



MEDICAL CARE PLAN APPLICATION

Name of Employer: _____

Address: _____

If there are other locations, please complete section on page 2

Employer Representative: _____

Nature of Business: _____

Phone Number: _____ Total Number of Employees: _____

Are any employees covered by Collective Bargaining? ☐ Yes ☐ No If yes, how many? _____

I verify that the Medical Care Plan developed by the Workers' Compensation Trust for our organization is consistent with any and all collective bargaining agreements that cover our unionized employees.

Signature

Name (please print)

Title

Date

- ☐ Employer acknowledges a Modified Duty Program is available on a case-by-case basis.
- ☐ Employer has formal Modified Duty Program which is provided to all injured workers.

We agree to participate and adhere to the Workers' Compensation Trust's Medical Care Plan.

Signature

Name (please print)

Title

Date

***Please complete and return to:
Managed Care Services***



**OTHER LOCATIONS
AND
FIRST TREATMENT CENTER SELECTIONS**

Name of Location	Address	# of Employees	First Treatment Center	Town of First Treatment Center



VERIFICATION OF COMPLIANCE WITH SAFETY & HEALTH COMMITTEE REGULATIONS

According to State of Connecticut Workers' Compensation Regulation 31-40v, all employers must have a Safety & Health Committee for each and every location that has 25 or more employees. Your organization may need to have more than one Committee.

Please check the applicable box:

- ☐ Our organization ***has less than 25 employees***. If you check this box, you do not need to complete this verification, just sign below.
- ☐ Our organization ***has 25 or more employees all at one location***.
- ☐ Our organization ***has 25 or more employees at multiple locations***.

I verify that _____ has a Safety
Committee(s) Employer Name (please print)

which is / are in compliance with Section 31-40v1 to 31-V0v-11 of the Connecticut Administrative Regulations.

Meetings are held _____ times per year and last an average of _____ hours.

The date of the last Committee Meeting(s) was: _____.

Please attach a copy of the minutes of the more recent meeting held.

I further verify the following:

1. Minutes of the meeting are maintained for three (3) years and list the attendees.
2. A notice of the members who participate in the Safety Committee are posted.
3. Members are paid for time spent on Committee activities.
4. Safety Committee meetings include accident investigations safety inspections, safety training programs, hazard identification and/or workplace exposure programs, follow-up procedures for open safety items, a written agenda, and a record of all suggestions and recommendations.
5. Responsibilities are assigned to correct safety issues.
6. All Safety Committee members have been trained in their rights and responsibilities as committee members. Indicate how (verbal and/or written).

Employer Name (please print)

Date

Signature

Name (please print)



SAFETY & HEALTH COMMITTEE MEMBERSHIP

Safety & Health Committees must be composed of at least as many employee members as management members. Please provide the following information for members of your Safety & Health Committee. If you attach a roster, please identify the employee and the management member.

Please Note: The Chairperson must be included in the count of either Employee or Management.

EMPLOYEE MEMBERS			
NAME	TITLE	DEPARTMENT	WORK SITE
TOTAL:			

MANAGEMENT MEMBERS			
NAME	TITLE	DEPARTMENT	WORK SITE
TOTAL:			

SAFETY COMMITTEE CHAIRPERSON	
Name:	Date Elected:

Employer Name (please print)

Date

Signature

Name (please print)

Medical Care Plan

1ST Treatment Centers

CITY	1ST TREATMENT CENTER	ADDRESS	PHONE
BRIDGEPORT	AFC URGENT CARE	161 BOSTON AVENUE	(203) 333-4400
	AFC URGENT CARE	4200 MAIN STREET	(203) 916-5151
	OCCUPATIONAL MEDICINE & WELLNESS SERVICES OF YNH	226 MILL HILL AVENUE	(203) 384-3613
BRISTOL	MED HELP MEDICAL CENTER	539 FARMINGTON AVENUE	(860) 584-8900
	MEDWORKS	975 FARMINGTON AVENUE	(860) 589-0114
CROMWELL	PRIORITY URGENT CARE	136 BERLIN ROAD	(860) 378-8585
DANBURY	AFC URGENT CARE	100 MILL PLAIN ROAD	(203) 826-2600
	AFC URGENT CARE	2 MAIN STREET	(203) 826-2140
EAST HARTFORD	CONCENTRA MEDICAL CENTER	701 MAIN STREET	(860) 289-5561
EAST HAVEN	PRIORITY URGENT CARE	365 HEMINGWAY AVENUE	(203) 303-4056
ELLINGTON	PRIORITY URGENT CARE	105 WEST ROAD	(860) 454-0678
ENFIELD	JOHNSON OCCUPATIONAL MEDICINE CENTER	155 HAZARD AVENUE	(860) 763-7668
ESSEX	MIDDLESEX HEALTH OCCUPATIONAL & ENVIRONMENTAL MEDI	252 WESTBROOK ROAD (RTE 153)	(860) 359-3840
FAIRFIELD	AFC URGENT CARE	1918 BLACKROCK TURNPIKE	(203) 583-8400
	HARTFORD HEALTHCARE URGENT CARE	1262 POST ROAD	(203) 259-3440
GREENWICH	WESTMED URGENT CARE CENTER -GREENWICH	644 WEST PUTNAM AVENUE	(203) 210-2810
GROTON	OCCUPATIONAL MEDICINE & WELLNESS SERVICES OF YNH	52 HAZELNUT HILL ROAD	(860) 446-8265
HAMDEN	OCCUPATIONAL MEDICINE & WELLNESS SERVICES OF YNH	2080 WHITNEY AVENUE	(203) 789-6240
HARTFORD	ST. FRANCIS CTR FOR OCCUPATIONAL HEALTH	114 WOODLAND STREET	(860) 714-4270
MIDDLETOWN	MIDDLESEX HEALTH OCCUPATIONAL & ENVIRONMENTAL MEDI	534 SAYBROOK ROAD	(860) 358-2750
MONROE	HARTFORD HEALTHCARE URGENT CARE	401 MONROE TURNPIKE	(203) 268-2501
NAUGATUCK	ST. MARYS MEDICAL WALK-IN	799 NEW HAVEN ROAD	(203) 723-5636
NEW BRITAIN	AFC URGENT CARE	135 EAST MAIN STREET	(860) 357-6899
	CONCENTRA MEDICAL CENTER	972 WEST MAIN STREET	(860) 827-0745.
NEW HAVEN	AFC URGENT CARE	527 ELM STREET	(475) 321-5150
	CONCENTRA MEDICAL CENTER	370 JAMES STREET	(203) 503-0482
	OCCUPATIONAL MEDICINE & WELLNESS SERVICES OF YNH	175 SHERMAN AVENUE	(203) 789-3721
NEW MILFORD	NEW MILFORD HOSPITAL	21 ELM STREET	(860) 355-2611
NEWINGTON	PRIORITY URGENT CARE	2909 BERLIN TURNPIKE	(860) 436-9622
NORTH HAVEN	MEDRITE MEDICAL CARE, P.C.	79 WASHINGTON AVENUE	(203) 800-8008
NORWALK	AFC URGENT CARE	607 MAIN AVENUE	(203) 845-9100

Medical Care Plan

1ST Treatment Centers

CITY	1ST TREATMENT CENTER	ADDRESS	PHONE
NORWALK	HARTFORD HEALTHCARE URGENT CARE	192 WESTPORT AVENUE	(203) 853-2610
NORWICH	CONCENTRA MEDICAL CENTER	315 WEST MAIN STREET	(860) 859-5100
	HARTFORD HEALTHCARE URGENT CARE	112 LAFAYETTE STREET	(860) 848-1297
OXFORD	PRIORITY URGENT CARE	278-2 OXFORD ROAD	(475) 675-5502
PLAINFIELD	PLAINFIELD WALK-IN MEDICAL CENTER	558 NORWICH ROAD	(860) 564-4054
PLAINVILLE	THE HOSPITAL OF CENTRAL CT OCCUPATIONAL HEALTH	440 NEW BRITAIN AVENUE	(860) 827-6910
PUTNAM	DAY KIMBALL HOSPITAL	320 POMFRET STREET	(860) 928-6541
ROCKY HILL	AFC URGENT CARE	396 CROMWELL AVENUE	(860) 372-4990
SHELTON	GRIFFIN HOSPITAL OCCUPATIONAL MEDICINE CENTER SHELTON	10 PROGRESS DRIVE	(203) 944-3718
	HARTFORD HEALTHCARE URGENT CARE	15 ARMSTRONG ROAD	(203) 929-1109
SOUTH WINDSOR	CORPCARE OCCUPATIONAL HEALTH CENTER	2800 TAMARACK AVENUE, SUITE 001	(860) 647-4796
SOUTHINGTON	AFC URGENT CARE	365 QUEEN STREET	(860) 863-5035
STAMFORD	CONCENTRA MEDICAL CENTER	15 COMMERCE ROAD	(203) 324-9100
	HARTFORD HEALTHCARE URGENT CARE	950 HIGH RIDGE ROAD	(203) 324-5740
	OCCUPATIONAL MEDICINE & WELLNESS SERVICES OF YNH	260 LONG RIDGE ROAD, SUITE 2140	(203) 863-3483
STRATFORD	CONCENTRA MEDICAL CENTER	60 WATSON BOULEVARD	(203) 380-5945
	HARTFORD HEALTHCARE URGENT CARE	3272 MAIN STREET	(203) 380-3920
TORRINGTON	AFC URGENT CARE	1171 EAST MAIN STREET	(860) 866-4321
	CONCENTRA MEDICAL CENTER	333 KENNEDY DRIVE	(860) 482-4552
TRUMBULL	AFC URGENT CARE	57 MONROE TURNPIKE	(203) 590-6330
	HARTFORD HEALTHCARE URGENT CARE	915 WHITE PLAINS ROAD	(203) 696-3500
UNIONVILLE	PRIORITY URGENT CARE	45 SOUTH MAIN STREET	(860) 470-7710
VERNON	AFC URGENT CARE	179 TALCOTTVILLE ROAD	(860) 986-7600
WALLINGFORD	CONCENTRA MEDICAL CENTER	900 NORTHRUP ROAD	(203) 949-1534
WATERBURY	CONCENTRA MEDICAL CENTER	8 SOUTH COMMONS ROAD	(203) 759-1229
	ST. MARYS OCCUPATIONAL HEALTH CENTER	1312 WEST MAIN STREET	(203) 709-3740
WEST HARTFORD	AFC URGENT CARE	1030 BOULEVARD	(860) 986-6440
WESTPORT	HARTFORD HEALTHCARE URGENT CARE	374 POST ROAD EAST	(203) 221-3390
WILLIMANTIC	HARTFORD HEALTHCARE URGENT CARE	1703 WEST MAIN STREET	(860) 456-1252
WINDSOR	CONCENTRA MEDICAL CENTER	1080 DAY HILL ROAD	(860) 298-8442
	ST. FRANCIS CTR FOR OCCUPATIONAL HEALTH	100 DEERFIELD ROAD	(860) 714-9444