

# Your Right to Workers' Compensation

Getting hurt on the job can be devastating, which is why Educational Services, Inc. is committed to keeping you safe and healthy in the workplace. However, if you do get hurt or sick on the job, you are covered by CopperPoint Mutual Insurance Company.

## What to Do if Hurt

- 1 Inform your supervisor and ESI immediately.** If medical attention is necessary, go to the nearest urgent care facility. If a life-threatening injury has occurred, go to the nearest hospital.
- 2 Complete the ESI Accident Report Form.** A copy of this form can be found online at [EducationalServicesInc.com](http://EducationalServicesInc.com). You can also get a copy of this form by contacting Human Resources at [payroll@esiaz.us](mailto:payroll@esiaz.us) or (844) 614-7784. Submission instructions are included on the form. When you submit the form, please include all medical documentation received upon treatment.
- 3 Follow instructions for medical care.** There may be restrictions determined by our Workers' Compensation carrier regarding a personal physician you see about your injury. Educational Services, Inc. will let you know what requirements apply to you.
- 4 Follow your physician's instructions.** Your physician will determine when you are ready to return to work. If your physician will allow you to perform light duties and your district does not have a position for light duties, you must wait until you are fully released to begin working.

Please note if there is a delay in reporting the injury to ESI, payments for medical expenses may be delayed.

# Accident Report Form

Copper Point Mutual Insurance Co. Policy #1002227

Employee Full Name: .....	District: .....
Employee SS#: .....	School Site: .....
Employee Birthdate: .....	Address of Accident/Injury: .....
Employee Phone Number: .....	Date of Accident/Injury: .....
Employee Address: .....	Time of Accident/Injury: .....
Job Title: .....	Part of Body Injured: .....
Start & End Time of Work Day: .....	Nature of Accident/Injury: .....

Will you seek medical attention for this accident/injury?  Yes  No  
If yes, where? .....

*(If medical treatment was necessary, please send all documentation immediately.)*

Where did the accident/injury take place? .....

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Describe how the accident/injury occurred: .....

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*(Please indicate what job was being performed and what went wrong. Include any machine, tool, or object that was being used in connection with the accident.)*

Please indicate how this type of accident can be prevented in the future (if at all): .....

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Name(s) of Witness(es): .....

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Copperpoint Mutual Insurance Company  
3030 N. 3rd Street  
Phoenix, AZ 85012

**Please send completed form to payroll@esiaz.us**  
Phone: 480-719-3533