



**New Mexico  
Public Schools  
Insurance  
Authority**

**Risk  
2023 Spring Budget  
April 12, 2023**

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# ABOUT NMPSIA

The New Mexico Public Schools Insurance Authority (NMPSIA) was created by the NM Legislature in 1986 to serve as a purchasing agency for public school districts, post-secondary educational entities and charter schools. Through NMPSIA, member schools are afforded the opportunity to offer quality employee benefit and risk coverages.

## **Purpose of act. 22-29-2.**

The purpose of the Public School Insurance Authority Act is to provide comprehensive core insurance programs, including reimbursement coverage for the costs of providing due process to students with disabilities, for all participating public schools, school board members, school board retirees and public school employees and retirees by expanding the pool of subscribers to maximize cost containment opportunities for required insurance coverage.

## **Authority created. 22-29-4**

There is created the "public school insurance authority", which is established to provide for group health insurance, other risk-related coverage and due process reimbursement with the exception of the mandatory coverage provided by the risk management division on the effective date of the Public School Insurance Authority Act.

# NMPSIA Today

## • School Districts

- 88 Mandatory (*Excludes APS*)

## • Charter Schools

- 100 Mandatory

## • 26 Other Educational Entities

- 26 (*Optional*)

## • Monthly Membership

- 75,893 Employees and Dependents
- 39,974 Employees
- Employees and Dependents by Coverage
  - 44,744 Medical
  - 52,542 Dental
  - 46,078 Vision
  - 12,635 Long-Term Disability
  - 18,540 Additional Life



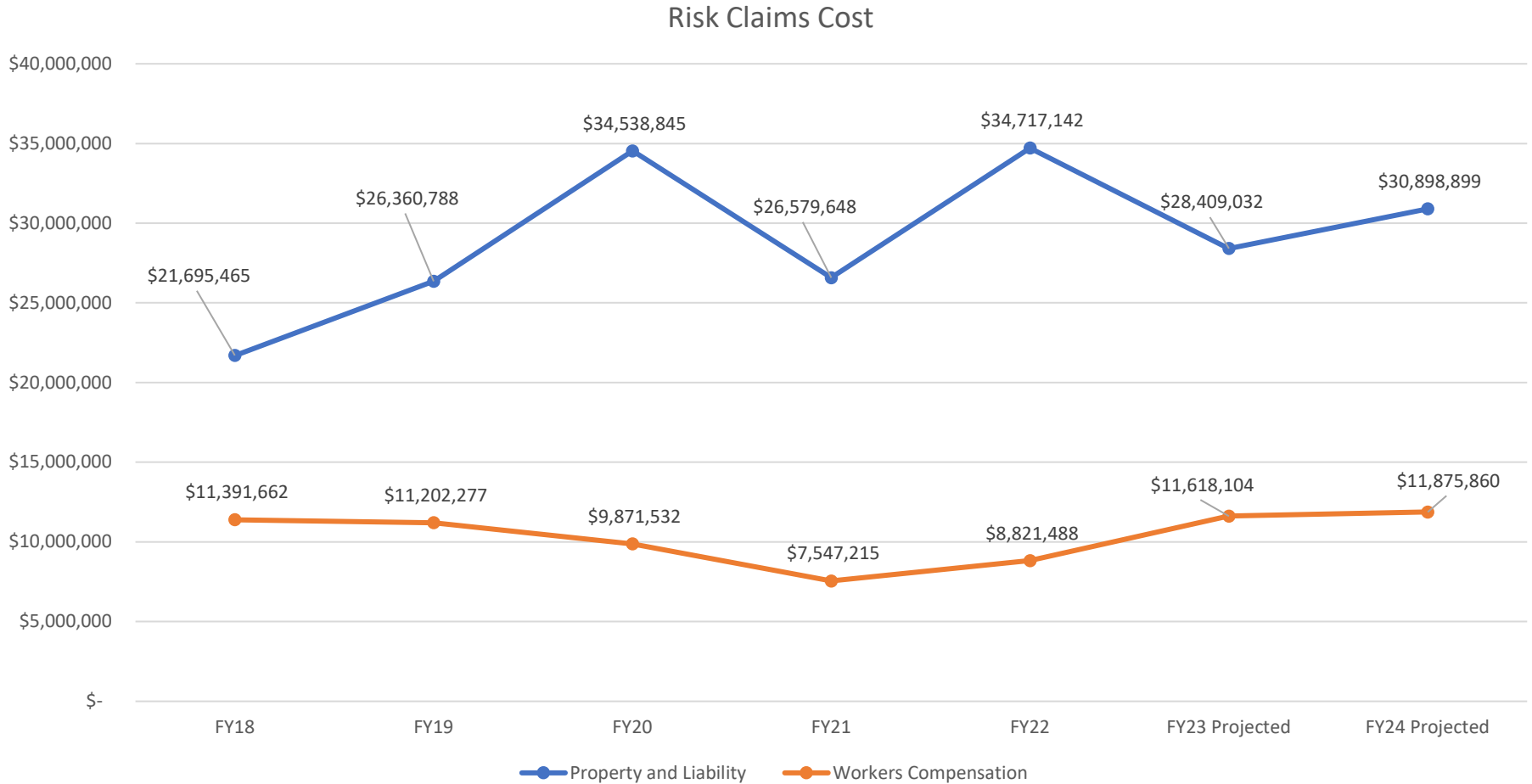
## • Staff

- 11 FTE

## • Board of Directors

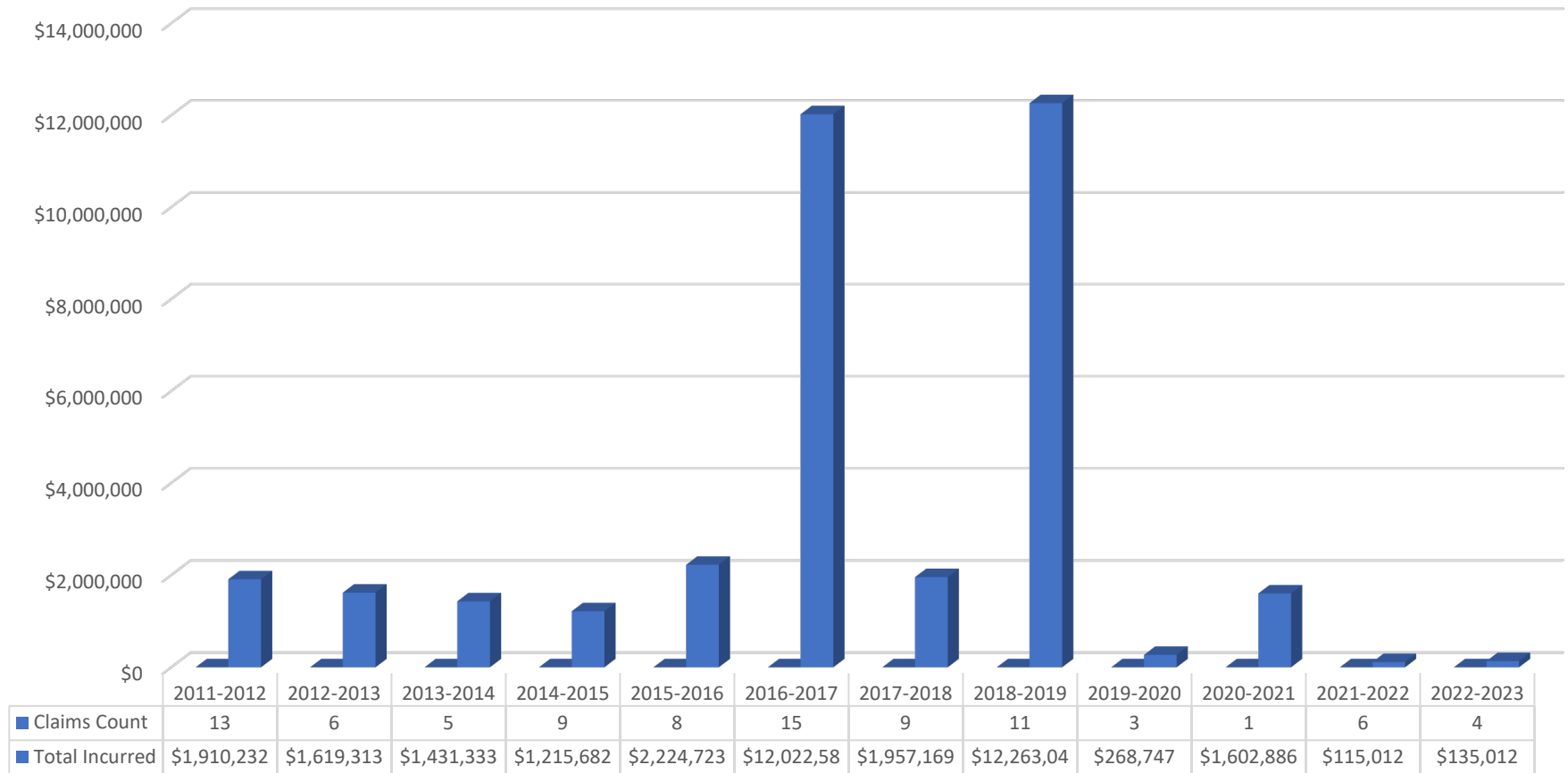
- 11 Board Members
  - Governor Appointees
    - Alfred Park, President
    - Denise Balderas
    - Sammy J. Quintana
  - New Mexico Association of School Business Officials
    - Chris Parrino, Vice President
  - Educational Entities at Large
    - Trish Ruiz, Secretary
  - AFT-NM
    - Tim Crone
  - NEA-NM
    - Bethany Jarrell
    - David Martinez, Jr.
  - Public Education Commission
    - K.T. Manis
  - School Boards Association
    - Pauline Jaramillo
  - Superintendents' Association
    - Travis Dempsey

# Risk Claims



# Risk Fund Cost Drivers

## Sexual Molestation/Inappropriate Touching Claims



## Premium Rate Increases Risk Fund

Plan Year	Rate Increase
2014-2015	7.31%
2015-2016	11.28%
2016-2017	5.14%
2017-2018	0.02%
2018-2019	2.53%
2019-2020	2.53%
2020-2021	No Increase
2021-2022	4.57%
2022-2023	6.73%
2023-2024	7.73%

# Risk Program

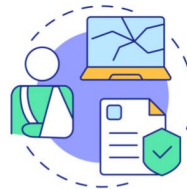
## Property:

- Property deductible is \$1.0 million, \$2.5 million for wind and hail; \$750 million in Insured limits per occurrence subject to sub-limits such as Flood and Earthquake: \$100 million Annual Aggregate; \$1.4 billion Annual Aggregate Terrorism Limit
- Crime Limit is \$2.2 million per occurrence
- Assets insured are approximately \$29 billion
- \$19 billion are Frame/Stucco construction (the most flammable type of construction)
- 60% of properties are located in Protection Class 9 or 10 (10 being the worst protection class)
- 60% of properties are located in 100 Year Flood zones
- The property rate has increased only .021 per \$100 dollars of values since 1991



## Liability and Workers' Compensation:

- Liability deductible is \$1.0 million for each occurrence. \$4.0 million for sexual molestation and abuse claims
- Workers' Compensation deductible is \$2.5 million
- There are no Tort Claims Act Limit Protections for Independent School Bus Contractors, lawsuits filed in federal court and/or out of state
- 44,000 employees
- \$1.8 billion in payroll
- 325,000 students
- 44,000 school athletic participants
- 9,000 volunteers
- 10,343 vehicles including buses



General Liability  
Insurance



# Loss Prevention Programs



- **NMPSIA Loss Prevention Program**
  - Established through NMAC 6.50.12 with the objective of reducing claims and costs
  - Facilitated through a contractual arrangement between NMPSIA and Poms & Associates
- **Programs**
  - **Ergonomics**

Objective: Reduce the frequency and severity of costly soft tissue injuries by school employees
  - **Threat Assessment and Active Shooter**

Objective: Reduce the probability of an incident of multiple victim school violence
  - **Employment Practices Policy and Consulting**

Objective: Reduce the number of employment practices claims (wrongful termination, violation of contract)
  - **Technical Assistance Program for Special Education**

Objective: Reduce the number of IDEA (Individual with Disabilities in Education) Due Process and Litigation claims
  - **On-site School Facility Audits**

Objective: Reduce the frequency of Worker's Compensation, Liability and Property Claims
  - **Identifying a Predator Training**

Objective: Reduce the number of sexual molestation claims in NM Public Schools
  - **Bullying Prevention Training and Sustainable Policy Development Consulting**

Objective: To assist schools with an understanding of the issues and development of policies addressing bullying
  - **Armed School Employees**

Objective: To assist schools with an understanding of the relevant statutes, policies, procedures and liabilities necessary to make informed judgments regarding arming employees. To assist with appropriate training necessary to reduce potential wrongful death claims.

Poms & Associates

Insurance Services

Justin Perkins

- For over 30 years, Poms & Associates has been NMPSIA’s trusted risk management partner since the formation of NMPSIA in 1986.
- Poms works with the NMPSIA Board, the Risk Advisory Committee and all the NMPSIA Members to preserve physical, financial and human assets.
- Poms is primarily comprised of two operating and collaborative divisions:
  - Safety, Loss Control and Risk Management Division
  - Brokerage & Consulting - Insurance Division
- Safety, Risk Management, and Loss Control
  - This division was created to specifically address pre-loss activities, including trends in school risk management issues by assisting members with the development of policies and procedures, training staff on comprehensive topics, creating a safe environment for staff and students, conducting onsite safety audits, safety drills, risk assessments, employment practices liability requirements and best practices.
- Brokerage & Consulting – Insurance Division
  - This division is responsible for both procuring and managing the risk insurance policies and consulting members in all matters related to liability and property exposures in connection to their operations, business objectives, and activities. For members, Poms also performs coverage summaries, and premium breakdowns comprising of audits and/or cost allocations pertaining to the “Risk Program”.

## Cost Allocation Plan

- The process for determining the Risk Premium for each Member begins with collecting data or what is properly called, “exposures.” This process is completed through an online system (Origami) administered by Poms & Associates.
- Once received, the data is compiled, verified, checked against the prior year’s data, and the estimated annual premiums are released each year at the Spring Budget Workshop, and presented on the “Budget Notice” located within the Spring Budget Booklets provided by Poms and Associates.
- **Accuracy is important** as your reported information is one of the factors used to properly allocate premiums among the Members in order to avoid premium discrepancies on final risk - related coverage invoices. If the data changes for any one Member, then the entire group’s premiums are affected.
- After each Member receives their respective premium calculations, they have an opportunity to review the data and premium to discuss any discrepancies with the Poms Insurance team.

## Booklet Overview

- A. Budget Notice** - Premium and rates for respective lines of coverage.
- B. Commercial Property (4 types)**
  1. Buildings and Contents
  2. Equipment Breakdown (Optional)
  3. Crime
  4. Cyber Liability – core infrastructure/network systems
    - a) Cyber Liability Claims Reporting Form
  - Deductible Information

## Booklet Overview (Cont'd)

- C. Student Accident** - Accident Medical benefits and special programs available to participating schools/districts.
- D. Cannon Cochran Management Services, Inc. (CCMSI)**
  - C. Third Party Administrator (TPA) providing claims handling services for Liability, Property and Workers' Compensation.
- E. Poms & Associates**
  - a) Risk Management, safety inspections, loss control, trainings and resources provided to Members.
  - b) Contact information for services teams.

## Insurance Division Contacts

### For Risk Premium related questions, please contact:

**Jo Anne Roque, Vice President - Account Management**

Direct: (818) 449-9369

Toll Free: (800) 578-8802, ext. **369**

Email: [rservices@pomsassoc.com](mailto:rservices@pomsassoc.com)

### For reporting exposures, changes, or operation concerns, please contact:

**Jennifer De Jesus, Account Manager**

Direct: (818) 449-9415

Toll Free: (800) 578-8802, ext. **415**

Email: [rservices@pomsassoc.com](mailto:rservices@pomsassoc.com)

## Vitamins For The Mind

“Powerful indeed is the empire of habit.”

- Publilius Syrus, 42 BC



# Meyers Stevens Toohey

## Student Accident Insurance

### Eric Swartz

# Catastrophic Coverage

## **Class I – INTERSCHOLASTIC ATHLETICS, Students Grades 7-12**

This coverage is required by NMPSIA

Covers NMPSIA Member District's and School's student-athletes while participating in school-scheduled, sponsored, and directly supervised games and practice sessions of interscholastic sports.

Coverage also includes student managers, student trainers, cheerleaders, majorettes, and non-athletic activities deemed sanctioned by the New Mexico Activities Association.

Coverage extends to travel that is direct and without interruption between the school and the site of such activities, provided that such travel is at the direction of the school.

# Catastrophic Coverage

Benefits	Maximums
Catastrophic Accident Medical Expense 10-Year benefit period	\$5,000,000
Deductible per Occurrence:	\$25,000
Accidental Death and Dismemberment:	\$50,000
Double Dismemberment:	\$100,000
Catastrophic Cash Benefit, Payable in addition to AME:	Up to \$1,000,000
Seat Belt and Airbag	\$5,000
Crisis Management Benefit:	\$25,000
Special Adaptation Expense Benefit, housing and vehicle	Up to \$75,000
Traumatic Brain Deficit Benefit – paid up to	\$250,000
Benefit Period:	10 Years
<b>Rate per Covered Person per Year</b>	<b>\$4.09</b>

## Catastrophic Coverage

### **Class II – STUDENT ACTIVITIES COVERAGE, Students Grades PreK-12**

Expands on the Class I – Interscholastic Athletics coverage to include all student activities

Covers students while on school premises when school is in session and while participating in any school-sponsored activity with direct adult supervision provided by the school.

This also includes Vocational Job Training Programs (School-to-Work), Short-Term 24-Hour (field trips), and JROTC programs.

Coverage extends to travel that is direct and without interruption between the school and the site of such activities, provided that such travel is at the direction of the school.

## Catastrophic Coverage

### **Satisfying the \$25,000 Deductible**

In the event an insured is Presumptively Disabled; has paralysis, brain death, or is in a coma, the deductible will be waived and benefits paid from the first dollar.

Any private or primary health insurance coverage.

The purchase of a voluntary insurance plan from Myers-Stevens & Toohey.

## Voluntary Coverage

**Plans are available for purchase through Myers-Stevens & Toohey**

**Interscholastic Tackle Football:** Coverage for accident injuries for practice, games, and travel associated with Interscholastic Tackle football

**24-Hour:** 24/7 accident coverage for injuries at school and at home

**School-Time:** Covers school-related injuries including all interscholastic sports (except Interscholastic Tackle Football)

**Accident Dental:** Covers injuries to teeth 24/7, including participation in all sports

**Student Accident & Sickness:** Covers injuries sustained and Sickness commencing while insured, 24/7 anywhere in the world.

## Blanket School-Time

Benefits	Maximums
Accident Medical Expense:	\$25,000
Deductible per Occurrence:	\$0
Incurral Period:	120 Days
Benefit Period:	104 Weeks
Accidental Death:	\$10,000
Single/Double Dismemberment:	\$25,000/\$50,000
Emergency Sickness:	\$3,000
<b>Rate per Covered Person per Year</b>	<b>\$5.00/student</b>

# **Blanket School-Time**

## **Provides Coverage for All Activities**

While students are on campus and attending regularly scheduled classes, including 1 hour directly before and after school.

All practice, games and travel for Interscholastic Sports, including Tackle Football

All field trips and overnight trips

All Special Education, School-to-Work, JROTC

Parents will still have the option to expand coverage to full-time at a greatly discounted rate.



CCMSI

Workers Compensation

Jerry Mayo

# Workers Compensation

Employers are required to post the workers' compensation poster with the Notice of Accident (NOA) forms at their workplace. The NOA forms are to be attached or adjacent to the poster.

Printable forms located at:

<https://workerscomp.nm.gov/NMWCA-Publications>

Or you can call 1-866-967-5667 to request copies.

State of New Mexico Workers' Compensation Administration

## WORKERS' COMPENSATION ACT

### If You Are Injured At Work Si Se Lastima En El Trabajo

- 1) Notice** – In most cases you must tell your employer about the accident within 15 days, using the Notice of Accident Form.
- 2) You have the right** to information and assistance from an information specialist known as an Ombudsman at the Workers' Compensation Administration.
- 3) Claims information** – Contact your employer's Claims Representative (see box below).

- 1) Aviso.** – En la mayoría de los casos usted debe de avisarle a su empleador del accidente dentro de los primeros 15 días usando las formas de Aviso de Accidente.
- 2) Usted tiene el derecho** a información y ayuda contactándose con un especialista en información conocido como "Ombudsman" en la Administración para la Compensación a los Trabajadores.
- 3) Información acerca de Reclamaciones.** – Contáctese con el representante de reclamaciones de su compañía.

Employer's Insurer / Claims Representative:

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Note: Employer must fill in insurer / claims representative information.

#### YOUR RIGHTS

If you are injured in a work-related accident:  
Your employer / insurer must pay all reasonable and necessary medical costs.  
You may or may not have the right to choose your health care provider. If your employer / insurer has not given you written instructions about who chooses first, call an ombudsman. In an emergency, get emergency medical care first.  
If you are off work for more than seven days, your employer / insurer must pay wage benefits to partially offset your lost wages.  
If you suffer "permanent impairment," you may have the right to receive partial wage benefits for a longer period of time.

#### SUS DERECHOS

Si se lastima en el trabajo:  
Su empleador / asegurador debe de pagar por los gastos médicos necesarios y razonables.  
Es posible que usted tenga, o no tenga, el derecho de escoger el proveedor de servicios para la salud. Si su empleador / asegurador no le ha dado instrucciones por escrito de quien es el que selecciona primero, pregúntele o llame a un ombudsman. En una emergencia, obtenga asistencia médica de emergencia primero.  
Si usted está fuera del trabajo por más de siete días, su empleador / asegurador debe de buscarle un pago compensatorio de prestaciones para compensar parcialmente la pérdida de su salario.  
Si usted sufre "daño permanente," usted puede tener el derecho a recibir prestaciones parciales de salario por un período de tiempo más largo.

Ombudsmen are located at the following offices:

<small>Albuquerque:</small> 1-866-967-5667 1-866-841-6800	<small>Farmington:</small> 1-800-626-7110 1-505-895-9746	<small>Hobbs:</small> 1-800-634-2450 1-875-397-3425	<small>Las Cruces:</small> 1-800-870-6826 1-575-524-6246	<small>Las Vegas:</small> 1-800-351-7889 1-505-454-9251	<small>Roswell:</small> 1-866-311-8587 1-575-423-3997	<small>Santa Fe:</small> 1-866-476-7381
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**If You Need HELP Call:**  
Ask for an Ombudsman

**Si Usted Necesita Ayuda Llame Al:**  
Pregunte por un Ombudsman

**1 - 8 6 6 - W O R K O M P (1-866-967-5667)**

Visit our website at: <https://workerscomp.nm.gov>

For FREE copies of this poster and Notice of Accident Forms call: 1-866-967-5667

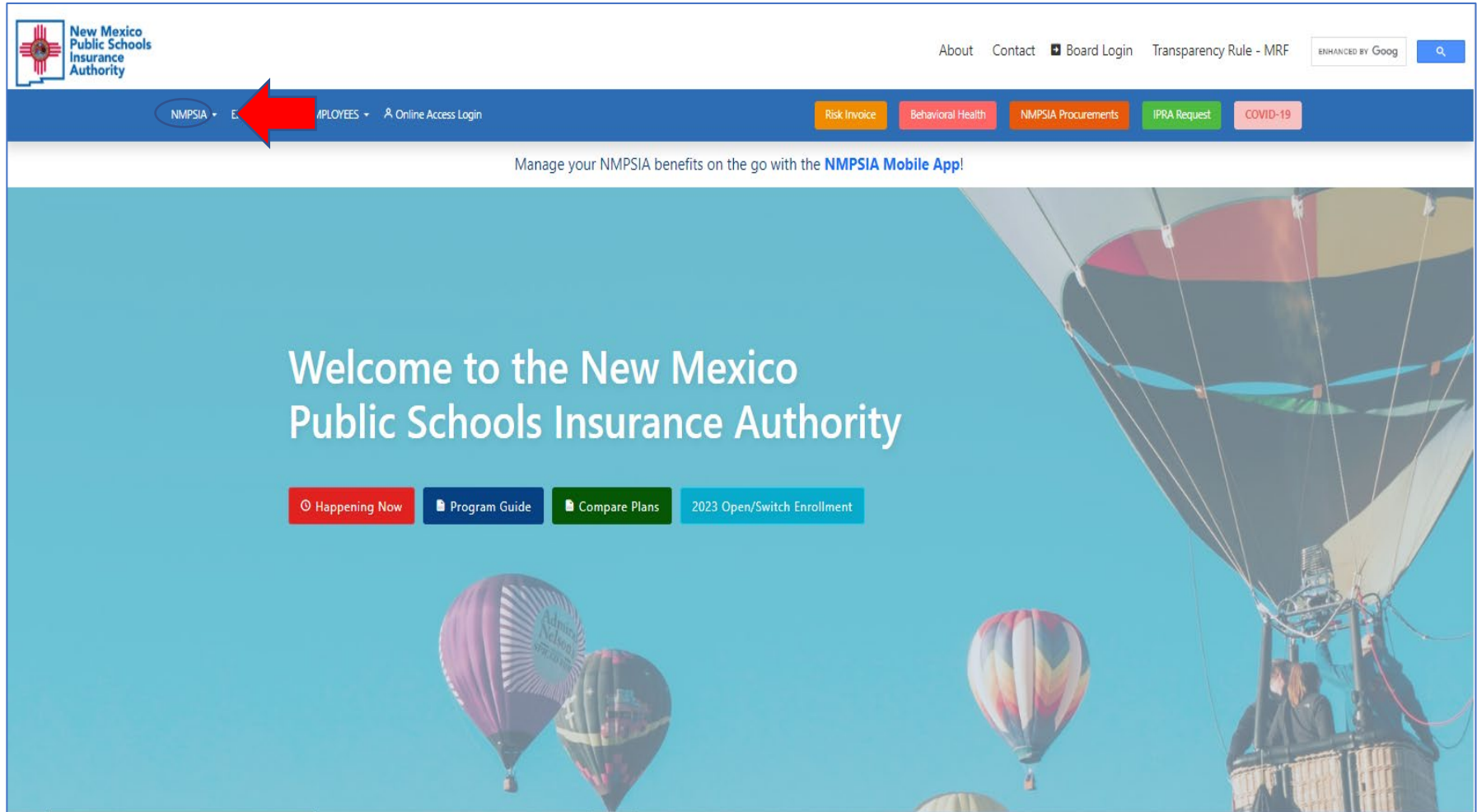
**USE A NOTICE OF ACCIDENT FORM TO REPORT YOUR ACCIDENT TO YOUR SUPERVISOR**

**EMPLOYER: You are required by law to display this poster where your employees can read it. Post the Notice of Accident forms with it. The poster without the Notice of Accident forms does not comply with law. You have other rights and duties under the law.**

New Mexico Workers' Compensation Administration  
2400 Central Avenue, Albuquerque, New Mexico 87106  
P.O. Box 37146, Albuquerque, New Mexico 87137-0146

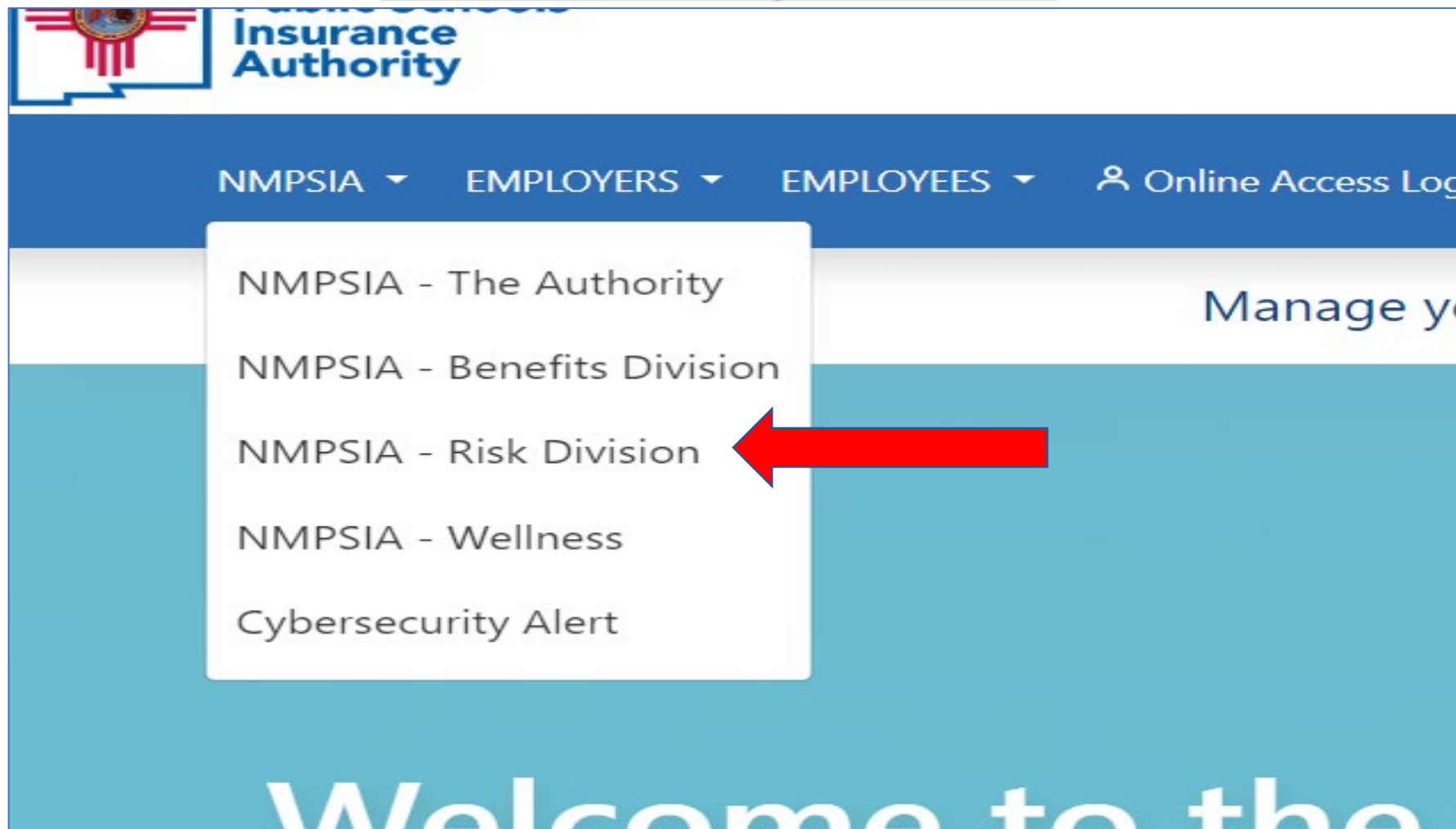
Rev. 1/18 POST FORMS HERE

# Workers Compensation



The screenshot shows the homepage of the New Mexico Public Schools Insurance Authority. At the top left is the organization's logo. The top right contains navigation links: "About", "Contact", "Board Login", and "Transparency Rule - MRF", along with a search bar labeled "ENHANCED BY Google". A dark blue navigation bar features a dropdown menu for "NMPSIA" (highlighted with a red arrow), "EMPLOYEES", and "Online Access Login". Below this bar are several service buttons: "Risk Invoice", "Behavioral Health", "NMPSIA Procurements", "IPRA Request", and "COVID-19". A central banner reads "Manage your NMPSIA benefits on the go with the NMPSIA Mobile App!". The main content area has a light blue background with a hot air balloon image and the text "Welcome to the New Mexico Public Schools Insurance Authority". Below this are four buttons: "Happening Now", "Program Guide", "Compare Plans", and "2023 Open/Switch Enrollment".

# Workers Compensation



The screenshot shows the Insurance Authority website navigation menu. The menu is located at the top of the page and includes the following items: NMPSIA, EMPLOYERS, EMPLOYEES, and Online Access Log. A dropdown menu is open under the NMPSIA link, displaying the following options: NMPSIA - The Authority, NMPSIA - Benefits Division, NMPSIA - Risk Division, NMPSIA - Wellness, and Cybersecurity Alert. A red arrow points to the 'NMPSIA - Risk Division' option.

Insurance Authority

NMPSIA ▾ EMPLOYERS ▾ EMPLOYEES ▾ Online Access Log

NMPSIA - The Authority

NMPSIA - Benefits Division

NMPSIA - Risk Division

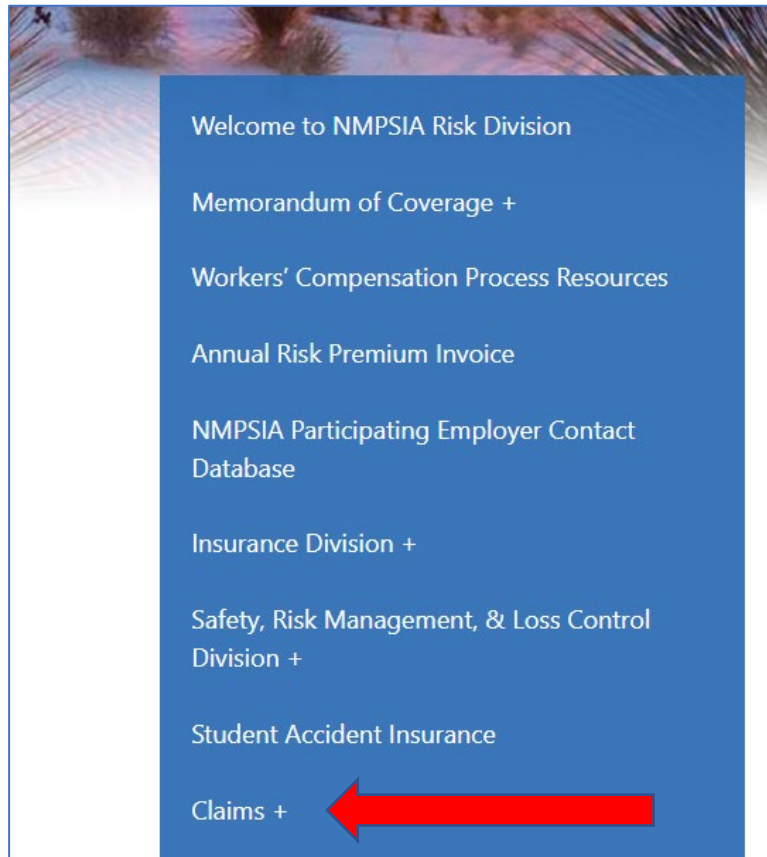
NMPSIA - Wellness

Cybersecurity Alert

Manage yo

Welcome to the

# Workers Compensation



Welcome to NMPSIA Risk Division

Memorandum of Coverage +

Workers' Compensation Process Resources

Annual Risk Premium Invoice

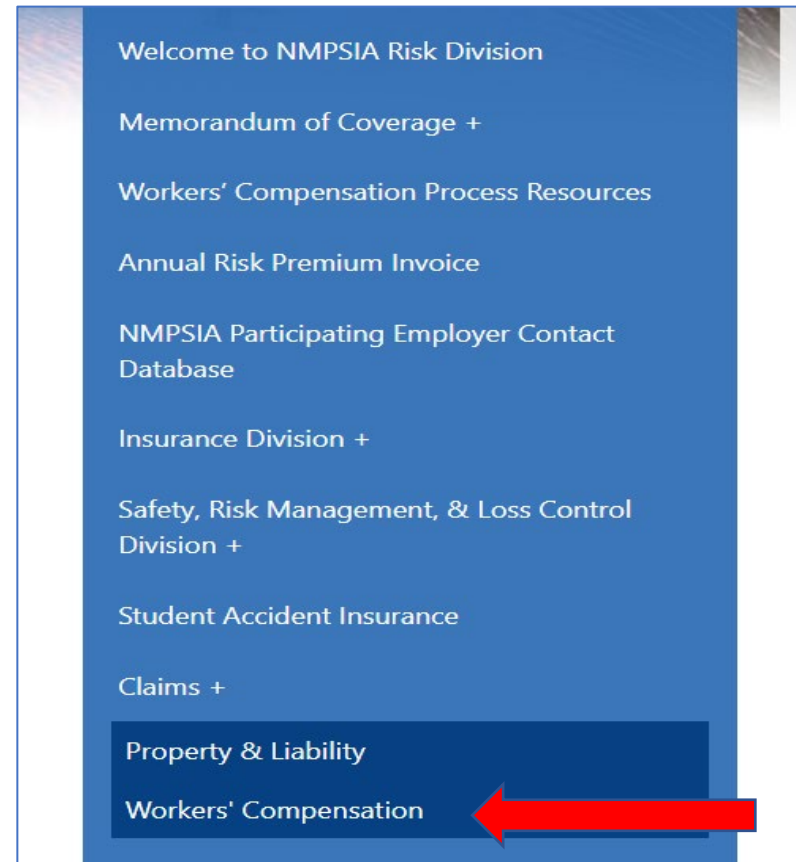

NMPSIA Participating Employer Contact Database

Insurance Division +

Safety, Risk Management, & Loss Control Division +

Student Accident Insurance

Claims +



Welcome to NMPSIA Risk Division

Memorandum of Coverage +

Workers' Compensation Process Resources

Annual Risk Premium Invoice

NMPSIA Participating Employer Contact Database

Insurance Division +


Safety, Risk Management, & Loss Control Division +

Student Accident Insurance

Claims +

Property & Liability

Workers' Compensation



# Workers Compensation

## Workers' Compensation



Workers' Compensation (WC) claims for Members of the New Mexico Public Schools Insurance Authority are supervised by Jerry Mayo and Vanessa Devine and managed by a team of four (4) Claims Representatives, and two (2) Medical Only Adjusters. All contact information for team members is listed below.

### Reporting a Workers' Compensation Claim:

The Employer's First Reports of Injury or Illness (FROI) may be submitted electronically into the CCMSI Internet Claims Edge system (ICE), or scanned and emailed to the dedicated Workers' Compensation email of [nmpsiawc@ccmsi.com](mailto:nmpsiawc@ccmsi.com). CCMSI encourages NMPSIA members to obtain an ICE ID to submit the FROI electronically. If you need an ICE ID and passcode, please email your request to Courtney Barela [cbarela@ccmsi.com](mailto:cbarela@ccmsi.com) and Jerry Mayo [jmayo@ccmsi.com](mailto:jmayo@ccmsi.com).

### Timely Reporting of Workers' Compensation Claims and Potential Penalties

NMPSIA requests that all Members submit FROIs to CCMSI within twenty four (24) hours but no later than seventy two (72) hours of their first knowledge of the injury or illness.

#### NMAC Rule 11.4.3.13.B(4) states the following:

(4) The employer shall report every accident to their insurer or, in the case of self-insured employer or member of a self-insurance group, their claims administrator, whether or not the employer considers the claim to be valid, within 72 hours of the earlier of:

- (a) actual knowledge of the accident by the employer, or
- (b) presentation of a notice of accident form to the employer.

#### Please note:

Under Section 52-1-61 (NMSA 1978), Employers who report injuries late are subject to penalties of up to one thousand dollars (\$1,000) for each occurrence.

# Workers Compensation

## Claims Workbook:

General information about reporting, investigating and managing Workers' Compensation Claims can be found in the

[Workers' Compensation and Property & Liability Claims Workbook \(fillable PDF\)](#)

## Workers' Compensation Forms & Documents

### Forms


- Notice of Accident or Occupational Disease
- Alternative Notice of Accident (NOA-2 Employee's Choice)
- Employers' First Report of Injury or Illness
- Supervisor's Accident Investigation Report
- Report of Work Ability

### Sample Workers' Compensation Policy Options

# Workers Compensation

## Workers' Compensation Forms & Documents

### Forms

- Notice of Accident or Occupational Disease 
- Alternative Notice of Accident (NOA-2 Employee's Choice)
- Employers' First Report of Injury or Illness
- Supervisor's Accident Investigation Report
- Report of Work Ability

Sample Workers' Compensation Policy Options





# Workers Compensation

## NOTICE OF ACCIDENT OR OCCUPATIONAL DISEASE DISABLEMENT NOTIFICACIÓN DE ACCIDENTE O ENFERMEDAD DE OFICIO

In accordance with New Mexico law, Section 52-1-29, Section 52-3-19 and Section 52-1-49, NMSA 1978; NMAC 11.4.4.11  
Conforme a la Ley de la Compensación de los Trabajadores, Sección 52-1-29, Sección 52-3-19 y Sección 52-1-49, NMSA 1978; NMAC 11.4.4.11

I, \_\_\_\_\_, was involved in an on-the-job accident or was disabled  
Yo, (name of employee/nombre del empleado) me lastimé en un accidente en el trabajo o fui incapacitado

by an occupational disease at approximately \_\_\_\_\_, on \_\_\_\_\_, 20\_\_\_\_.  
por enfermedad de oficio aproximadamente (time/la(s) hora(s)) el (date/fecha) del 20\_\_\_\_.

Employee's social security number: \_\_\_\_\_ Where did the accident occur? \_\_\_\_\_  
Número de seguro social del empleado: ¿Dónde ocurrió el accidente?

What happened? \_\_\_\_\_  
¿Qué ocurrió?

<p><b>To be completed by Employer:</b> Completado por el empleador: <b>IF Yes, Employer has right to change health care provider after 60 days.</b> En caso afirmativo, el empleador tiene derecho a cambiar de proveedor de atención médica después de 60 días.</p>	<p><b>Worker will choose health care provider. Yes ___ No ___</b> Trabajador elegirá proveedor de atención médica.</p>
<p><b>IF No, Worker has right to change health care provider after 60 days.</b> En caso que no elige, el trabajador tiene derecho a cambiar de proveedor de atención médica después de 60 días.</p>	<p><b>IF No, Worker has right to change health care provider after 60 days.</b> En caso que no elige, el trabajador tiene derecho a cambiar de proveedor de atención médica después de 60 días.</p>
<p style="text-align: center;"><b>WORKER'S INITIALS _____</b></p>	<p style="text-align: center;"><b>INICIALES DEL TRABAJADOR _____</b></p>

**Signed:** \_\_\_\_\_ **Signed/Notice Received:** \_\_\_\_\_  
Firma: (employee/empleado) Firma/Notificación recibida: (employer or representative/empleador o representante)  
Date/Fecha: \_\_\_\_\_ Date/Fecha: \_\_\_\_\_

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES. PREVIOUS NOA FORMS ARE STILL VALID FOR USE

**Form NOA-1**      **Employer/employee: Each keep one copy.**      **---SEE BACK OF THIS FORM---**  
**Empleador/empleado: Retener una copia.**      **---VER AL REVERSO DE ESTA FORMA---**

**Worker --**  
For emergency medical care, go to any emergency medical facility.

Workers and Employers with questions about workers' compensation may contact an Ombudsman at any New Mexico Workers' Compensation Administration office for information and assistance. The offices are open Monday through Friday, 8 a.m. to 5 p.m., except holidays.

**Trabajador**  
Para emergencias médicas vaya a cualquier clínica / hospital.

Trabajadores y empleadores con preguntas acerca de la compensación de los trabajadores pueden comunicarse con un asesor ("ombudsman") a cualquier oficina de la Administración de la Compensación de los Trabajadores para información y asistencia. Las oficinas están abiertas desde las ocho de la mañana hasta las cinco de la tarde de lunes a viernes, con la excepción de días festivos.

**Statewide Helpline -- Línea de Asistencia**  
**1-866-WORKOMP / 1-866-967-5667**  
toll free -- llamada sin costo de larga distancia  
New Mexico Workers' Compensation Administration  
PO Box 27198, Albuquerque, NM 87125

Albuquerque: (505) 841-6000 - 1 (800) 255-7965      Las Cruces: (575) 524-6246 - 1 (800) 870-6826      Santa Fe: (505) 476-7381  
Farmington: (505) 599-9746 - 1 (800) 568-7310      Las Vegas: (505) 454-9251 - 1 (800) 281-7889  
Hobbs: (575) 397-3425 - 1 (800) 934-2450      Roswell: (575) 623-3997 - 1(866) 311-8567

# Workers Compensation

## Workers' Compensation Forms & Documents

Forms

- Notice of Accident or Occupational Disease
- Alternative Notice of Accident (NOA-2 Employee's Choice) ←
- Employers' First Report of Injury or Illness
- Supervisor's Accident Investigation Report
- Report of Work Ability

# Workers Compensation

RESET FORM

## NOTICE OF ACCIDENT OR OCCUPATIONAL DISEASE DISABLEMENT NOTIFICACIÓN DE ACCIDENTE O ENFERMEDAD DE OFICIO

In accordance with New Mexico law, Section 52-1-29, Section 52-3-19 and Section 52-1-49, NMSA 1978; NMAC 11.4.4.11  
Conforme a la Ley de la Compensación de los Trabajadores, Sección 52-1-29, Sección 52-3-19 y Sección 52-1-49, NMSA 1978; NMAC 11.4.4.11

I, \_\_\_\_\_ was involved in an on-the-job accident or was disabled by an occupational disease  
Yo, \_\_\_\_\_ (name of employee/nombre del empleado) me lastimé en un accidente en el trabajo o fui incapacitado por enfermedad de oficio

at approximately \_\_\_\_\_ on \_\_\_\_\_, 20\_\_\_\_ Date of Hire \_\_\_\_\_ Employee's Date of Birth \_\_\_\_\_  
proximadamente (time/a la(s) hora(s)) el \_\_\_\_\_ (date/fecha) (del 20\_\_\_\_) (fecha de empleo)

Employee's social security number: \_\_\_\_\_ Employee's Home Address: \_\_\_\_\_  
Número de seguro social del empleado: \_\_\_\_\_ Dirección del empleado

Employee's Telephone Number(s): Home: \_\_\_\_\_ Mobile: \_\_\_\_\_ Other: \_\_\_\_\_  
Número de teléfono(s): (Casa) (Celular) (Otro)

Where did the accident occur? \_\_\_\_\_  
¿Dónde ocurrió el accidente?

What happened? \_\_\_\_\_  
¿Qué ocurrió?

**Worker will choose health care provider. Employer has right to change health care provider after 60 days.**  
Trabajador elegirá al proveedor de atención médica. El empleador tiene el derecho de cambiar el proveedor de atención médica después de 60 días

Signed: \_\_\_\_\_ Signed/Notice Received: \_\_\_\_\_  
Firma: \_\_\_\_\_ (employee/empleado) Firma/Notificación recibida: \_\_\_\_\_ (employer or representative/empleador o representante)

Date/Fecha: \_\_\_\_\_ Date/Fecha: \_\_\_\_\_

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

### PREVIOUS NOA FORMS ARE STILL VALID FOR USE

**Worker (Trabajador)**  
For emergency medical care, go to any emergency medical facility. (Para emergencias médicas vaya a cualquier clínica / hospital.)

Workers and Employers with questions about workers' compensation may contact an Ombudsman at any New Mexico Workers' Compensation Administration office for information and assistance. The offices are open Monday through Friday, 8 a.m. to 5 p.m., except holidays.  
(Trabajadores y empleadores con preguntas acerca de la compensación de los trabajadores pueden comunicarse con un asesor ("ombudsman") a cualquier oficina de la Administración de la Compensación de los Trabajadores para información y asistencia. Las oficinas están abiertas desde las ocho de la mañana hasta las cinco de la tarde de lunes a viernes, con la excepción de días festivos.)

Statewide Helpline -- Línea de Asistencia  
**1-866-WORKOMP / 1-866-967-5667**  
toll free -- llamada sin costo de larga distancia  
New Mexico Workers' Compensation Administration  
PO Box 27198, Albuquerque, NM 87125

Albuquerque: (505) 841-6000 - 1 (800) 255-7965 Las Vegas: (505) 454-9251 - 1 (800) 281-7889 Santa Fe: (505) 476-7381  
Farmington: (505) 599-9746 - 1 (800) 568-7310 Lovington: (575) 396-3437 - 1 (800) 934-2450 TDD for the deaf: (505) 841-6043  
Las Cruces: (575) 524-6246 - 1 (800) 870-6826 Roswell: (575) 623-3997 - 1(866) 311-8587 [www.workerscomp.state.nm.us](http://www.workerscomp.state.nm.us)

**Employer/employee: Each keep one copy.  
Empleador/empleado: Retener una copia.**

# Workers Compensation

## Workers' Compensation Forms & Documents

### Forms

- Notice of Accident or Occupational Disease
- Alternative Notice of Accident (NOA-2 Employee's Choice)
- Employers' First Report of Injury or Illness ←
- Supervisor's Accident Investigation Report
- Report of Work Ability



# Workers Compensation

## NEW MEXICO WORKERS' COMPENSATION ADMINISTRATION

### EMPLOYERS' FIRST REPORT OF INJURY OR ILLNESS

2410 CENTRE AVE. SE • PO BOX 27198  
ALBUQUERQUE, NM 87125-7198

OFFICIAL USE ONLY

PLEASE PRINT IN BLACK INK OR TYPE

G E N E R A L	EMPLOYER (NAME & ADDRESS INCL ZIP)		CARRIER / ADMINISTRATOR CLAIM #	OSHA LOG NUMBER	REPORT PURPOSE CODE
	PHONE NUMBER		EMPLOYER FEIN	JURISDICTION	JURISDICTION CLAIM NUMBER
C A R R I E R	CARRIER (NAME, ADDRESS & PHONE NO) NMPSIA 410 Old Taos Hwy, Santa Fe, NM 87501		POLICY PERIOD TO	CLAIMS ADMINISTRATOR (NAME, ADDRESS & PHONE NO) CCMSI (Cannon Cochran Management Services Inc.) P.O. Box 30870 Albuquerque, NM 87190 505-837-8700 / 800-635-0679	
	CARRIER FEIN 850365637		POLICY / SELF-INSURED NUMBER	ADMINISTRATOR FEIN 841094892	
E M P L O Y E E	NAME (LAST, FIRST, MIDDLE)		DATE OF BIRTH	SOCIAL SECURITY NUMBER	DATE HIRED
	ADDRESS (INCL ZIP)		GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> UNKNOWN	MARITAL STATUS <input type="checkbox"/> UNMARRIED <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNKNOWN	OCCUPATION/JOB TITLE OR (SOC) CODE
W O R K E D	RATE		PER: <input type="checkbox"/> DAY <input type="checkbox"/> MONTH	# DAYS WORKED/WEEK	FULL PAY FOR DAY OF INJURY? <input type="checkbox"/> YES <input type="checkbox"/> NO
	DATE OF INJURY/ILLNESS		TIME OF OCCURRENCE	LAST WORK DATE	DATE EMPLOYER NOTIFIED
D I C T I O N A R Y	CONTACT NAME / PHONE NUMBER		TYPE OF INJURY/ILLNESS		PART OF BODY AFFECTED
	DID INJURY/ILLNESS EXPOSURE OCCUR ON EMPLOYER'S PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO		TYPE OF INJURY / ILLNESS CODE		PART OF BODY AFFECTED CODE
U R E N C E	DEPARTMENT OR LOCATION WHERE ACCIDENT OR ILLNESS EXPOSURE OCCURRED		ALL EQUIPMENT, MATERIALS, OR CHEMICALS EMPLOYEE WAS USING WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED		
	SPECIFIC ACTIVITY THE EMPLOYEE WAS ENGAGED IN WHEN THE ACCIDENT OR ILLNESS EXPOSURE OCCURRED		WORK PROCESS THE EMPLOYEE WAS ENGAGED IN WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED		
I N C I D E N T	HOW INJURY OR ILLNESS / ABNORMAL HEALTH CONDITION OCCURRED. DESCRIBE THE SEQUENCE OF EVENTS AND INCLUDE ANY OBJECTS OR SUBSTANCES THAT DIRECTLY INJURED THE EMPLOYEE OR MADE THE EMPLOYEE ILL.				CAUSE OF INJURY CODE
	DATE RETURNED TO WORK	IF FATAL, GIVE DATE OF DEATH	WERE SAFEGUARDS OR SAFETY EQUIPMENT PROVIDED? WERE THEY USED?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
T R E A T M E N T	PHYSICIAN / HEALTH CARE PROVIDER (NAME & ADDRESS)		HOSPITAL (NAME & ADDRESS)		INITIAL TREATMENT <input type="checkbox"/> NO MEDICAL TREATMENT <input type="checkbox"/> MINOR BY EMPLOYER <input type="checkbox"/> MINOR CLINIC/HOSPITAL <input type="checkbox"/> EMERGENCY CARE <input type="checkbox"/> HOSPITALIZED > 24 HRS <input type="checkbox"/> FUTURE MAJOR MEDICAL/LOST TIME ANTICIPATED
	WITNESSES (NAME & PHONE #)				
O T H E R	DATE ADMINISTRATOR NOTIFIED		DATE PREPARED	PREPARER'S NAME & TITLE	

NM WCA FORM E1.2

EQUIVALENT TO OSHA'S FORM 301

FORM IA-1 (7/02) © IAABC 2002

Completion of this form is not an admission that the claim is compensable under the Workers' Compensation Act.

# Workers Compensation

## Workers' Compensation Forms & Documents

### Forms

- Notice of Accident or Occupational Disease
- Alternative Notice of Accident (NOA-2 Employee's Choice)
- Employers' First Report of Injury or Illness
- Supervisor's Accident Investigation Report ←
- Report of Work Ability

# Workers Compensation

## SUPERVISOR'S ACCIDENT INVESTIGATION REPORT

GENERAL INFORMATION	DEPARTMENT		SHIFT	
	EMPLOYEE NAME		JOB TITLE	
	EMPLOYEE NUMBER		SEX (M/F)	
	TYPE OF ACCIDENT/ILLNESS			
	TYPE OF INJURY			
	PART OF BODY INJURED		TREATMENT	DID EMPLOYEE RETURN TO WORK THE SAME DAY?
			<input type="checkbox"/> FIRST AID <input type="checkbox"/> MEDICAL	<input type="checkbox"/> YES <input type="checkbox"/> NO
DESCRIPTION	WHERE DID THE ACCIDENT HAPPEN? USE ADDITIONAL SHEETS IF NECESSARY			
CAUSES	SPECIFIC MACHINE, TOOL, SUBSTANCE OR OBJECT CONNECTED WITH THE ACCIDENT			
	UNSAFE MECHANICAL/PHYSICAL/ENVIRONMENTAL CONDITION AT TIME OF ACCIDENT (Be Specific)			
	PERSONAL FACTORS (Attitude, Lack of Knowledge or Skill, Slow Reaction, Fatigue)			
	PERSONAL PROTECTIVE EQUIPMENT REQUIRED			
RECOMMENDATIONS	WAS INJURED EMPLOYEE USING REQUIRED EQUIPMENT?			
	ACTION PLAN TO PREVENT RECURRENCE (Modification of Machine, Mechanical Guarding, Environment, Training)			
FOLLOW-UP	SUPERVISOR'S SIGNATURE _____ DATE _____			
	ACTIONS TAKEN ON RECOMMENDATIONS (Include Date Completed)			

# Workers Compensation

## NOTICE OF ACCIDENT OR OCCUPATIONAL DISEASE DISABLEMENT NOTIFICACION DE ACCIDENTE O ENFERMEDAD DE OFICIO

In accordance with New Mexico law, Section 52-1-20, Section 52-3-19 and Section 52-1-49, NMSA 1978, NMAC 11.4.4.11  
Conforme a la Ley de la Compensación de los Trabajadores, Sección 52-1-20, Sección 52-3-19 y Sección 52-1-49, NMSA 1978, NMAC 11.4.4.11

I, \_\_\_\_\_ was involved in an on-the-job accident or was disabled by an occupational disease  
Yo, (name of employee/nombre de empleado) me lastime en un accidente en el trabajo o fui incapacitado por enfermedad de oficio  
at approximately \_\_\_\_\_ on \_\_\_\_\_, 20\_\_\_\_ Date of Hire \_\_\_\_\_ Employee's Date of Birth \_\_\_\_\_  
aproximadamente (tiempo) (hora) de (date/fecha) (del) (del) (fecha de empleo) (fecha de nacimiento)

Employee's social security number: \_\_\_\_\_ Employee's Home Address: \_\_\_\_\_  
Número de seguro social del empleado: \_\_\_\_\_ Dirección del empleado: \_\_\_\_\_

Employee's Telephone Number(s): Home: \_\_\_\_\_ Mobile: \_\_\_\_\_ Other: \_\_\_\_\_  
Número de teléfono(s): (Casa) (Celular) (Otro)

Where did the accident occur?  
¿Dónde ocurrió el accidente?  
What happened?  
¿Qué ocurrió?

Worker will choose health care provider. Employer has right to change health care provider after 60 days.  
Trabajador elegirá proveedor de atención médica. El empleador tiene el derecho de cambiar el proveedor de atención médica después de 60 días

Signed: \_\_\_\_\_ Signed/Notice Received: \_\_\_\_\_  
Firma: (employer/empleador) Firma/Notificación recibida: (employer or representative/empleador o representante)  
Date/Fecha: \_\_\_\_\_ Data/Fecha: \_\_\_\_\_

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

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Worker (Trabajador)  
For emergency medical care, go to any emergency medical facility. (Para emergencias médicas vaya a cualquier clínica / hospital)

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Albuquerque: (505) 841-6200 - 1 (800) 255-7905 Las Vegas: (505) 454-9251 - 1 (800) 281-7889 Santa Fe: (505) 476-7381  
Farmington: (505) 299-8746 - 1 (800) 566-7910 Lovington: (571) 366-3437 - 1 (800) 934-3430 TDD for the deaf: (505) 841-6043  
Las Cruces: (575) 524-6246 - 1 (800) 876-6826 Roswell: (575) 525-3987 - 1 (800) 311-8087 [www.workerscomp.state.nm.us](http://www.workerscomp.state.nm.us)

Employer/employee: Each keep one copy.  
Empleador/Empleado: Retener una copia.

Form NOA-2- NMPSIA 2015

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Email these forms to CCMSI  
dedicated WC email:  
[nmpsiawc@ccmsi.com](mailto:nmpsiawc@ccmsi.com)

### Individual Supervisor's Accident Investigation Report Form

GENERAL INFORMATION	DEPARTMENT	SHIFT
	EMPLOYEE NAME	JOB TITLE
	EMPLOYEE NUMBER	SFY (M/F)
DESCRIPTION	TYPE OF ACCIDENT/ILLNESS	
	TYPE OF INJURY	
	PART OF BODY INJURED	TREATMENT <input type="checkbox"/> FIRST AID <input type="checkbox"/> MEDICAL
CAUSES	DID EMPLOYEE RETURN TO WORK THE SAME DAY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	WHERE DID THE ACCIDENT HAPPEN? USE ADDITIONAL SHEETS IF NECESSARY	
	SPECIFIC MACHINE, TOOL, SUBSTANCE OR OBJECT CONNECTED WITH THE ACCIDENT	
RECOMMENDATIONS	UNSAFE MECHANICAL/PHYSICAL/ENVIRONMENTAL CONDITION AT TIME OF ACCIDENT (Be Specific)	
	PERSONAL FACTORS (Attitude, Lack of Knowledge or Skill, Slow Reaction, Fatigue)	
	PERSONAL PROTECTIVE EQUIPMENT REQUIRED	
FOLLOW-UP	WAS INJURED EMPLOYEE USING REQUIRED EQUIPMENT?	
	ACTION PLAN TO PREVENT RECURRENCE (Modification of Machine, Mechanical Guarding, Environment, Training)	
	SUPERVISOR'S SIGNATURE	DATE
	ACTIONS TAKEN ON RECOMMENDATIONS (Include Date Completed)	

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## NEW MEXICO WORKERS' COMPENSATION ADMINISTRATION

### EMPLOYERS' FIRST REPORT OF INJURY OR ILLNESS

2410 CENTRE AVE. SE • PO BOX 27198  
ALBUQUERQUE, NM 87125-7198

OFFICIAL USE ONLY

GENERAL INFORMATION	EMPLOYEE NAME & ADDRESS (INCL ZIP)	CARRIER / ADMINISTRATOR CLAIM #	OSHA LOG NUMBER	REPORT PURPOSE CODE
	INSURED REPORT NUMBER	INDUSTRIAL / OCCUPATIONAL CLASS NUMBER		
	PHONE NUMBER	EMPLOYER FEIN	EMPLOYER'S LOCATION ADDRESS (IF DIFFERENT)	LOCATION #
CARRIER INFORMATION	CARRIER (NAME, ADDRESS & PHONE NO.) CCMSI 210 Old Loop Hwy Santa Fe, NM 87501	POLICY PERIOD TO	CLAIMS ADMINISTRATOR (NAME, ADDRESS & PHONE NO.) CCMSI P.O. Box 308 Albuquerque, NM 87190 505-837-8700 / 800-455-0679	REINVESTIGATION CODE
	ADDRESS FEIN 850446437	CHECK IF APPLICABLE SELF INSURANCE	REINVESTIGATION CODE 841094892	
	AGENT NAME & CODE NUMBER			
EMPLOYEE INFORMATION	NAME (LAST, FIRST, MIDDLE)	DATE OF BIRTH	SOCIAL SECURITY NUMBER	DATE HIRED
	ADDRESS (INCL ZIP)	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> UNKNOWN	MARRIAGE STATUS <input type="checkbox"/> UNMARRIED <input type="checkbox"/> SINGLE/DIVORCED <input type="checkbox"/> MARRIED	OCCUPATIONAL TITLE OR (B/C) CODE
	PHONE NUMBER	# OF DEPENDENTS	UNEMPLOYMENT STATUS <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNKNOWN	NCIC CLASS CODE
OCCURRENCE INFORMATION	RATE	PERIOD <input type="checkbox"/> DAY <input type="checkbox"/> WEEK <input type="checkbox"/> OTHER	# DAYS WORKED/RECEIVED	FULL PAY FOR DAY OF INJURY? <input type="checkbox"/> YES <input type="checkbox"/> NO
	TIME EMPLOYEE BEGAN WORK	DATE OF INJURY/ILLNESS	TIME OF OCCURRENCE	DID EMPLOYER CONTINUE? <input type="checkbox"/> YES <input type="checkbox"/> NO
	CONTACT NAME / PHONE NUMBER	TYPE OF INJURY/ILLNESS	DATE EMPLOYER NOTIFIED	DATE DISABILITY BEGAN
INVESTIGATION INFORMATION	DID INJURY/ILLNESS EXPOSURE OCCUR ON EMPLOYER'S PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF INJURY / ILLNESS CODE	PART OF BODY AFFECTED CODE	
	DEPARTMENT OR LOCATION WHERE ACCIDENT OR ILLNESS EXPOSURE OCCURRED	ALL EQUIPMENT, MATERIALS, OR CHEMICALS EMPLOYEE WAS USING WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED		
	SPECIFIC ACTIVITY THE EMPLOYEE WAS ENGAGED IN WHEN THE ACCIDENT OR ILLNESS EXPOSURE OCCURRED	WORK PROCESS THE EMPLOYEE WAS ENGAGED IN WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED		
OTHER INFORMATION	HOW INJURY OR ILLNESS (ABNORMAL HEALTH CONDITION) OCCURRED: DESCRIBE THE SEQUENCE OF EVENTS AND INCLUDE ANY OBJECTS OR SUBSTANCES THAT DIRECTLY IMPACTED THE EMPLOYEE OR MADE THE EMPLOYEE ILL	CAUSE OF INJURY CODE		
	DATE RETURNED TO WORK	IF FATAL, USE DATE OF DEATH	WERE SAFEGUARDS OR SAFETY EQUIPMENT PROVIDED? <input type="checkbox"/> YES <input type="checkbox"/> NO	WERE THEY USED? <input type="checkbox"/> YES <input type="checkbox"/> NO
	PHYSICIAN/HEALTHCARE PROVIDER (NAME & ADDRESS)	HOSPITAL (NAME & ADDRESS)	TYPE OF TREATMENT <input type="checkbox"/> NO MEDICAL TREATMENT <input type="checkbox"/> MINOR BY EMPLOYER <input type="checkbox"/> MINOR CLINIC/HOSPITAL <input type="checkbox"/> EMERGENCY CARE <input type="checkbox"/> HOSPITALIZED - 24 HR <input type="checkbox"/> EXTENSIVE MAJOR MEDICAL TREAT TIME AUTOMATIC	
DATE ADMINISTRATOR NOTIFIED	DATE PREPARED	PREPARER'S NAME & TITLE		

NM WCA FORM ET-3

EQUIVALENT TO OSHA'S FORM 301

FORM IA-1 (7/02) © LAJARC 2002

Completion of this form is not an admission that the claim is compensable under the Workers' Compensation Act.

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# Workers Compensation

## Claims Workbook:

General information about reporting, investigating and managing Workers' Compensation Claims can be found in the

[Workers' Compensation and Property & Liability Claims Workbook \(fillable PDF\)](#)


## Workers' Compensation Forms & Documents

Forms



Sample Workers' Compensation Policy Options



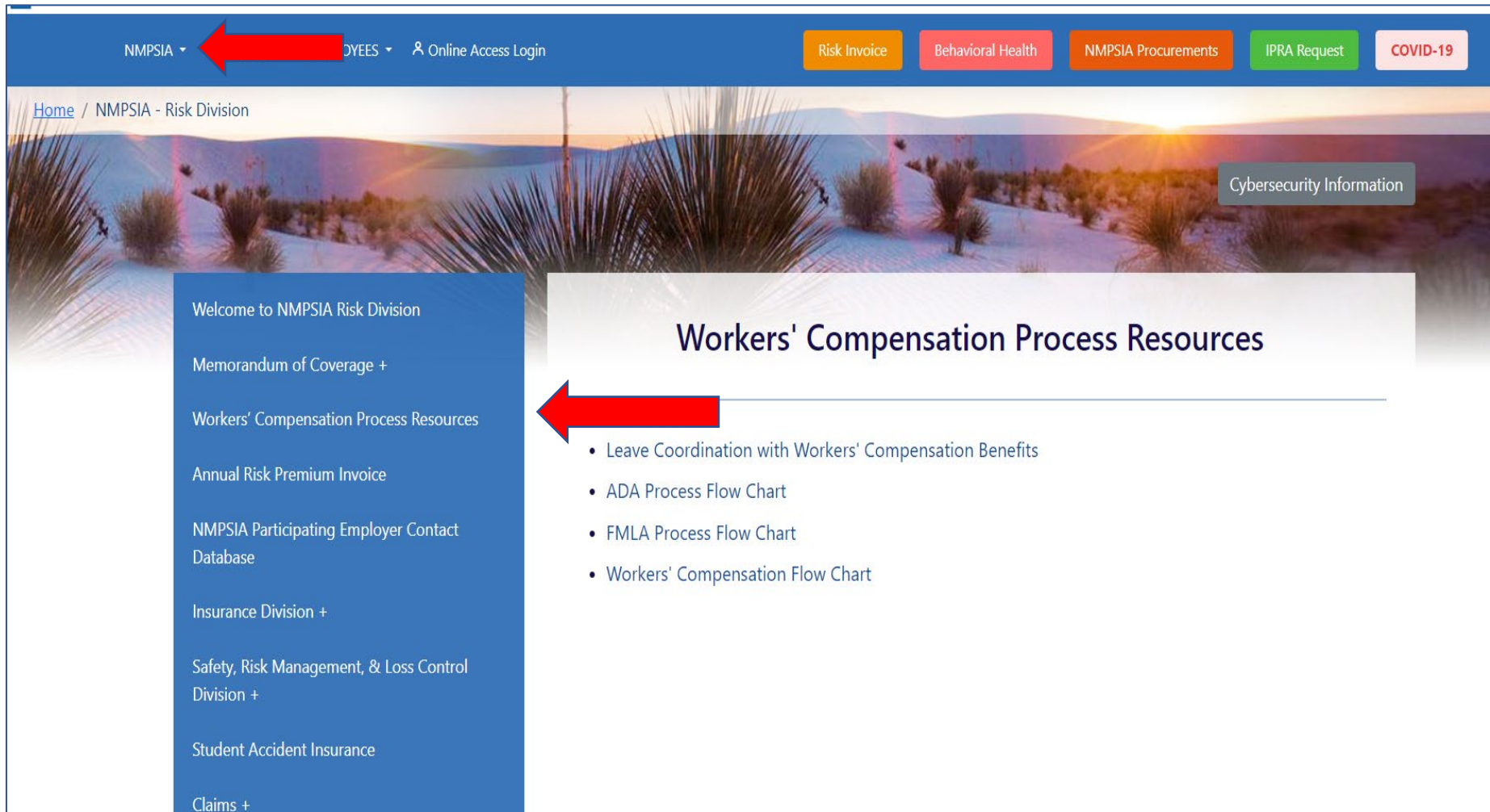
- Workers' Compensation Policy Option 1
- Workers' Compensation Policy Option 2
- Workers' Compensation Policy Option 3
- Workers' Compensation Policy Option 4 



## Workers Compensation

### EXAMPLE WORKERS' COMPENSATION POLICY – OPTION 4

- Worker selects Initial Health Care Provider;
- Injured worker may use Leave (Sick, Vacation, or PTO) until Accumulated Leave has been exhausted;
- Injured worker is allowed to have their portion of Insurance Premiums, Retirement Contributions, etc., deducted from payments of their Accumulated Leave until the Accumulated Leave has been exhausted.

# Workers Compensation



NMPSIA  EYES  Online Access Login


Risk Invoice Behavioral Health NMPSIA Procurements IPRA Request COVID-19

[Home](#) / NMPSIA - Risk Division

Cybersecurity Information

Welcome to NMPSIA Risk Division

Memorandum of Coverage +

**Workers' Compensation Process Resources** 

Annual Risk Premium Invoice

NMPSIA Participating Employer Contact Database

Insurance Division +

Safety, Risk Management, & Loss Control Division +

Student Accident Insurance

Claims +

## Workers' Compensation Process Resources

- Leave Coordination with Workers' Compensation Benefits
- ADA Process Flow Chart
- FMLA Process Flow Chart
- Workers' Compensation Flow Chart

# Workers Compensation



# General Liability and Property

## Investigation

Steve Vanetsky

# General Liability and Property

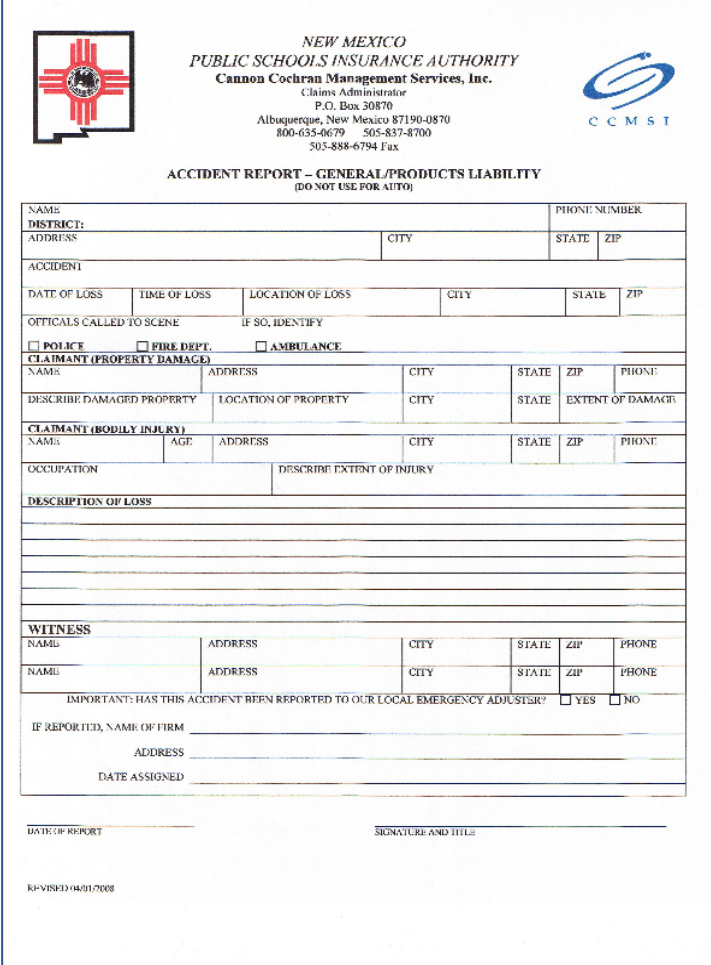
## How can you help?

The School / District - On - Investigator's Role  
In General Liability Claims

First Line of Defense

# General Liability and Property

- Why Investigate GL Claims
- Needed to assist claims staff before facts are forgotten or scene altered:
  - Determine cause
  - Document scene
  - Document what people said and saw



**NEW MEXICO PUBLIC SCHOOLS INSURANCE AUTHORITY**  
**Cannon Cochran Management Services, Inc.**  
 Claims Administrator  
 P.O. Box 30870  
 Albuquerque, New Mexico 87190-0870  
 800-633-4679 505-837-8700  
 505-888-6794 Fax

**ACCIDENT REPORT - GENERAL/PRODUCTS LIABILITY**  
 (DO NOT USE FOR AUTO)

NAME					PHONE NUMBER	
DISTRICT					CITY	
ADDRESS					STATE ZIP	
ACCIDENT 1						
DATE OF LOSS	TIME OF LOSS	LOCATION OF LOSS	CITY	STATE	ZIP	
OPTICALS CALLED TO SCENE IF SO, IDENTIFY						
<input type="checkbox"/> POLICE <input type="checkbox"/> FIRE DEPT. <input type="checkbox"/> AMBULANCE						
<b>CLAIMANT (PROPERTY DAMAGE)</b>						
NAME		ADDRESS	CITY	STATE	ZIP	PHONE
DESCRIBE DAMAGED PROPERTY		LOCATION OF PROPERTY	CITY	STATE	EXTENT OF DAMAGE	
<b>CLAIMANT (BODILY INJURY)</b>						
NAME		AGE	ADDRESS	CITY	STATE	ZIP PHONE
OCCUPATION		DESCRIBE EXTENT OF INJURY				
<b>DESCRIPTION OF LOSS</b>						
<b>WITNESS</b>						
NAME		ADDRESS	CITY	STATE	ZIP	PHONE
NAME		ADDRESS	CITY	STATE	ZIP	PHONE
IMPORTANT: HAS THIS ACCIDENT BEEN REPORTED TO OUR LOCAL EMERGENCY ADJUSTER? <input type="checkbox"/> YES <input type="checkbox"/> NO						
IF REPORTED, NAME OF FIRM _____						
ADDRESS _____						
DATE ASSIGNED _____						

DATE OF REPORT \_\_\_\_\_ SIGNATURE AND TITLE \_\_\_\_\_

REVISED 04/01/2008

## General Liability and Property

# Documentation

- Document the scene through photographs, sketches, written descriptions, video recordings
- Investigate facts that surround the incident
- Document witness names, phone number, and address



## General Liability and Property

# Documentation

- Who (at the school site) does the documentation go to for forwarding to the CCMSI claims staff?
- Designate someone to handle on behalf of the school
- What timeframes are in place for completing the investigation?
- Follow-up for correction of hazards if any are found?

## General Liability and Property

### Why should the School investigate?

- Assist in the claims process at time of the incident.
- To be the “eyes and ears” in the field
- To gather facts on-site before they change.
- To preserve evidence that may be lost over time
- To identify ways to prevent accidents from recurring

# Cooperative Educational Services

## Technical Assistance Program

Loretta Garcia

# **Technical Assistance Program (TAP) 2022-23**

*Providing Quality Training & Technical Assistance on Special Education Topics*

TAP was developed in 2015, funded by NMPSIA in collaboration with CES in an effort to decrease Special Education litigation across the state. TAP Consultants specialize in a variety of highly requested topics: autism, behavior management / interventions, reading strategies, transition planning, self-regulation, re-evaluations, discipline, IEP writing, compliance / IDEA, specific learning disabilities, applied behavior analysis, etc.

Expanded topics include: Co-teaching & Inclusion, 504 Plans, Social Emotional Learning, Accommodations, Classroom Management, Student Engaged Learning, Structured Literacy, etc.

18 Consultants are available to provide specialized consultation services and trainings.

# Overview of TAP Services

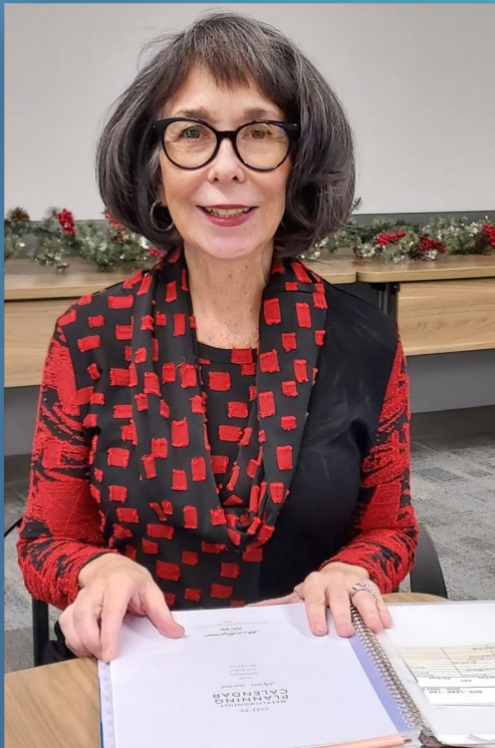
## July – December 2022

### 92 Presentations

### *3823 Attendees*

- Virtual & live interactive presentations
- “TAP Hot Topic on Demand Webinar Library”, direct link, [cestap.org](http://cestap.org)
- Regional workshops
- Phone & email consultations
- Monthly article / newsletter, “Compliance Corner” & “Reading Room” Tips
- Monthly Special Education Compliance PD presentations for CES Leadership Programs
- Specialized presentations needed for staff professional development
- File & program reviews
- Classroom observations / formal feedback
- Direct consultation regarding programming, staff or student related concerns
- Assistance with Corrective Action Plans, Due Process & OCR Complaints

# *Empowering Educators through Quality Professional Development & Consultation Services*



**Loretta Garcia**

**TAP Coordinator**

[lgarcia@ces.org](mailto:lgarcia@ces.org)

*TAP Hotline - (505) 985-8454*

# Driving Monitoring Safety

Claudette Roybal

## Driver Monitoring Services

Minimize Your Driver Risk  
With Driver License Monitoring  
Notifications.



## Driver Monitoring Services

Embark Safety's innovative technology monitors employees' Motor Vehicle Records (MVRs) continuously and notifies managers when new changes appear in a driver's record.

Our system links directly with state licensing agencies (DMVs) to monitor changes in driver licenses and find adverse actions that may expose an organization to liability and accident risk.

Effective July 2019, Embark Safety became the new vendor for driving record information, retrieval, and monitoring services for all NMPSIA members. Members will have access to a free account.



### **Notifications may include:**

- Newly issued driver citations
- Speeding tickets
- Suspensions / Revocations
- DUIs / DWIs
- Driver license expiration
- CDL medical certificate expiration

# Driver Monitoring Services



## Why Monitor Driver Records?

### ✓ Liability

Suspended drivers have a crash rate that is **14 times higher** than other drivers. Companies are ultimately liable for employees' actions.

### ✓ Compliance

Loss of driving privileges due to accumulated convictions results in **unqualified drivers** operating on the roadways for longer without the company's knowledge.

### ✓ Safety

Driving is the **most dangerous activity** performed by employees. It only takes one employee with a suspended license to jeopardize the reputation of any company.

# Driver Monitoring Services

## How it works



Initial driving record is processed for all drivers. System automatically scores all drivers using our MVR scoring criteria.



Drivers are enrolled into driver record monitoring with each state licensing agency (DMV).



System automatically sends email alert notifications to supervisors when new information shows up in a driver's record.

**Ready to get started?**  
Mona Eskariyat  
[mona.eskariyat@embarksafety.com](mailto:mona.eskariyat@embarksafety.com)  
(407)536-7233

# Poms & Associates

## Loss Control & Risk Management

Julie Garcia

## Loss Control & Risk Management

# Educator Ethical Misconduct

- Applies to all school personnel
- Audits show the need to update School Board Policy – to include Inappropriate Behaviors
- **Poms can send you a copy of the Full Policy**

# Loss Control & Risk Management

## Cyber

### Training available for all Staff

- What emails not to open
- What websites to avoid
- No, it is not the Supt. asking for money!

# Loss Control & Risk Management

## School Violence

- Threat Assessment
- Bullying Policies
- Restorative Practices
  - Target hardening
  - Interior and exterior
- Fortification
- Active Shooter
- Reunification
- **Poms can help with all things before and up to the violence**

## Loss Control & Risk Management

Global Warming or just really bad weather?

- Ways to mitigate damage of school property
- Connections to protect against Acts of God
- Poms can help with everything except the connections with God.



# Loss Control & Risk Management

## In the Pipeline

### Anonymous Reporting for all staff and students

- Includes everything that may cause issues - bullying, misconduct, violence, suicide, etc.
- Funded by NMPSIA so it is technically free to districts and charters



# NMPSIA

410 Old Taos Highway  
 Santa Fe, New Mexico 87501  
 Phone: 505.988.2736 or 1.800.548.3724  
 Fax: 505.983.8670  
 Website: <https://nmpsia.com/>

## Questions

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NMPSIA	Martha Quintana	Deputy Director	<a href="mailto:Martha.Quintana@psia.nm.gov">Martha.Quintana@psia.nm.gov</a>
NMPSIA	Claudette Roybal	Risk Coordinator	<a href="mailto:Claudette.Roybal@psia.nm.gov">Claudette.Roybal@psia.nm.gov</a>
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