

WORKERS COMPENSATION TRANSITIONAL RETURN TO WORK PROGRAM AGREEMENT

Companion Property and Casualty Insurance Group believes in making a positive impact on our clients' workers compensation programs. Our staff works as a team dedicated to making a difference and creating results.

In order for Companion to make a difference, we must all work together to provide the best and most appropriate services to your employees. We must also have a commitment from our clients to strive toward improving safety and effectively managing claims.

One proven way to effectively manage workers' compensation costs is to implement a proactive Transitional Return to Work (RTW) Program. This RTW program assists in the healing process and focuses on returning injured employees to work as soon as it is medically possible. For this program to be effective, the employer must develop a written return to work policy and must provide the appropriate training for all supervisors and employees. Tools to assist our client employers with the development of a written return-to-work program are available on Companion's Loss Control website at www.companiongroup.com. Click the tab entitled "Loss Control". Additional assistance is available for our clients on request.

One critical component of a proactive return-to-work program is the identification of transitional work options for any workers returning with restrictions. These duties should accommodate temporary restrictions such as shortened work hours, limited lifting, and limited mobility. If requested, Companion will assist our clients in developing transitional work options for both modified duty and alternate duty.

When an injured employee has received a release to return to work with restrictions from their doctor, it is the responsibility of the employer to provide appropriate work for the injured worker. Companion will work with medical providers and rehabilitation specialists to return your injured worker to work, and to full duty as soon as it is medically safe.

Your signature below indicates your willingness to implement a written Transitional Return to Work Program. You acknowledge and agree with this recommendation and understand your insurance program with Companion is contingent upon implementation of this program. Please contact your agent if you have any questions concerning this matter.

Employer's Signature	_____
Title	_____
Employer's Name and Address	_____
Policy Number	_____
Policy Period	_____
Name of insurance agent and agency	_____