

ON-THE-JOB INJURY PROGRAM ACKNOWLEDGEMENT FORM

Rutherford County Government
Insurance Department
303 North Church Street, Ste. 201
Murfreesboro, TN 37130
(615) 898-7715

In an effort to assure the purpose and benefits of the On-the-Job Injury Program this acknowledgment form has been created to confirm I have read and understand the OJI plan.

- I understand that it is my responsibility to complete any OJI requirements in order to receive the benefits of the On-the-Job Injury Program.
- I understand in order to receive OJI benefits, it is my responsibility to call in notification of my on the job injury to my supervisor and assigned OJI Representative. This must occur within the current working shift after such occurrence.
- I understand that the OJI Program provides my Long Term Disability Insurance Policy and does not provide any monetary settlements for OJI's.
- I understand that the purpose of the OJI Program is to provide benefits to injuries which were incurred while performing my specific job duties per my job description.
- I understand that failure to follow the Rutherford County Policy & Procedures will result in the OJI Claim being non-compensable and disciplinary action up to and including termination.
- I understand that if I elect to seek medical treatment that has not been authorized and/or reported that I have also elected to waive my rights to OJI benefits for the related OJI.
- I understand that benefits will not be allowed for an injury that precedes the written report of injury to my appropriate supervisor and assigned OJI Representative, except in the case of a life-threatening or serious *accident*.
- I understand that if I am given a modified duty assignment as a result of my OJI that I must comply with the requirement of that assigned duty in order to maintain the benefits of the OJI program.
- If I fail to understand any part of the OJI program, it is my responsibility to seek clarification from my supervisor, or the county insurance department.
- My signature below is to acknowledge I have read and understand the OJI Program.

Employee Name (Print)

Employee Signature

Date

School / Department

As is allowed by T.C.A. 50-6-106, Rutherford County (RC) has opted to withdraw from the Tennessee Workers' Compensation Act, and instead has chosen to implement an On-The-Job Injury Program administered by the Rutherford County Insurance Department.