



C.C.T. Workers' Compensation

21 Colville Street | P.O. Box 150, Nespelem, WA 99155
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WORKERS' COMPENSATION INFORMATION

NOTICE TO TRIBAL GOVERNMENT AND ENTERPRISE EMPLOYEES AS EMPLOYEES OF THE CONFEDERATED TRIBES OF THE COLVILLE RESERVATION OR ITS ENTERPRISES, YOU ARE INSURED FOR ON-THE-JOB INJURIES UNDER THE TRIBAL WORKERS COMPENSATION CLAIMS ACT

If you are injured or sustain an occupational disease while at work, you may be entitled to benefits as provided by the Tribal Workers Compensation Claims Act, Chapter 6-15 of the Colville Tribal Code. **NOTIFY YOUR EMPLOYER IMMEDIATELY OF ANY INJURIES, NO MATTER HOW SLIGHT.** If you fail to do so, you may lose your benefits under the tribal workers benefits system. In no event shall benefits be paid to a worker who failed to notify his or her employer within fourteen (14) working days after sustaining such work-related injury, excepting cases where an extraordinary reason prevented the worker from reporting the injury or occupational disease to the employer in a timely manner. It is your responsibility to file a claim for benefits under the act with the administrator of the system. You are required to file a claim for any injuries or occupational disease no more than thirty (30) days after you have knowledge thereof. It is your responsibility to obtain the necessary forms; located at <https://www.colvilletribes.com/accounting>, by phone at 509.634.2845, 509634-2019, request them by email cct.benefits_workerscomp@colvilletribes.com or you can pick them up in the lobby of the Accounting office.

Your exclusive remedy for any work connected injury or disease is through the tribal workers benefits system. The state's workers compensation system has no authority to accept a claim from you related to employment by the Confederated Tribes of the Colville Reservation, a sovereign Indian Nation employer, which is exclusively under the jurisdiction of the tribal workers benefits system.

FORMS:

- **Employee Application for Compensation & Report of Injury or Occupational Disease**
(Employee Completes)
Must be filled out completely, If an area does not apply, mark "NA". Incomplete forms could affect your benefits.
 - Submit a signed Job Description
 - Medical Release Form
- **Supervisor's Accident Report of Injury**
(Supervisor completes and submits)
Needs to be completed by immediate Supervisor. Supervisor signature is to show that the incident was reported to the supervisor.
 - Must provide all approved SOP's and policies pertaining to the program/department
- **Physician's Initial Report**
(Attending Physician completes)
- **Activity Prescription Form**
(Attending Physician completes)
Must be completed at every Doctor visit and/or Hospital visit by the attending physician.

TO FILE YOUR CLAIM, SEND YOUR FORMS TO:

Yalonda Misiaszek ext. 2845
Lane Priest ext. 2019
Email: Cct.benefits_workerscomp@colvilletribes.com
Fax: 509.634.2722