



**ORYX**  
INSURANCE BROKERAGE INCORPORATED

# Employer's Procedures for Filing a Workers' Compensation Claim

- 1) When you receive contemporaneous notice of an "on the job" injury, provide first aid or medical attention if it has not already been done. The employee is normally free to choose any physician, podiatrist, chiropractor, outpatient clinic of a hospital or health maintenance organization authorized to give medical care by the Workers' Compensation Board. If the employer is participating in the Managed Care Pilot program, the employee can be required to see a designated provider.

**The development of a safety culture in the work place can go far toward creating an accident and injury free environment.**

- 2) C-2 - Employer's Report of Injury
  - a) If the time lost from work is more than the remainder of the day or shift on which the accident occurred, or if more than two treatments of first aid are required; (1) complete and sign a C-2, (2) keep a copy of the C-2, (3) send the original to the insurance carrier, and (4) list the injury on OSHA 300 form. The C-2 must be filed with the Workers' Compensation Board within 10 days of the accident.

If you feel there is other information the insurance company should be aware of, enclose a letter with the C-2. If you feel this is not a justified claim, include that information and the reasons for your opinion.

When completing the C-2 keep in mind that any statements you make may be construed as admissions by the Workers' Compensation Board. Thus, it is prudent to note that "employee alleges" or if you dispute the claim a "negative C-2" should be prepared denying any knowledge of the accident or occupational disease, if appropriate.
  - b) If medical expense is **not** incurred and time lost from work is not greater than the remainder of the day or

shift on which the accident occurred, mark the C-2 "memo / record only" and file in your Workers' Comp file.

- c) Someone from the Personnel Department should contact the employee as soon as possible (within a few days) and get his/her side of the story about the incident. Use the C-3 (Employee's Report of Injury) as a guide for questions to be asked.
  - d) Determine if the time lost from work will qualify under FMLA and send the appropriate notices.
  - e) Provide the employee with a "Claimant Information Packet" with the Workers' Compensation Board cover sheet, C-3 form, C-3.3 form and a Statement of Rights form.
- 3) If the employee is going to be out for more than 7 days, the insurance carrier will need wage information. You will receive a C-240 form with a cover letter from your carrier, requesting weekly wages and days worked for the 52 weeks prior to the date of accident. Fill out the form (copy for your file) and return ASAP. Be sure this information is accurate and for the appropriate time period. Any partial days worked should be counted as whole days for purposes of preparing the C-240 form. Be certain to advise the carrier as to whether the employee is a full-time, part-time or seasonal worker as the injured worker's employment status may affect the calculation of the employee's average weekly wage. Overstating the income will cause higher benefits to be paid, adversely affecting your experience modification rating.

If an employee is totally or partially disabled due to compensable injury s/he may be eligible for cash benefits. Such an employee may receive up to two-thirds of her/his average weekly wage not to exceed the statutory maximum benefit in effect on the date of accident. The average weekly wage is based on payroll records for the 52 weeks prior to the date of accident or date of disablement. The current maximum rate is \$792.07 a week (applies to accidents and dates of disablement from 7/1/12 to 6/30/13).

Payments for lost wages are only made if the employee is disabled for more than seven days. If s/he is disabled for

14 days or fewer, s/he will only receive payment for the second week. However, if the disability is longer than 14 days cumulative s/he will be paid from the 1st day of the disability. (Note "days" are calendar days, not work days.)

In compensation cases, there are several disability classifications:

- a) **Temporary Total Disability:** The employee's wage-earning capacity is lost totally, but only on a temporary basis. This is the most common type of disability - the employee is unable to work at any job for a finite period of time.
  - b) **Temporary Partial Disability:** The employee's wage-earning capacity is lost partially, but only on a temporary basis. In this category, the employee is able to work with certain restrictions. If the employer cannot accommodate those restrictions, the employee could collect both Workers' Comp and unemployment benefits. The combined benefits from workers' compensation and unemployment insurance cannot exceed 100% of the employee's average weekly wage.
  - c) **Permanent Total Disability:** The employee has permanently and totally lost his/her wage-earning capacity for any type of employment because of an on-the-job injury. There is no limit on the number of weeks of Workers' Compensation benefits payable to the employee.
  - d) **Permanent Partial Disability:** The employee has permanently and partially lost a portion of his/her wage-earning capacity due to an on-the-job injury. For accidents or occupational diseases that occurred prior to 3/13/07, there is no limit on the number of weeks payable to the employee. For accidents or occupational diseases that occurred on or after 3/13/07, the number of weeks of indemnity are capped based upon the severity of the employee's loss of wage earning capacity.
  - e) **Schedule Awards:** There is a special category of Permanent Partial Disability that involves loss of eyesight or hearing or loss of a member of the body or its use. Compensation is limited to a certain number of weeks according to a "Schedule" set by law. For instance, a worker who loses an arm or total use of an arm, receives compensation equal to 312 weeks at 2/3 of his/her average weekly wage up to the maximum partial statutory rate in effect on the date of accident. Proportionate losses are paid on a percentage basis. For instance, 25% loss of use of an arm is equal to 78 weeks or 1/4 of 312.
  - f) **Disfigurement:** Serious and permanent disfigurement to the face, head, or neck may entitle the worker to compensation up to a maximum of \$20,000.
- 4) Whenever there is a change in the employee's work status (i.e. goes out of work, returns to work, etc.), fill out a C-11 and forward it to the carrier, keeping a copy for your file.
  - 5) Medical bills in connection with the injury **should not be paid** by the employee. The attending doctor should **not require such payment**. Copies of all bills should be sent to the carrier with a note advising the date you filed the claim.
  - 6) When a claim is uncontested by the carrier, the first payment must be made to the employee within 18 days after the disability begins or within 10 days after the employer first had knowledge of the alleged accident, whichever period is the greater. Payments are then due every two weeks.
  - 7) If wages or disability benefits are paid to the employee, be sure to notify and to provide your carrier with completed wage reimbursement requests and/or disability benefit liens so they can be timely filed with the Workers' Compensation Board and to ensure that the appropriate Workers' Compensation benefits are paid.
  - 8) If there is ever a question of whether an injury is Workers' Compensation or disability, both Compensation and Disability claims should be filed, allowing the Workers' Compensation Board to resolve the issue. (For example, a back injury that cannot be attributed to a specific event at work.)
  - 9) If an employee is hurt in a car accident while on company business, claims should be filed with both the car insurance company and Workers' Compensation. However, Workers' Compensation will be chargeable as primary coverage. Depending upon the employee's weekly rate, however, s/he may also be entitled to supplemental no fault benefits.
  - 10) Whenever an employee who is a minor (under age 18) is injured on the job, make a copy of the employee's working papers and age certificate and retain it with your copy of the C-2. It is standard procedure for the Workers' Compensation Board to require the employer to produce these documents at a Workers' Compensation hearing at some future date. If illegal employment is raised as an issue the employer (not the carrier) must defend that issue and pay any increased indemnity awards in the event that an illegal employment finding is made.