

URGENT BULLETIN & REQUEST



Michigan Counties Workers Compensation Fund

APRIL 2020

Dear MAC Members (Employees and Staff)

During this period of COVID-19 and the exposure that employers and employees are experiencing, your Loss Prevention and Safety Department would like to ask you for your cooperation and participation.

Since the Michigan Workers' Compensation Agency has issued emergency rules that define contracting of COVID-19 as a work related injury for First Responders, there is much confusion in the workplace.

We are requesting that the following questions be answered (**using the attached form**) and submitted each Friday. This will allow us to prepare for the MAC Account potential volume and type of claims. More importantly, how we can best manage the claims and assist the claimants, which are confirmed to be work related.

If you have any questions, feel free to contact myself at any time. (248) 344-2270.

Respectfully Submitted,
Julie Watson

Guidance

- Please provide the following numerical data **every Friday, by 11:30 AM.**
- Please complete the attached form and email to jwatson@compone.net
- Please utilize the most up to date information, when submitting.
- **Please have one (1) person collect and submit the data on behalf of entire organization.**

Five Questions

1. How many employees are **confirmed COVID positive**?
2. How many employees are **suspected COVID** and on **company mandated home quarantine**?
3. How many employees are **hospitalized** with COVID-19 and **NOT** on ventilators?
4. How many employees are **hospitalized** with COVID-19 and **ON** ventilators?
5. How many employees were **confirmed positive** and have **fully recovered**?

Weekly COVID Form

Today's Date:

Name of Department:

Name of person submitting the form.

How many employees are **confirmed** COVID positive?

How many employees are **suspected** COVID & on **company mandated home quarantine**?

How many employees are **hospitalized** with COVID and **NOT** on ventilators?

How many employees are **hospitalized** with COVID and **ON** ventilators?

How many employees were **confirmed positive** and have **fully recovered**?

Additional notes or comments you feel are important:

Please complete, save as new file name (*Organization Date & Date*) and email to jwatson@compone.net