

HOEY & FARINA

Attorneys At Law

EMERGENCY FOLDER:

This "Emergency Folder" provides your spouse, or other family members, quick access to important information in the event of an injury at work. By maintaining this folder, you and your family, at a time of great anxiety and stress, will be prepared to protect your rights.

The "Emergency Folder" includes:

- 1) Emergency Response Check List
- 2) Letter to ER and Hospital Staff
- 3) Letter To Doctors: *Knowing Your Patient, The Railroad Employee*
- 4) Durable Power of Attorney (which establishes someone to act with authority on your behalf)
- 5) Contact number of Hoey & Farina, your Designated Legal Counsel

All of these documents also are available from our web site in the **Forms Shanty** section.

Hoey & Farina
542 South Dearborn, Ste 200
Chicago, Illinois 60605
1-888-425-1212
info@felahfd.com
www.felahfd.com

EMERGENCY RESPONSE CHECKLIST

- 1)** Hold a family meeting and discuss what steps should be taken in event of a tragedy at work.
- 2)** Designate a spouse or adult child, or another family member, on a Durable Power of Attorney, to be able to make legal decisions for you in case of emergencies.
- 3)** Prepare a list of disability policies, e.g., work/occupational, mortgage, car, credit card or other policies - which you have purchased. Review the documents and prepare a list of the contact persons, addresses and telephone numbers.
- 4)** Give your spouse or adult child, or another family member, a copy of the Emergency Response Checklist, the Durable Power of Attorney, and instructions on where to find the disability policies.
- 5)** Place your Hoey & Farina train magnet in your house in an easily accessible location, e.g., your refrigerator. If you do not have any of our magnets, please let us know and we will mail our latest magnet to you.
- 6)** Grab the magnet as you leave the house for the hospital so you will have our telephone number.
- 7)** Call Hoey & Farina as soon as possible at (888) 425-1212. Once we receive the call, day or night, you have our promise that a representative from of Hoey & Farina will be en route to the hospital within an hour's time.
- 8)** Authorize Hoey & Farina to begin an immediate investigation and file suit if necessary to preserve evidence.

*For further information on how to protect yourself and your family if you have been injured, please visit our web-site at www.hoeyfarina.com or call us at 1-888-425-1212. You may also wish to subscribe to our free weekly newsletter *Straight Track* for up to date information specifically written for railroaders and their families.*

LETTER TO ER AND HOSPITAL STAFF

Dear Health Care Provider:

I am an employee of a railroad. As a railroad employee, my rights are governed by federal law and not a state worker's compensation act. Any claim for my injury sustained at work comes under the Federal Employers' Liability Act (FELA). Contrary to what any railroad official may tell you, I do not authorize any consultation with railroad personnel, its medical department or their representatives.

Your medical bills for my treatment will be paid under my union's negotiated health care plan. Your bill(s) can be sent directly to my employer railroad for processing. You may, also, send my employer railroad medical reports relating to my injury that support your bill(s) and describe the services you provided.

Your sending bills and reports to my employer railroad in no way waives my right to our doctor / patient privilege, which I specifically ask you to respect and enforce.

Sincerely,

KNOWING YOUR PATIENT, THE RAILROAD EMPLOYEE

Dear Health Care Provider:

I am an employee of a railroad. As a railroad employee, I have specific job duties that I am required to perform which involve a significant amount of physical dexterity. I can provide you with a document describing those duties.

As a railroad employee, my rights are governed by federal law and not a state workers' compensation act. Any claim for my injury sustained at work comes under the Federal Employers' Liability Act (FELA).

Under the FELA, I have the right to seek a monetary recovery from the railroad for pain and suffering, loss of a normal life and the value of the impairment to my income producing capacity. If injured on the job, I may be required to be seen by a company doctor. However, I am not required to accept their medical treatment. I have the right to choose my own treating health care providers, which is why I have come to you for medical treatment.

Your medical bills for my treatment will be paid under my union's negotiated health care plan. Your bill(s) can be sent to my employer railroad or directly to my insurance provider for processing. You may, also, send my employer railroad medical reports relating to my injury that support your bill(s) and describe the services you provided. Your sending bills and reports to my employer railroad in no way waives my right to our doctor / patient privilege, which I specifically ask you to respect and enforce. Lastly, I do not authorize any consultation with railroad personnel, its medical department or their representatives.

Sincerely,

**AN EXAMPLE OF A DURABLE POWER OF
ATTORNEY FOR THE STATE OF ILLINOIS**

KNOW ALL MEN BY THESE PRESENTS that I, _____, of the State of Illinois, do hereby nominate, constitute and appoint my _____, _____, as true and lawful Attorney for me and in my name, place and stead and for the benefit of me to sign, endorse and receive checks, drafts, and notes, and other instruments and legal documents to fulfill the terms of this Durable Power of Attorney. Further, _____ is granted full power of attorney to do as follows:

1. To exercise, do, or perform any act, right, power, duty or obligation whatsoever that I now have or may acquire the legal right, power or capacity to exercise, do or perform in connection with, arising out of, or relating to me, and any pertinent item, thing, transaction, business property, personal property, tangible or intangible, or any matter whatsoever which affects the health, safety, welfare and education of me.

2. To file federal and state income tax returns and to pay the tax shown due by any or all of such income tax returns, including any deficiencies, interest and penalties subsequently determined to be due thereon for the benefit of me.

3. To ask, demand, sue for, recover, collect, receive, and hold and possess all such sums of money, debts, dues, bonds, notes, checks, drafts, accounts, deposits, legacies, bequests, devises, interests, dividend, stock certificates, certificates of deposit, annuities, insurance benefits, retirement benefits, documents of title, chooses in action as are now, or shall hereafter become due, owing, payable, owned, or belonging to or by me for the benefit of me, or in which I have or may acquire an interest, and to have, use, and take all lawful ways and means and legal and equitable remedies, procedures, and writs in my name for the collection and recovery thereof, and to compromise, settle, and agree for the same, and to make, execute, and deliver for my name all endorsements, acquittances, releases, receipts, or other sufficient discharges for the same; to enter and have free access to any safe deposit box in my name for the purpose of adding property thereto or removing property therefrom.

4. To buy, sell, assign, and/or encumber any real estate or tangible property.

5. My agent shall be entitled to reasonable compensation for services rendered as agent under this power of attorney.

6. On my behalf to endorse bank drafts, checks, and money orders, and to handle and manage all my banking and checking accounts. Also, to grant authority and permission to transact on my behalf any medical authorizations for my medical needs, including payment of my medical bills.

7. **To retain the law firm of Hoey & Farina, as my attorneys and for my benefit, in the event I am injured while at work as a railroad employee.**

8. This power of attorney shall become effective on the date this document is signed.

9. This power of attorney shall continue indefinitely and terminate on the date of my death, unless otherwise revoked by me in writing.

10. If any agent named by me shall die, become incompetent, resign or refuse to accept the office of agent, I name the following as successor(s) to such agent:
_____.

11. If a guardian of my estate (my property) is to be appointed, I nominate the agent acting under this power of attorney as such guardian, to serve without bond or security.

This instrument is to be construed and interpreted as a power of attorney which grants to my agents full power and authority to do and perform all and every act as though I were there to act personally. The enumeration of specific items, acts, rights, or powers is not intended to restrict the general powers herein granted. Any action taken in good faith pursuant to the foregoing authority without actual knowledge of my death shall be binding upon me, my heirs, assigns and personal representatives. The attorney-in-fact is vested with the power of substitution. Third parties which come into contact with _____, as my attorney-in-fact are expressly granted the rights to rely upon the terms of this instrument, whether in original or photostatic form.

Signed this _____ day of _____, 200__.

STATE OF ILLINOIS)
) SS
COUNTY OF _____)

On this _____ day of _____, 200__ before me _____, known to me to be the same person whose name is subscribed to the foregoing instrument appeared before me this day in person, and acknowledged that he/she signed, sealed and delivered the said Instrument as his/her free and voluntary act, for the uses and purposes set forth.

Given under my hand and notary seal, this _____ day of _____, 200__.

Notary Public

The signature of the party designated with my power of attorney for the benefit of me is as follows:

Witness

The undersigned witness certifies that _____ known to me to be the same person(s) whose name(s) is/are subscribed as principal to the foregoing power of attorney, appeared before me and the notary public and acknowledged signing and delivering the instrument as the free and voluntary act of the principal, for the uses and purposes therein set forth. I believe him and/or her to be of sound mind and memory.

Dated: _____

Witness

HOEY & FARINA

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542 South Dearborn, Suite 200
Chicago, Illinois 60605

Toll Free 24/hrs per day:

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Email:

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Website:

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