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# **BENEFITS VEHICLE ACCIDENT CLAIMS PROCESS (BEN-P001)**

DCSS – Benefits Department

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## **1.0 SCOPE:**

- 1.1 To define the process utilized by the Benefits Department when processing a claim as a result of a vehicle accident involving a DCSS vehicle and other vehicles.

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## **2.0 RESPONSIBILITY:**

- 2.1 Benefits Coordinator

## **3.0 APPROVAL AUTHORITY:**

- 3.1 Director of Human Resources
- 3.2 Benefits Coordinator

## **4.0 DEFINITIONS:**

- 4.1 DCSS – Dougherty County School System

## **5.0 PROCEDURE:**

- 5.1 Upon notification of a claim/potential claim as a result of an accident involving a DCSS vehicle, person, or other vehicle associated, the Benefits Coordinator shall initiate form number BEN-F002, Vehicle Accident Information form.
- 5.2 Information collected from the person(s) reporting the accident includes vehicle number, accident location, injury information, vehicle damage, person(s) driving, passengers, etc. All information may not be available at the time of the phone call; however, this information is reported to the Benefits Department as it becomes available.
- 5.3 The Benefits Coordinator may receive a call from a medical facility and be required to authorize treatment of the driver and/or any passengers who may have been injured during the accident. This authorization is based on current knowledge of the accident.
- 5.4 In the event an adjuster must be contacted, the Benefits Coordinator will call and/or fax the information concerning the accident to the adjuster. The adjuster will respond to the Benefits Coordinator with required actions.
- 5.5 Depending on the severity of the accident, the Benefits Coordinator will request a copy of the police report (if applicable), vehicle accident photos, passenger roster of children, and any other pertinent information, which may be required by the insurance company.
- 5.6 Employee Investigation Report, SAF-F001, is completed by the Benefits Coordinator and faxed to the Safety Director, if applicable.
- 5.7 If a school system employee, (driver, monitor, etc.) is injured in an accident, workers' compensation is the primary responsible party for paying the medical bills. A WC1 is filed with the State and procedures for workers' compensation are followed.
- 5.8 If the other party is at fault, a subrogation claim is filed with the appropriate insurance company. In the event of a liability suit, the subrogation claim is addressed and the reimbursement of any medical bills for the workers' compensation claim would enter in the settlement of the liability claim.

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5.9 In the event of a hearing, the Benefits Coordinator and the workers' compensation attorney would attend to participate in the settlement of the claim.

### **6.0 ASSOCIATED DOCUMENTS:**

- 6.1 Vehicle Accident Information Form, BEN-F002
- 6.2 WC1 Workers Comp (Employee First Report of Injury)
- 6.3 Subrogation Form, BEN-F006
- 6.4 Employee Injury Investigation, SAF-F001

### **7.0 RECORD RETENTION TABLE:**

<b>Identification</b>	<b>Storage</b>	<b>Retention</b>	<b>Protection</b>	<b>Disposition</b>
Vehicle Accident Information Form	Hard copy in the Benefits Department	Minimum period of one year	Maintained in a secure location	Discard as desired
Subrogation Form	Hard copy in the Benefits Department	Minimum period of one year	Maintained in a secure location	Discard as desired
Employee Injury Investigation	Hard copy in the Benefits Department	The length of the claim	Maintained in a secure location	Discard as desired

### **8.0 REVISION HISTORY:**

<b>Date:</b>	<b>Rev.</b>	<b>Description of Revision:</b>
12-Mar-03	A	Initial Release
06-May-03	B	Added "Vehicle Accident" in the title of procedure. Added sections 6.2 and 6.3.
30-Oct-03	C	Added 5.6, 6.4 and completed retention table 7.0.
12-Apr-04	D	Added SAF-F001 to section 5.6.

**\*\*\* End of Procedure \*\*\***