



## New Hampshire Automobile Dealers Association Workers' Compensation Trust

### RE: Overview and Use of the Second Injury Fund form

Dear Members:

NHADA legal counsel has brought to our attention that the Second Injury Fund Post Conditional Offer Medical Form we have used for many years needs to be updated. We encouraged members to have employees complete the form in that brief window after they have been hired and before they begin working. Attached please find the newly revised Second Injury Fund Employee Information Form. You will note that there are two areas that members need to insert information. On the top of the form the member name needs to be typed in and at the bottom, a name must be inserted to whom the employee may ask questions. The name of the employee, the position, the date of completion and the date of hire need to be completed, as well. When the member is completing post-hire paperwork with the employee before the employee actually begins work is when the Second Injury Employee Information Form should be completed. Also attached is a letter to the employee explaining the purpose of the form which should be provided to the employee at the time the member requests that they complete the Second Injury Fund Employee Information Form.

The employee should be encouraged to honestly complete the form and it should be retained in the employee's medical file, which must be kept separate from the personnel file in a confidential area. The Second Injury Fund reimburses the NHADA WCT if we can prove that the combination of the pre-existing condition and the subsequent work-related injury resulted in a greater disability than would have been caused by the work-related injury alone. The Second Injury Fund reimburses 50% of medical and indemnity payments after the first \$10,000 has been paid out and after 2 years of disability reimburses at 100%. The NHADA WCT recovered over \$400,000 from the Fund last year saving NHADA members hundreds of thousands of dollars.

The previously completed Second Injury Fund Forms in employees' medical files can remain in place. Please discard your old incomplete Second Injury Fund forms and begin using the attached forms immediately.

If you have any questions, please contact me.

Very truly yours,

A handwritten signature in black ink, appearing to read "Peter T Sheffer".

Peter T Sheffer  
Claims Manager

/dhd  
Enc.