

Companion Property and Casualty Insurance Group  
Columbia, South Carolina 29229  
**Workers' Compensation Transitional Return to Work Program Agreement**

Companion Property and Casualty Insurance Group believes in making a positive impact on our clients' workers' compensation program. Our staff works as a team. We are dedicated to making a difference and creating results.

In order for Companion P&C to make a difference, we must all work together. We need to provide quality, accurate services to your employees. We must also have a commitment from our clients to strive to improve safety and effectively manage claims.

One proven way to effectively managing workers' compensation costs is to implement a proactive Transitional Return to Work (RTW) Program. This RTW program helps the healing process. It focuses on returning injured employees back to work as soon as it is medically possible. In order for this program to be effective, the company must develop a written RTW policy. It must provide the appropriate training for all supervisors and employees. We have tools to help our clients develop a written RTW program on our website at [www.CompanionGroup.com](http://www.CompanionGroup.com). We will be happy to provide additional assistance for our clients on request.

One critical component is the identification of transitional work options the employer has available for any workers returning with restrictions. These duties should accommodate temporary restrictions. These can include restrictions such as shortened work hours, limited lifting and limited mobility. If requested, we will help our clients develop transitional jobs options for both modified duty and alternate duty.

Once an injured employee has received a release to return to work with restrictions from his or her doctor, it will be the employer's responsibility to provide an appropriate position for the injured worker. Companion P&C will work with medical providers and rehabilitation specialists to return your injured worker to full duty as soon as it is medically safe.

Your signature below indicates your willingness to implement a written Transitional Return to Work Program. You acknowledge and agree with this recommendation. You understand your insurance program with Companion P&C is contingent upon implementation of this program. Please contact your agent if you have any questions.

Employer's Signature	_____
Title	_____
Employer's Name and Address	_____
	_____
	_____
Policy Number	_____
Policy Period	_____
Name of Insurance Agent and Agency	_____