4.60% PREMIUM DISCOUNT(0064)		-13
TERRORISM(9740)		15
TOTAL ESTIMATED PREMIUM		287
TOTAL PREMIUM		287
DEPOSIT AMOUNT DUE		287

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## **MICHIGAN NOTICE TO POLICYHOLDER ENDORSEMENT**

This endorsement applies only to the insurance provided by the policy because Michigan is shown in item 3.A of the Information Page.

### **1. Rates and Premium**

The policy contains rates and classifications that apply to your type of business. If you have any questions regarding the rates or classifications, please contact us or your agent.

You may obtain pertinent rating information by submitting a written request to us at our address shown on this endorsement. We may require you to pay a reasonable charge for furnishing the information.

You may also submit a written request for a review of the method by which your rates and premiums were determined. If you are not satisfied with the results of the review, you may appeal to the Commissioner of Insurance at the address shown in this endorsement.

### **2. Payroll Audits**

You may request a payroll audit once each calendar year. Your request must be in writing sent to our address shown in this endorsement. You must state that you believe your payroll expenditures have changed by 20% or more, and you must state the reasons for that belief. We will complete the audit within 120 days of receipt of your request if you provide us with all information we need to perform the audit.

### **3. Reserves or Redemption**

You may request reserve and redemption information that relates to the premium for this policy. Your request must be in writing sent to our address shown in this endorsement. We will provide you with that information within thirty (30) days of receipt of your request.

If you believe that the policy premiums are excessive because we set unreasonable reserves or because of the unreasonable redemption of a claim, you may request a meeting with our management representative. Your request must be in writing sent to our address shown in this endorsement. If you are not satisfied with the results of the meeting, you may appeal to the Insurance Commissioner at the address shown in this endorsement.

### **Addresses**

Commissioner of Insurance  
Michigan Insurance Bureau  
P.O. Box 30200  
Lansing, MI 48909

The Travelers Insurance Companies  
1000 Travelers Tower  
26555 Evergreen  
Southfield, MI 48076

or

3777 Sparks Drive Southeast  
Grand Rapids, MI 49546

or

The Travelers  
215 Shuman Boulevard  
Naperville, IL 60563

## **MICHIGAN LAW ENDORSEMENT**

This endorsement applies only to the insurance provided by the policy because Michigan is shown in item 3.A of the Information Page.

Michigan law requires that we attach this paragraph to your policy in the language specified by the statute. To help you understand the paragraph, the following definitions are added:

- (1) We are "the insurer issuing this policy"
- (2) You are "the insured employer"
- (3) "Michigan workmen's compensation act" means the Workers' Disability Compensation Act of 1969.
- (4) "Workmen's compensation" means workers' compensation
- (5) "The bureau of workmen's compensation" means the Bureau of Workers' Disability Compensation.

"Notwithstanding any language elsewhere contained in this contract or policy of insurance, the accident fund or the insurer issuing this policy hereby contracts and agrees with the insured employer:

### **Compensation:**

- (a) That it will pay to the persons that may become entitled thereto all workmen's compensation for which the insured employer may become liable under the provisions of the Michigan workmen's compensation act for all compensable injuries or compensable occupational diseases happening to his employees during the life of this contract or policy;

### **Medical services:**

- (b) That it will furnish or cause to be furnished to all employees of the employer all reasonable medical, surgical, and hospital services and medicines when they are needed which the employer may be obligated to furnish or cause to be furnished to his employees under the provisions of the Michigan workmen's compensation act and that it will pay to the persons entitled thereto for all such services and medicines when they are needed for all compensable injuries or compensable occupational disease happening to his employees during the life of this contract or policy;

### **Rehabilitation services:**

- (c) That it will furnish or cause to be furnished such rehabilitation services for which the insured employer may become liable to furnish or cause to be furnished under the provisions of the Michigan workmen's compensation act for all compensable injuries or compensable occupational disease happening to his employees during the life of this contract or policy;

### **Funeral expenses:**

- (d) That it will pay or cause to be paid the reasonable expense of the last sickness and burial of all employees whose deaths are caused by compensable injuries or compensable occupational diseases happening during the life of this contract or policy and arising out of and in the course of their employment with the employer, which the employer may be obligated to pay under the provisions of the Michigan workmen's compensation act;

### **Scope of contract:**

- (e) That this insurance contract or policy shall for all purposes be held and deemed to cover all the businesses the said employer is engaged in at the time of the issuance of this contract or policy and all

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other businesses, if any, the employer may engage in during the life thereof, and all employees the employer may employ in any of his businesses during the period covered by this policy;

**Obligations assumed:**

- (f) That it hereby assumes all obligations imposed upon the employer by his acceptance of the Michigan workmen's compensation act, as far as the payment of compensation, death benefits, medical, surgical, hospital care or medicine and rehabilitation services is concerned;

**Termination notice:**

- (g) That it will file with the bureau of workmen's compensation at Lansing, Michigan, at least 20 days before the taking effect of any termination or cancelation of this contract or policy, a notice giving the date at which it is proposed to terminate or cancel this contract or policy; and that any termination of this policy shall not be effective as far as the employees of the insured employer are concerned until 20 days after notice of proposed termination or cancelation is received by the bureau of workmen's compensation;

**Conflicting provisions:**

- (h) That all the provisions of this contract, if any, which are not in harmony with this paragraph are to be construed as modified hereby, and all conditions and limitations in the policy, if any, conflicting herewith are hereby made null and void."

## **NOTICE TO MICHIGAN POLICYHOLDERS**

THIS POLICY IS EXEMPT FROM THE FILING REQUIREMENTS OF SECTION 2236 OF THE INSURANCE CODE OF 1956, 1956 PA 218, MCL 500.2236.

## Employees – Know Your Rights!

- **Remember – It is important to report your injury to your employer.**

- **Medical Care**

You are entitled to reasonable and necessary medical care for work-related injuries or diseases. Employers or their insurance carriers are required by law to provide these services. During the first 28 days of treatment, your employer has the right to choose the physician. After 28 days you are free to change physicians, but you must notify your employer of the change. If you receive treatment from a physician of your choice, you shall obtain and promptly furnish a report to your employer.

If your employer refuses to provide medical care, you should contact Michigan's Workers' Disability Compensation Agency at its toll-free telephone number: **1-888-396-5041**.

You should not receive a bill from a health care provider for treatment of a covered work-related injury or illness. If you do receive such a bill, you should contact your employer or the employer's insurance carrier.

- **Wage Loss Benefits**

You are entitled to weekly workers' compensation benefits if you suffer a wage loss for more than seven consecutive days. These benefits may be claimed as long as a disability and wage loss continue. Generally, the benefit rate is 80% of your after-tax average weekly wage, subject to a maximum rate.

- **Vocational Rehabilitation**

If you are unable to perform the work that you have done previously, you are entitled to vocational rehabilitation. The number one goal is your return to work with your employer. If you cannot do this or require assistance in finding a new job, vocational rehabilitation services can help.

*To be completed by the employer*

<b>CHAMPLAIN COLLEGE INCORPORATED</b>
Employer Name
Employer Contact Person and Telephone Number
<b>THE TRAVELERS INSURANCE COMPANIES</b>
Workers' Compensation Insurance Carrier Name

If you have questions, please call the  
State of Michigan Workers' Disability Compensation Agency  
**Toll-free 1-888-396-5041**

Additional information is on the agency's website at <http://michigan.gov/wdca>.

**EMPLOYER: PLEASE POST THIS NOTICE FOR YOUR EMPLOYEES TO SEE!**

# Michigan Workers' Disability Compensation Rights & Responsibilities

Each party involved in the workers' compensation system has rights and responsibilities that help ensure the successful application of the law, and ultimately a safe return to work for the employee.

## **EMPLOYEES**

- **Report all injuries to your supervisor immediately!**
- Most workers are covered under workers' compensation from the start of employment.
- Benefits include reasonable & necessary medical care, wage loss benefits, and vocational rehabilitation services.
- A compensable injury is one that has arisen "out of and in the course of employment." In other words, work must cause the disability.
- Workers' compensation is the "exclusive remedy" for work injuries, meaning that in most cases you cannot sue for other damages.
- There is a 7-day waiting period for wage loss benefit payments. If the disability lasts beyond one week, the worker is entitled to benefits as of the eighth day after the injury. If a disability continues for two weeks or longer, then the worker is entitled to be paid compensation for the first week of disability from the date of disablement. Paid medical leave may apply during the 7-day waiting period.
- There is no waiting period for medical benefits; coverage begins at the time of the injury.
- In most cases, wage loss benefits are calculated by taking the average of the highest 39 weeks of the last 52 weeks of gross wages prior to injury. Generally, you should receive 80% of the after-tax value of this average.
- Your first check is due and payable on the 14th day of disability. However, a benefit check is not considered "late" until 30 days after the due date.
- Weekly benefits continue so long as you are disabled, which could be for the rest of your life. However, benefits can be reduced by up to 50% after age 65 at 5% per year up to age 75, or upon receipt of social security retirement benefits.
- If you are only partially disabled, you do have a duty to seek reasonably available work, taking into consideration those limitations (restrictions) from the work-related personal injury or disease.
- If you have **more than one job** covered under the Worker's Disability Compensation Act, you get credit for all wages earned in those jobs.
- **Medical Benefits:** You are entitled to all reasonable and necessary medical care including surgical, hospital, and dental services, as well as crutches, hearing apparatus, chiropractic treatment, and nursing care. These services are provided indefinitely as long as there is a need related to the injury.
- **Choosing A Doctor:** During the first 28 days of treatment, the employer has the right to choose the doctor. After that, you are free to change doctors providing that you notify the employer and insurance company, preferably in writing. You do not need authorization from the insurance company or the employer to be medically treated, as long as the treatment is reasonable and necessary, and your claim is not in dispute.
- **Maintaining Contact:** It is extremely important that you maintain regular contact with your employer throughout the treatment and recovery period so that they are aware of your progress. Provide your employer with updated work status reports and discuss early return to work options.
- **Vocational Rehabilitation:** If you have a work-related injury or illness which prevents you from being able to perform work for which you have previous training or experience, you are entitled to vocational rehabilitation benefits. Vocational rehabilitation can include a variety of professional services designed to help injured workers re-enter the workforce. These services may include job placement assistance, retraining support, or guidance in starting your own business. Vocational rehabilitation services are paid for by the employer/insurance carrier, so in most cases you must have an open workers' compensation claim to receive rehabilitation benefits.
- You may also be eligible for Family Medical Leave Act (FMLA) benefits. If you have questions, you should contact the U.S. Department of Labor.

## **EMPLOYERS**

- **Stay in touch with your employees while they are off work!** Look for appropriate light duty work options and accommodations when possible.
- All public and most private employers in Michigan are covered by workers' compensation. Every employer subject to the Act must provide proof of insurance or be approved for self-insurance to ensure benefits can be paid to its workers should they become injured.
- Eligible employees are covered under workers' compensation from the date of employment.
- There are severe penalties if an employer fails to provide workers' compensation coverage.

## **EMPLOYER REPORTING**

- **All claims must be reported to your insurance carrier.**
- **Form WC-100** must be filed with the Workers' Disability Compensation Agency (WDCA) and your insurance carrier immediately upon the disability exceeding 7 consecutive days, death or specific loss. A copy of this form must also be given to the employee.
- You must ensure that reasonable and necessary medical treatment is provided promptly.
- You will need to provide a wage history report to the insurance carrier in order to calculate the correct benefit amount.
- **Minors:** The Act provides that an illegally employed minor is entitled to double compensation if injured.

## **INSURANCE COMPANIES**

- **Prompt and regular payment of benefits is required by law.**
- Form WC-701: Must be filed with the WDCA when wage loss benefits begin, change or stop.
- Form WC-110: Must be filed with the WDCA 3 months post-injury, and every 4 months after, to report on vocational rehabilitation activity.
- Form WC-107: Must be filed with the WDCA if a claim is disputed.
- Medical services rendered are subject to the State of Michigan Health Care Services Rules and Fee Schedule.
- Injured workers are not to be "balance billed" for charges over and above the fee schedule.
- Benefits are not to be stopped for non-cooperation with vocational rehabilitation; a hearing must be requested prior to stoppage.

**For more information contact: State of Michigan Workers' Disability Compensation Agency  
Toll free: 1-888-396-5041, or visit our website at [www.michigan.gov/wdca](http://www.michigan.gov/wdca)**