



If A Work Injury Occurs...

California law guarantees certain benefits to employees who are injured or become ill because of their jobs.

Workers' compensation covers any job-related injury or illness, including a first-aid type injury or a physical or psychiatric injury resulting from a workplace crime.

It can be caused by one event, such as a fall, or repeated exposures, such as doing a repetitive motion over time. The key is whether it was caused by the job.

(Some injuries from voluntary, off-duty, recreational, social or athletic, social or athletic activity – for example, the company bowling team – may not be covered. Check with your supervisor or the claims administrator listed below if you have questions.)

Benefits Include...

Medical Care: Your claims administrator will pay for all reasonable and necessary medical care for your work injury or illness, so you should never see a bill.

Medical benefits may include treatment by a doctor, hospital services, lab tests, x-rays, physical therapy, medicines, medical equipment and transportation to and from appointments. Workers' compensation medical services are subject to authorization for medical necessity, and there are limits on the number of chiropractic, physical therapy and occupational therapy visits.

Payment for Temporary Disability (Lost Wages): If you can't work while you are recovering from a job injury or illness, you will receive temporary disability payments. Temporary disability payments may change or stop when your doctor says you are able to return to work or that your medical condition is "permanent and stationary." For most injuries, state law limits temporary disability payments to a maximum of 104 weeks within five years of the date of injury. These benefits are tax free. Temporary disability payments are two-thirds of your average weekly pay, subject to minimums and maximums set by state law. Payments are not made for the first three days unless you are hospitalized or cannot work for more than 14 days.

Payment for Permanent Disability: If your injury or illness results in a permanent loss of physical or mental function that a doctor can measure, you may receive additional payments. The amount will be based on the portion of your permanent disability that is directly attributable to your work and will also depend on the type of injury, your age, occupation, and date of injury. If your employer has 50 or more employees, and you were injured before 2013, the amount also may be affected by whether or not your employer makes a suitable return-to-work offer.

Supplemental Job Displacement Benefit: If the claims administrator receives a doctor's report that you have recovered as much as you are going to and that you have a permanent disability, within 60 days you may receive a form with an offer of regular, modified, or alternative work from your employer. If 60 days after receiving your doctor's report your employer does not offer you regular, modified or alternative work, your claims administrator has 20 days to provide you a Supplemental Job Displacement Benefit -- a voucher for up to \$6,000 that you can use for retraining or skill enhancement at a state-approved school or to help pay for other resources that can help you find a new job. If you qualify, your claims administrator will pay the costs, up to the maximum set by state law. (Note: for pre-2013 injuries, you may qualify for a voucher if your injury results in a permanent disability that prevents you from returning to work within 60 days after your temporary disability ends and your employer doesn't offer you appropriate modified or alternative work. The amount of the voucher for a pre-2013 injury ranges from a maximum of \$4,000 to \$10,000 based on your level of permanent disability.)

Death Benefits: If the injury or illness causes death, payments may be made to individuals who were financially dependent on the worker. Workers' compensation also pays a burial allowance.

Return to work Supplement: If your work injury results in a permanent disability and the state determines that your workers' compensation permanent disability benefit is too low compared to your loss of future earnings, you may qualify for additional money from the Return-to-Work Fund, approved by state lawmakers in 2012. This fund will be administered by the Department of Industrial Relations, and details on eligibility and how to apply will be included in state regulations, so if you have questions or think you may qualify, contact the local DWC Information and Assistance office listed below, or check the Division of Workers' Compensation web site at www.dwc.ca.gov for information.

In The Event Of A Work Injury...

1. For emergency medical treatment, immediately call 911 for an ambulance/hospital, the fire department or the police, or go to the nearest hospital emergency room. For nonemergency medical care refer to the medical contact information below, otherwise seek first aid from your employer.

Doctor/Clinic: _____ Address: _____ Telephone: _____

2. Report all injuries IMMEDIATELY to your supervisor or an employer representative at _____ (phone number). Your employer is required to provide you with a claim form within one working day of learning of your injury, so ensure your right to benefits by reporting every injury, no matter how slight, and request a claim form if it's more than a simple first aid injury. There are time limits for notifying your employer about a work injury, so don't delay, as waiting to report may delay workers' compensation benefits and you could lose your right to benefits if your employer does not learn of your injury within 30 days of the injury date. If your injury or illness develops over time, report it as soon as you learn it was caused by your job.

Your employer must notify the claims administrator and authorize medical care consistent with applicable treatment guidelines within one working day of receiving a completed claim form and will direct you to a doctor or clinic if necessary. Until a claim is accepted or denied, employers may be liable for as much as \$10,000 in treatment. If a medical service requested by your doctor is determined not medically necessary, you will receive information on how to appeal that decision, but if you choose to appeal you must do so within 30 days of receiving the decision. If your claim or other benefits are denied, you have a right to challenge the decision at the Workers' Compensation Appeals Board, but there are deadlines for filing the papers, so don't delay.

3. See your Primary Treating Physician (PTP). This is the doctor who will develop your treatment plan and manage the care of your injury or illness. You can be treated immediately by a pre-designated personal doctor (medical doctor, doctor of osteopathic medicine, or multi-specialty medical group) who has treated you in the past and has your medical records if: 1) on the date of your injury you have health care coverage for nonwork injuries and illnesses; 2) prior to the injury or illness your doctor agreed to treat you for work injuries and illnesses; and 3) you gave your employer the doctor's name and address in writing before the injury or illness. Otherwise, your employer has the right to select the physician who will treat you for the first 30 days, and the claims administrator will arrange your medical treatment, often by a specialist for the particular injury. Different rules regarding your medical care apply if you gave your employer the name of a personal doctor who is a chiropractor or acupuncturist, or if your employer is using a workers' compensation Medical Provider Network (MPN -- see below) or Health Care Organization (HCO), so check with your claims administrator in those situations.

4. Always notify your claims administrator if you want to switch doctors. If you are covered by an MPN or an HCO, your employer should provide you with information on those plans, including how to switch doctors. If your employer does not use an HCO or an MPN and you did not pre-designate a personal physician, you can switch to a doctor of your choice 30 days after the injury is reported, or if you want to change doctors before then, your claims administrator will give you a list of doctors to choose from.

5. See your employer representative or claims administrator if you have questions. It is illegal for an employer to fire or discriminate against you just because you file, intend to file, or settle a workers' compensation claim, or because you testify for a co-worker who was injured. If you prove this kind of discrimination, you may receive job reinstatement, lost wages and increased benefits, plus costs and expenses up to limits set by the state.

More on Medical Provider Networks...

An MPN is a network of health care providers who treat workers injured on the job. If your employer is using an MPN but you pre-designated a personal physician, you may receive treatment from that doctor immediately. If your employer has an MPN but you did not pre-designate a personal physician, after the first medical visit directed by your employer you may choose a different physician from the MPN list. If you are receiving treatment for an existing injury from a doctor who is not in the MPN, you may be required to change to a doctor within the MPN. If your employer has an MPN, you can use the contact information below to get more information:

MPN website: _____ MPN effective date: _____ MPN identification number: _____

If you need help locating an MPN physician, call your MPN access assistant at: _____

If you have questions or other issues regarding the MPN, call the MPN Contact Person at: _____

Claims Administrator:

Name _____ Telephone Number _____

Workers' Compensation Insurer: _____ Check if employer is self-insured

Policy Expiration Date _____

Other Resources...

If no insurer is listed above, and the employer is not self-insured, you may be able to find the name of the employer's workers' compensation insurer at www.caworkcompcoverage.com. If the workers' compensation policy has expired, contact the Division of Labor Standards Enforcement (DLSE). Look in your phone book under State Government/Industrial Relations/Labor Standards Enforcement or learn more at www.dir.ca.gov/dlse.

If you receive a supplemental job displacement benefit voucher for an injury that occurred on or after January 1, 2013, you may qualify for additional money from the Return to Work Supplement Program administered by the California Department of Industrial Relations. If you qualify, a check will be sent by the state, not the workers' compensation claims administrator, as this is not a workers' compensation benefit. For details on eligibility and how to apply, visit the Return to Work Supplement Program section of the Department of Industrial Relations web site at www.dir.ca.gov/RTWSP/RTWSP.html or contact the local DWC Information and Assistance office listed below.

You can get free information from a State Division of Workers' Compensation Information and Assistance Officer. The nearest Information and Assistance Officer is located at:

Street Address _____ City _____ Telephone _____ You can also get a list of local Information and Assistance offices or hear recorded information by calling (800) 736-7401, or learn more at www.dwc.ca.gov

Warning:

WORKERS' COMPENSATION FRAUD IS A FELONY

Anyone who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony and may be fined and imprisoned.

This notice has been approved by the Administrative Director of the Division of Workers' Compensation

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To reorder: This posting notice, along with state-approved workers' compensation pamphlets for new hires, DWC-1 claim forms, and other information for injured workers and employers may be ordered from the online store at www.cwci.org or call 510-251-9470 for an order form.