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WORKERS' COMPENSATION INJURY REPORTING PROCEDURES

Report all workers' compensation injuries sustained on the job to the Meadowbrook Insurance Group Customer Service Center

Report Online

www.meadowbrook.com/onlineclaimreporting.html

Report your claim electronically using our online *First Report of Injury* form. It's fast, easy and convenient and allows for 24/7 claims reporting. You will receive a confirmation number after submission.

Report by Phone

Call **(800) 825-9489** to report your claim. Please have the following claimant information ready:

1. Policy Number and Name of Insured/Policyholder as Named on the Policy
2. Full Name, Age, Date of Birth, Social Security Number
3. Date/Hours of Employment and Wages
4. Date, Time and Location of Injury
5. Home Address and Phone Number

SMART PHONE
USERS



SCAN HERE
TO GET
CONNECTED

Report by Fax or Email

Complete the *State Workers' Compensation First Report of Injury* form and fax or email it to the customer service center. To download the form, visit www.meadowbrook.com.

Fax: **(800) 832-8793**

Email: newclaim@meadowbrook.com





STAR Insurance Company
Williamsburg National Insurance Company
Pro Century Insurance Company
State National Insurance Company

SUPERVISOR'S INJURY REPORTING GUIDE
Claim Reporting Procedures
24 Hours a Day / 7 Days a Week

FOR IMMEDIATE EMERGENCY MEDICAL TREATMENT

Step 1: Immediately transport the injured employee to the nearest medical facility.

Step 2: Call the Star Insurance Company / Williamsburg National Insurance Company / ProCentury Insurance Company / State National Insurance Company Tele-Reporting Claims Service at 1-800-825-9489.

- Identify yourself as a Star Insurance Company / Williamsburg National Insurance Company / Pro Century Insurance Company / State National Insurance Company insured.
- Provide requested information to the Claims Representative.
- Complete the required state forms (copies included) and fax them to (800) 832-8793.

FOR NON-EMERGENCY MEDICAL TREATMENT

Step 1: Call the Star Insurance / Williamsburg National Insurance Company / Pro Century / State National Tele-Reporting Claims Service OR complete and SIGN "Employer's Report of Industrial Injury or Occupational Disease" C3 form (copy included) and fax completed form.

- Identify yourself as a Star Insurance Company / Williamsburg National Insurance Company / Pro Century Insurance Company / State National Insurance Company insured.
- Provide requested information to the Claims Representative.
- Complete the required state forms (copies included) and fax them to (800) 832-8793.

Step 2: Send the injured employee to the nearest approved medical service provider.

QUESTIONS ?

For questions regarding Claims Administration, please contact:

Meadowbrook Claims Service

Claims Mail (on existing claims)

Email: Claims@meadowbrook.com

Fax 855-858-8187

Medical Authorizations

Email: authorization@meadowbrook.com

Fax number: 855-603-8407

New Claim Reports

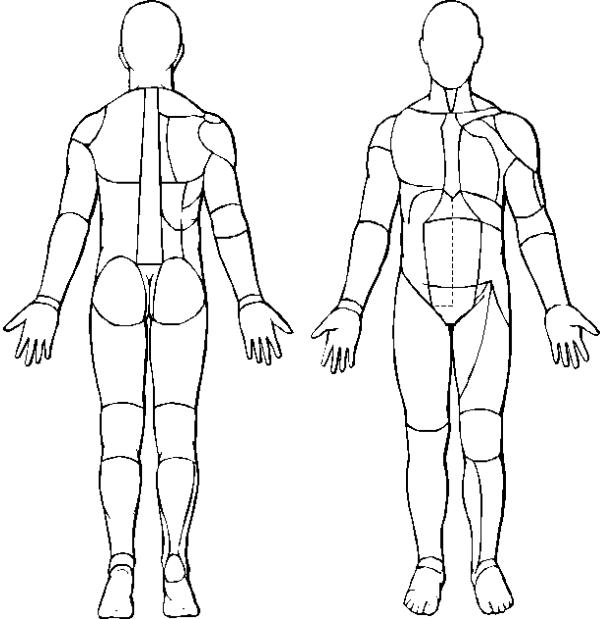
Email: newclaim@meadowbrook.com

Fax number: 800-832-8793

Star Insurance Company
Williamsburg National Insurance Company
Pro Century Insurance Company
State National Insurance Company



Employee's Report of Injury / Illness Reporte de Herida/Enfermedad

Date of Injury or Illness/Fecha de Herida o Enfermedad		Employee/Empleado		SS #	DOB/Fecha de Nacimiento
Hour/Hora	Time Began Work/Empiezo de Trabajo	Address/Direccion		Phone Number/Numero de Teléfono	
Date Employee Reported Injury or Illness/Fecha Empleado Reporto Herida o Enfermedad		Occupation/Ocupacion		Crew/Cuadria	Foreman/Mayordomo
Nature of Injury or Illness/Clase de Herida o Enfermedad			Location/Lugar		County/Condado
Part of Body Affected/Parte de Cuerpo Afectado			<p>Employee must mark an "X" where injured <i>Empleado necesita marcar un "X" donde lesionado</i></p> 		
<p>Explain How Injury or Illness Occurred, Describe Sequence of Events in Detail, and Specify Object or Substance which Directly Produced the Injury or Illness/Explique Como la Herida o Enfermedad Occurió, Describe la Secuencia de Eventos en Detalle, y Especifique el Objeto o Substancia que Produjo Directamente la Herida o la Enfermedad</p>					
List All Witnesses / Enumere Todo los Testigos			<p>Injured employee must complete the following: <i>Lesionado empleado necesita completar lo siguiente:</i></p> <p>I, _____, have sustained a work-related injury/illness while employed with the company. I have identified where I have been injured with an "X" on the diagram above. I understand that any person 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.</p> <p>_____ I would like medical attention for my injury/illness. _____ My injury/illness does not require medical attention.</p> <p>Yo, _____, ha sostenido una herida/enfermedad relacionado con mi trabajo mientras empleado con la compania. He identificado donde he sido herido con un "X" en el esquema arriba. Yo entiendo que toda aquella persona que a proposito haga o cause que se produzca cualquier declaracion o representacion material falsa o fradulenta con el fin de obtener o negar beneficios o pagos de compensacion a trabajadores lesionados es culpable de un crimen mayor "felonia."</p> <p>_____ Yo quiero atención médica para mi lesion/enfermedad. _____ Mi herida/enfermedad no requiere la atención médica.</p>		
List Steps Taken to Eliminate Hazard / Enumere Pasos Inmediatos Tomados para Eliminar Peligro					
Suggestion to Prevent Recurrence / Sugerencia Para Prevenir Reparición			<p>_____ _____ _____</p>		

All work-related injuries/illnesses **MUST** be immediately reported to your immediate Supervisor, HR Department & Workers' Compensation Carrier. Todas heridas/enfermedades relacionado con el trabajo **DEBEN** ser reportados inmediatamente a su Supervisor, Departamento de Recursos Humanos y la Aseguranza de Compensación para Trabajadores.

Employee's Signature/Firma de Empleado

Date/Fecha

Supervisor's Signature/Firma de Supervisor

Date/Fecha



Meadowbrook Workers' Compensation Prescription Information

Employer: Please fill out employee information below and provide employee with this document to take to any pharmacy.

Employee Name (Nombre/apellido)	
Member ID/SSN: (número de identidad/seguro social)	
Date of Injury: (fecha de la lesión)	
Group#	10602650
Processor	myMatrixx
BIN#	014211
Day supply is limited to 30 days for a new injury (Abastecimiento diario esta limitado a 30 días para una lesión nueva)	
myMatrixx Help Desk: (877) 804-4900	

Employer Signature:	Phone:	Date:
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Employee:

Meadowbrook has partnered with **myMatrixx** to make filling workers' compensation prescriptions easy.

This document serves as a temporary prescription card. A permanent prescription card specific to your injury will be forwarded directly to you within the next 3 to 5 business days.

Please take this letter and your prescription(s) to a pharmacy near you. myMatrixx has a network of over 60,000 pharmacies nationwide. If you need assistance locating a network pharmacy near you, please call myMatrixx toll free at (877) 804-4900.

IF YOU ARE DENIED MEDICATION(S) AT THE PHARMACY PLEASE CALL (877) 804-4900

TRABAJADOR LESIONADO:

Meadowbrook se ha unido con myMatrixx para llenar las recetas médicas por lesiones bajo compensación del trabajador más fácil.

Este documento le sirve como tarjeta provisional para su primera receta. Una tarjeta permanente y específicamente para su lesión le será enviada por correo dentro de los próximos 3 a 5 días laborales.

Por favor lleve este documento y su receta a la farmacia. myMatrixx tiene un red de más de 60,000 farmacias dentro del país. Si quiere saber si una farmacia en particular esta dentro de nuestra red favor de llamar al (877) 804-4900.

SI LE NIEGAN EL MEDICAMENTO EN LA FARMACIA FAVOR DE LLAMAR AL (877) 804-4900

Pharmacist:

Please obtain above information from the injured employee if not already filled in by employer to process prescriptions for the workers' compensation injury only. Document only valid if signed and dated by employer above.

Please do not send patient home or have patient pay for medication(s) before calling myMatrixx for assistance.

NOTE: Certain medications are pre-approved for this patient; these medications will process without an authorization. All others will require prior approval.

HELPDESK (877) 804-4900

Farmaceúutico:

Por favor obtenga la información de arriba del paciente si el patrón no la lleno, para procesar recetas médicas relacionadas a lesiones bajo la compensación del trabajador solamente. El document es válido si esta firmado y fechado en la parte superior por el patron. :

Por favor no envíe al paciente a la casa ni le haga pagar por medicamentos sin antes comunicarse con myMatrixx.

AVISO: Ciertos medicamentos han sido pre-aprobados para este paciente; estos medicamentos son procesados sin autorización. Todos los demás precisan autorización previa.

HELPDESK (877) 804-4900

EMPLOYERS FIRST REPORT OF INJURY OR ILLNESS

(Filing this form is not an admission of liability for the claim.)

G E N E R A L	Employer (Name & Address Include Zip)		Carrier/Administrator Claim Number	OSHA Log Number	Report Purpose Code	
			Jurisdiction	Jurisdiction Claim Number		
			Insured Report Number			
	Industry Code		Employer FEIN	Employer's Location Address (If Different)		Location Number Phone Number
C L A I M S A D M I N I S T R A T O R	CARRIER/CLAIMS ADMINISTRATOR					
	Carrier (Name, Address & Phone Number)		Policy Period _____ To _____	Claims Administrator (Name, Address & Phone Number)		
	Carrier FEIN		Check If Appropriate Self-Insurance <input type="checkbox"/>	Policy/Self-Insured Number		
	Agent Name and Code Number				Administrator FEIN	
E M P L O Y E E	EMPLOYEE/WAGE					
	Name (Last, First, Middle) Address (incl. Zip)		Date of Birth	Social Security Number	Date Hired	State of Hire
	Claimant may need an interpreter: Yes <input type="checkbox"/> No <input type="checkbox"/> Language _____		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	Marital Status <input type="checkbox"/> Unmarried/single/Divorced <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unknown	Occupation / Job Title Employment Status NCCI Class Code	
	Phone	Number of Dependents				
O C C U R R E N C E	Rate _____ Per: <input type="checkbox"/> Day <input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Other		Number of Days Worked/Week	Full Pay For Day of Injury <input type="checkbox"/> Yes <input type="checkbox"/> No Did Salary Continue <input type="checkbox"/> Yes <input type="checkbox"/> No		
	OCCURRENCE/TREATMENT					
	Time Employee Began Work _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	Date of Injury/Illness	Time of Occurrence AM _____ PM _____	Last Work Date	Date Employer Notified	Date Disability Began
	Contact Name/Phone Number		Type of Injury/Illness		Part of Body Affected	
Did Injury/Illness Exposure Occur on Employer's Premises? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of Injury/Illness Code		Part of Body Affected Code		
Department Or Location Where Accident or Illness Exposure Occurred			All Equipment, Materials, or Chemicals Employee Was Using When Accident Or Illness Exposure Occurred			
Specific Activity The Employee Was Engaged In When The Accident Or Illness Exposure Occurred			Work Process The Employee Was Engaged In When Accident Or Illness Exposure Occurred			
How Injury or Illness / Abnormal Health Condition Occurred, Describe the Sequence of Events and Include Objects or Substances that Directly Injured The Employee or Made The Employee Ill						
Date Return(ed) to Work		If Fatal, Give Date of Death	Were Safeguards Or Safety Equipment Provided? <input type="checkbox"/> YES <input type="checkbox"/> No Were They Used? <input type="checkbox"/> Yes <input type="checkbox"/> NO			
Physician/Health Care Provider (Name & Address)		Hospital (Name & Address)		Initial Treatment <input type="checkbox"/> No Medical Treatment <input type="checkbox"/> Minor: By Employer <input type="checkbox"/> Minor: Clinic/Hospital <input type="checkbox"/> Emergency Care <input type="checkbox"/> Hospitalized - 24 hrs <input type="checkbox"/> Future Major Medical/Lost Time Anticipated		
O T H E R	OTHER					
	Witnesses (Name & Phone Number)					
	Date Administrator Notified	Date Prepared	Preparer's Name & Title		Phone Number	



Official Form 122 Revised 2/10

State of Utah • Labor Commission • Division of Industrial Accidents

160 East 300 South • P. O. Box 146610 • Salt Lake City, UT 84114-6610 • Telephone: (801) 530-6800

FAX: (801) 530-6804 • Toll Free: (800) 530-5090 • www.laborcommission.utah.gov

For your protection Utah Law requires notice that worker's compensation fraud is a crime. Please see back of this form for the full fraud statement

FRAUD – “Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.”

INSTRUCTIONS TO EMPLOYER

The Employer’s First Report of Injury or Illness must be submitted to the Labor Commission, Division of Industrial Accidents, per Sections §34A-2-407 and §34A-3-10B, Utah Code Annotated (U.C.A.). 1997. Each employer shall file the report within seven days after the occurrence, or the employee’s notification of the same, which results in medical treatment by a physician, loss of consciousness, loss of work, restriction of work, or transfer to another job. Each employer shall file a subsequent report with the commission of any previously reported injury; or occupational disease that later resulted in death. Also, for your information, Section §34A-6-301(3)(b)(ii) states that each employer shall, within 8 hours of occurrence, notify the Division of Occupational Safety and Health, at (801) 530-6901 or (800) 530-5090, of any; work related fatality; disabling, serious, or significant injury; or occupational disease incident. A serious injury includes; amputation, fractures of major bones (both simple and compound), and hospitalization for medical treatment.

* All information requested on this form is of vital importance. Please answer **all** items in detail in order to avoid additional correspondence or the return of this report for completion. **Do not enter data in the shaded areas.**

* The box titled “OSHA Log Number” must be filled in with the employer assigned Case Number from OSHA’s new 300 Injury Log. The Case Number needs to reflect the year of the injury – for example, your first injury in 2002 should reflect the first injury and the year 00/02 with the next injury being 00202, etc.

* Please provide **WAGE** information. This information is needed by the insurance company for paying the correct amount on a claim.

* The injury report on file with the Labor Commission, Division of Industrial Accidents, is private information and is only released to parties to the claim.

* Please make sure the **EMPLOYER NAME** is correct, as well as your **FEIN #** (Federal Tax ID Number). The employer’s name should be the same as reported to The Department of Workforce Services and as it appears on your WORKERS’ COMPENSATION insurance policy.

* The Labor Commission is to receive an original of this report, **Worker’s Compensation Insurance Carrier** gets a **second copy**, the **employee** gets a **third copy**, and the employer gets a **fourth copy** and should maintain a copy of this report.

*Failure to file this report with the Labor Commission or failure to provide the employee with a copy of the report, is a Class C misdemeanor and can also result in a citation and a civil penalty for each violation as per §34A-2-407(7), §34-a-30108(7), §34A-6-302, and §34A-6-307, U.C.A.

*If you dispute the validity of this claim you need to contact your insurance carrier, but you must still file the “Employer’s First Report of Injury or Illness” form with the Labor Commission.

* **Reminder:** Inform your injured employee of his/her rights and obligations (as outlined on the back of the employee’s copy) of Utah’s Workers’ Compensation Act.

For Additional Information please contact:
State of Utah – Labor Commission
Division of Industrial Accidents
160 East 300 South, 3rd Floor
P O Box 146610
Salt Lake City, Utah 84114-6610
(801) 530-6800 (800) 530-5090

FRAUD – “Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.”

EMPLOYEE INFORMATION

- **INJURY/ILLNESS REPORT:** A report of your injury/occupational illness must be made with your employer. If a report of injury is not filed with your employer or the Labor Commission, Division of Industrial Accidents, within 180 days of the date of your injury/illness, you may lose the right to ever file a claim for workers’ compensation benefits for that injury or illness.
- **EMPLOYER’S PHYSICIAN:** If your employer has a company physician or designated clinic for industrial accidents, you MUST see the company physician first, or you may not be eligible for workers’ compensation benefits. After you have been seen by your employer’s physician, you have the right to choose one treating physician.
- **MEDICAL COOPERATION:** You must cooperate with your employer or the insurance carrier in following prescribed medical treatment in order to return to work as quickly as possible.
- **TRAVEL REIMBURSEMENT:** You may be eligible for travel reimbursement to and from approved medical care. You will need to keep records. Contact your insurance carrier regarding travel expenses.
- **REEMPLOYMENT ASSISTANCE:** You may be eligible for reemployment assistance if you are unable to return to work due to an industrial injury. Contact your insurance carrier or the Labor Commission, Division of Industrial Accidents, for further information.
- **MEDICAL EXPENSES:** You are entitled to have all reasonable medical expenses paid that are a result of the injury or illness.
- **COMPENSATION BENEFITS:** You are entitled to 66-2/3 of your wages up to 100% of the state average weekly wage (as of the date of your injury) after 3 days from the date of your injury, if a physician states you are totally unable to work.
 - If you have sustained a permanent impairment due to the industrial injury or disease, you are entitled to compensation based on the impairment rating as determined by a physician.
 - If you are permanently totally disabled from working due to the industrial injury, you may need to apply at the Labor Commission, Division of Industrial Accidents, for a hearing to determine if benefits are due.
- **ADDITIONAL ASSISTANCE:** If you are unable to work due to an industrial injury and meet the program’s requirements, you may be eligible for other assistance. Agencies you may wish to contact:
 - Department of Workforce Services for food stamps, cash assistance, medical assistance, or employment assistance.
 - Social Security for total disability benefits.
- **UNEMPLOYMENT BENEFITS:** If you are able to work, but have been terminated from your job, you need to apply at the nearest Department of Workforce Services employment office within 90 calendar days after you are released from full-time work by your doctor.

Contact your insurance carrier if problems occur during your injury regarding payment of medical bills or compensation benefits. If you need to know who your employer’s insurance carrier is, you may ask your employer or contact the Labor Commission, Division of Industrial Accidents.

**AUTHORIZATION TO DISCLOSE, RELEASE AND USE
PROTECTED HEALTH INFORMATION
(HIPAA COMPLIANT)**

Requesting Party: _____ Telephone: (____) _____
Address: _____

TO: _____ (Medical Providers as listed on Form 307)

This authorization permits you to release a copy of records in your possession regarding any medical treatment and/or hospitalization of:

Name of Patient _____
Social Security Number _____ Date of Birth _____
Date(s) of Injury/Occupational Disease _____

I AUTHORIZE you to disclose any information and records regarding the above named individual in your possession. This includes but is not limited to, your medical findings, diagnosis, treatment, treatment summaries, psychological or psychiatric evaluations, prognosis, clinic notes, diagnostic reports or radiology films, physical therapy records, pharmacy records, or any other health information in your records for the past 10 years (15 years if claim is being adjudicated). I understand that based on the information released it may include information related to any substance abuse.

I UNDERSTAND that the information furnished may be used to evaluate and verify my claim for benefits for a work related injury or occupational disease. The information obtained is relevant to a workers' compensation claim(s) and may be used by persons or organizations performing a service related to, or adjudicating the claim(s).

THIS AUTHORIZATION will expire 90 days following a resolution of the workers' compensation claim(s) but may be revoked by signator in writing to the requesting party. Revocation of this authorization will not be valid if the requesting party has taken action in reliance upon such authorization. Please note that the information disclosed or used pursuant to this authorization may be subject to re-disclosure and would, therefore, no longer be protected under the terms of the HIPAA privacy rule.

A PHOTOCOPY OR SCANNED COPY of this authorization shall be deemed to have the same authority as the original.

I hereby certify that I have read the provisions in this authorization. I understand and agree to its terms, and authorize disclosure of the information described above.

Patient Date

STATE OF UTAH)
: ss
COUNTY OF _____)

On the ____ day of _____, 20____, personally appeared before me _____,
the signer of the within instrument, who duly acknowledged to me that he/she executed the same.

NOTARY PUBLIC

WORKERS' COMPENSATION NOTICE THAT

Employer: _____

has complied with the provisions of the Workers' Compensation Act, Title §34A-2-101, Utah Code Annotated, 1997 (as amended), and the rules of the Labor Commission, and has insured the liability to pay the compensation and other benefits provided by said Act by insuring with **Insurance Carrier:** _____

Policy Number: _____

Address for the above insurance carrier is _____

Telephone number is _____

WORKERS' COMPENSATION

IS INSURANCE WHICH PROTECTS YOU DURING WORK. IF YOU HAVE AN ON-THE-JOB INJURY OR OCCUPATIONAL DISEASE, IT WILL PAY FOR: HOSPITAL AND MEDICAL BILLS * TIME LOST FROM WORK * PERMANENT LOSS OF BODY FUNCTION * PROSTHETIC DEVICES * BURIAL BENEFITS IN DEATH CASES.

HOW TO REPORT AN ACCIDENT

1. Report the injury - no matter how slight - to your boss immediately. (You may lose your rights if your injury is not reported within 180 days of injury or work related illness.)
2. Ask your employer to fill out the employer's first report of injury form. A copy of this report is to be given to you and copies are to be sent to the Labor Commission and to the insurance company within seven (7) days of the accident.
3. If your employer has a first-aid room or company designated doctor, go there promptly for treatment. If not, go to a doctor of your choice.
4. Tell the doctor **HOW, WHEN and WHERE** the accident happened. The doctor will fill out a medical report form. Copies of the report are to be sent within seven (7) days of your visit to (1) the insurance company, (2) the Labor Commission and (3) you, the employee.

HOW TO START COMPENSATION

1. Ask your employer which insurance company pays workers' compensation for your company.
2. Ask your doctor to send a medical report to that insurance company.
3. Ask your employer to send a report of the accident to that insurance company.
4. Call the insurance company and ask them to start your workers' compensation benefits. The insurance company will require the doctor's report, employer's report, and may ask you to fill out a request for compensation.

REHABILITATION

IF YOU CANNOT RETURN TO WORK, YOU MAY BE ELIGIBLE FOR A REHABILITATION PROGRAM – CALL YOUR INSURANCE CARRIER AS LISTED ABOVE.

FRAUD

“For your protection, Utah Law requires the following to appear on this form, any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.”

STATE OF UTAH



LABOR COMMISSION

160 EAST 300 SOUTH, PO BOX 146610, SALT LAKE CITY, UT 84114-6610
(801)530-6800 – (800)530-5090

If you want an Employee's Guide to Workers' Compensation or have questions, call the Labor Commission at the above listed numbers.

NOTE: This notice must be posted and kept continuously in a public and conspicuous place in the office, shop or place of business of the employer as per §34A-2-204, Utah Code Annotated, 1997.

COMPENSACIÓN AL TRABAJADOR

NOTE QUE

La empresa: _____

Ha cumplido con las provisiones del Acta de Compensación al Trabajador, Título §34A-2-101, en el libro de Código de Utah anulado en 1997, y las reglas de la Comisión de Labor (Labor Commission), y ha asegurado tener la responsabilidad de pagar compensación y otros beneficios previstos por el Acta ya mencionada al tener cobertura con.

Compañía de Seguros: _____

No. de Póliza: _____

Dirección de la compañía de seguros: _____

Numero de teléfono: _____

COMPENSACIÓN AL TRABAJADOR

ES EL SEGURO EL CUAL LE PROTÉGÉ DURANTE EL TRABAJO. SI TIENE UN ACCIDENTE EN EL TRABAJO O UNA ENFERMEDAD GENERADA A CAUSA DE SU TRABAJO, SU SEGURO PAGARA POR: HOSPITAL Y GASTOS MEDICOS * INCAPACIDAD * PERDIDA PERMANENTE DE UNA FUNCION DE SU CUERPO * PROTESIS * GASTOS DEL FUNERAL EN CASO DE MUERTE.

COMO REPORTAR UN ACCIDENTE

1. Reporte la lesión – no importa que tan leve sea – a su supervisor inmediatamente. (Pierde sus derechos si no reporta su accidente entre 180 días después del incidente.)
2. Pida a su supervisor que llene la forma del primer reporte de accidente. Una copia de este reporte es para usted y las demás copias deben ser enviadas a La Comisión Laboral a la compañía de seguro dentro de los primeros siete (7) días del accidente.
3. Si en su trabajo hay un cuarto de primeros auxilios o un doctor de la compañía, vaya inmediatamente para obtener tratamiento, Si no, vaya al doctor de su preferencia.
4. Digale al doctor **CÓMO, CUÁNDO Y DÓNDE** ocurrió el accidente. El doctor llenara una forma de reporte médico. Copias de ese reporte deben ser enviadas dentro de siete (7) días de su visita a (1) la compañía de seguros, (2) La Comisión Laboral (3) usted, el empleado.

COMO EMPREZAR LA COMPENSACIÓN

1. Pregunte a su supervisor cual es la compañía de seguros que paga Compensación al Trabajador de su trabajo.
2. Pida a su doctor que mande un reporte médico a esa compañía de seguros.
3. Pida a su supervisor que mande un reporte del accidente a esa compañía de seguros.
4. Llame a la compañía de seguros y pidales que empiecen sus beneficios de compensación al trabajador. La compañía de seguros requerirá el reporte del doctor, el reporte de su trabajo, y le pedirá que llene una forma para obtener compensación.

REHABILITACION

SI NO PUEDE REGRESAR A SU TRABAJO, USTED PUEDE CALIFICAR PARA UN PROGRAMA DE REHABILITACION – LLAME A LA COMPAÑIA DE SEGUROS MENCIONADA ARRIBA.

FRAUDE

“Para su protección, la ley de Utah requiere lo siguiente que aparezca en esta forma, cualquier persona que intencionalmente presente información false o fraudulenta, que abara o cause que sea abierto un caso fraudulento de discapacidad o beneficios médicos, o que entregue un reporte fraudulento de facturas de gastos médicos u otros servicios profesionales es culpable de crimen y puede ser sujeto a multas y encarcelado en la prisión del Estado.”

ESTADO DE UTAH



COMISION LABORAL

160 EAST 300 SOUTH, PO BOX 146610, SALT LAKE CITY, UT 84114-6610
(801)530-6800 – (800)530-5090

Si desea una Guía del Empleado para Compensación al Trabajador o si tiene preguntas, llame a la Comisión Laboral a los números mencionados arriba.

NOTA: Esta información debe ser publicada y permanecer continuamente colocada en un lugar público ya sea en la oficina, taller, o lugar de negocio de la empresa de acuerdo con el Artículo §34A-2-204, en el libro de Código de Utah anulado en 1997.

Utah Labor Commission Industrial Accidents Division



Employee's Guide to Workers' Compensation



The Industrial Accidents Division of the Utah Labor Commission has prepared this pamphlet to answer questions employees often ask about workers' compensation benefits. This pamphlet gives general understanding of the workers' compensation system. If you need more information or have specific questions, please contact us at:

Industrial Accidents Division: (801) 530-6800
Toll Free (800) 530-5090
Toll Free In State (800) 222-1238
Email laborcom@utah.gov

www.laborcommission.utah.gov

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What is Workers' Compensation?

Q 1. What is workers' compensation?

A Workers' compensation is a no-fault insurance system established by the Utah Legislature in 1917. It pays medical expenses and helps offset lost wages for employees with work-related injuries or illnesses.

Q 2. Who provides workers' compensation coverage?

A Your employer does, by purchasing workers' compensation insurance or obtaining permission from the Industrial Accidents Division to "self-insure."

Q 3. Who pays for workers' compensation coverage?

A Your employer. The cost cannot be deducted from your wages.

Q 4. Are all employers required to have workers' compensation coverage?

A Almost all employers must have workers' compensation coverage. There are limited exceptions for real estate and insurance sales, small agricultural operations, household domestic work and occasional "casual" employment.

Q 5. How do I find out who the workers' compensation insurance carrier is for my employer?

A Your employer is required to post its workers' compensation insurance carrier's address and phone number at its employment site, or indicate that it is self-insured. You can also obtain this information by clicking [Here](#) then clicking on the "Compcheck" link on the right side of the page or calling the Industrial Accidents Division.

Eligibility for Workers' Compensation Insurance

Q 6. How long do I have to work at a job before I am protected by the workers' compensation system?

A Protection begins as soon as you start work. You are entitled to workers' compensation benefits for work injuries and illnesses even if you have been on the job only a short time, or only work part-time.

Q 7. Can my claim be denied because I was at fault for the injury?

A **No.** Workers' compensation is a no-fault system. However, workers' compensation does not cover intentional self-inflicted injuries. Disability compensation (*but not medical benefits*) may be denied for injuries from alcohol or drug abuse. Also, disability compensation can be reduced by 15% for willful failure to use safety devices or follow safety rules.

Note: Disability compensation can also be **increased** by 15% if an injury results from an employer's willful failure to follow safety rules.

Reporting a Work Injury or Illness

Q 8. What should I do if I'm injured at work or develop a work-related illness?

A Report the injury or illness to your employer immediately. If you fail to report an injury or illness within 180 days, you may be disqualified from receiving workers' compensation benefits.

Q 9. How do I report my injury or illness?

A You can use any method to report your injury or illness to your employer. It is a good idea to make sure your report is documented in some fashion.

Q 10. What happens after I report my injury or illness?

A Your employer or its insurance company has 7 days after receiving your report to submit an "Employer's First Report of Injury or Illness" to the Industrial Accidents Division. Your employer or its insurance company must give you a copy of the report and a written statement of your rights and responsibilities.

Q 11. Is my doctor required to report my injury or illness?

A Your doctor is required to complete a "Physician's Initial Report of Injury or Illness" and submit the report to the Industrial Accidents Division within 7 days of your first visit. Be sure and explain to your physician **HOW**, **WHEN** and **WHERE** the injury or illness occurred.

Workers' Compensation Benefits

Q 12. What benefits does the workers' compensation system provide?

A Depending on your specific circumstances, workers' compensation can pay one or more of the following benefits.

Medical Care is the reasonable expense of medical care necessary to treat your work injury or illness. This includes visits to your doctor, hospital bills, medicine and prosthetic devices. It also includes reimbursement for the cost of travel to receive medical treatment. Except as explained in answer to **Question 27**, you are not liable for any cost of this medical care.

Temporary Total Compensation is paid for the time you cannot work because of a work injury or illness. However, no compensation is paid for the first 3 days after an injury or illness unless the disability prevents you from working for more than a total of 14 days. In that case, you will be paid for the first three days of disability. This type of compensation ends when you return to work or reach medical stability.

Temporary Partial Compensation is paid if your work injury or illness prevents you from earning your full regular wage while you are recovering. For example, if you work fewer hours or work at a light-duty job that pays less than your regular job, you are entitled to temporary partial disability compensation in addition to your wages.

Permanent Partial Disability Compensation is paid if your work injury or illness leaves you with a permanent impairment. This compensation begins when your doctor determines that you have reached medical stability; the duration of this compensation is determined according to an "impairment rating" provided by your physician.

Permanent Total Disability Compensation is paid if your work-related injury or illness leaves you with a permanent disability that prevents you from returning to your former work or performing any other work that is reasonably available to you.

Note: If you are totally disabled, you may also be eligible for Social Security disability benefits.

Benefits in case of death. If an employee dies from a work injury or illness, workers' compensation will pay up to \$8,000 for funeral and burial expenses. Also, the deceased worker's spouse, dependent children, and other dependents may be entitled to monthly payments.

Q 13. What if I disagree with an impairment rating?

A Ask the doctor to explain it to you. If you disagree, you can seek a second opinion. However, the insurance carrier is not obligated to authorize or pay for a second opinion.

Q 14. Can a chiropractor give me an impairment rating?

A **Yes.** Chiropractors can give impairment ratings on injuries within the scope of their medical expertise.

Q 15. When do workers' compensation benefits begin?

A An insurance carrier or self-insured employer has 21 days after learning of your work injury or illness to either: **1)** begin payment; **2)** deny your claim; or **3)** notify you that further investigation is required. If further investigation is necessary, the insurance carrier or self-insured employer has an additional 24 days to accept or deny your claim. If your claim is accepted, checks for disability compensation are usually issued every two weeks.

Q 16. How much will I receive while I am unable to work?

A Temporary total disability is computed at two-thirds of your pre-injury weekly wage, plus \$5 for your spouse and \$5 each for up to four dependent children. The maximum amount of your temporary total disability compensation cannot exceed the Utah average weekly wage.

Other types of workers' compensation disability payments are computed somewhat differently. For more information regarding the maximum and minimum disability compensation rates, contact your workers' compensation carrier or visit the Benefits Guides section of the Division of Industrial Accident's website. [Click Here](#) and [Click Here](#).

Q 17. What if I work two jobs, and a workplace injury or illness from one job also prevents me from working at my second job?

A Wages lost from the second job will be included in computing the amount of your disability compensation.

Q 18. How long will I receive disability compensation?

A You will receive temporary total disability compensation until you can return to your regular work, your employer offers you suitable light-duty work, or you reach medical stability. The maximum duration for temporary total disability compensation is 312 weeks.

Note: If you have a permanent impairment after your temporary total disability ends, you may be entitled to an additional award of permanent disability compensation.

Q 19. Am I compensated for time and travel for medical treatment?

A You may be paid temporary total disability benefits for time away from work for necessary medical care. You are entitled to reimbursement for the expense of your travel to receive medical treatment.

Q 20. Do my health care benefits continue at work while I'm unable to work and receiving workers' compensation benefits?

A The Workers' Compensation Act does not require employers to continue paying for health insurance while you are off work. However, you should talk to your employer about the Family and Medical Leave Act (FMLA) to see if it applies to you.

Note: FMLA is a federal law requiring some employers to provide up to 12 weeks of unpaid job protected leave to eligible employees for certain family medical reasons. You may be eligible if you worked for a covered employer at least 1,250 hours over the previous 12 months.

Q 21. How long am I entitled to medical care for my work injury or illness?

A There is no time limit to your right to receive medical care necessary to treat your work injury or illness. However, you **must** submit the bills for this medical care to your workers' compensation insurance company within one year from the date of the treatment.

Can Benefits be Reduced?

Q 22. Can anything be deducted from my workers' compensation check?

A Workers' compensation disability payments are not taxable and, except for child support, cannot be garnished to pay debts.

Q 23. Can my disability compensation be reduced or terminated?

A Not without permission from the Labor Commission. Permission can be granted in the following circumstances:

Temporary Disability Compensation: The Commission may authorize reduction or termination of temporary disability compensation if you are terminated from suitable light-duty work for: **1)** criminal conduct; **2)** violent conduct; **3)** violation of workplace health, safety, licensure, or nondiscrimination rules; or **4)** failing a drug or alcohol test.

Permanent Total Disability Compensation: The Commission may terminate a preliminary award of permanent total disability compensation if you are unable to work solely due to **1)** incarceration; or **2)** legal ineligibility to work. The Commission may terminate a final award of permanent total disability compensation if you are no longer totally disabled.

Note: Even if your disability compensation is terminated, you are still entitled to medical benefits.

Returning to Work

Q 24. When can I go back to work?

A You can return to work when you are able to do so. You should consult with your physician and obtain a light-duty or full-duty work release.

Q 25. Can I refuse an offer of light-duty work from my employer?

A Not without a good reason. If your employer offers suitable light-duty work, you are required to accept the work or risk losing your temporary disability compensation.

Q 26. What if my doctor says I can perform light-duty work and my employer does not have light-duty work available?

A If your employer does not offer light-duty work, you are entitled to continue receiving temporary total disability benefits until a doctor finds you are at medical stability or you exhaust your 312 week entitlement.

Medical Provider

Q 27. Can my employer or its insurance company require me to go to a specific doctor or hospital for treatment?

A Only for the first visit. Specifically, if your employer or insurance company has notified you of a "preferred provider organization" (PPO), you must go there for your first medical treatment; if you do not, you may be liable for part of the initial treatment cost. But after your first visit to the PPO, you can obtain treatment from the medical provider of your choice, at no cost to you.

If you have not been notified of a PPO, you can obtain your initial medical treatment from the provider of your choice.

Q 28. Can I change medical providers?

A You can change medical providers one time. You must notify your workers' compensation insurance company of the change. A referral from one medical provider to another is not considered a change of medical providers.

Q 29. Can I choose a chiropractor as my medical provider?

A Yes, but chiropractic treatment after the initial 8 visits must be pre-authorized by the insurance company.

Medical Records

Q 30. Am I required to release my medical records to my employer or insurance company?

A Because medical records are necessary to evaluate and administer workers' compensation claims, workers' compensation insurance companies and claims administrators of self-insured employers are generally entitled to 10 years of past medical records. Your employer is not entitled to these records.

More restrictive rules apply to records from psychiatrists, psychologists, obstetricians, or related to reproductive organs. You are required to release these types of records only if you are claiming workers' compensation benefits for these conditions or have signed a release for those records.

Moving out of State

Q 31. Am I entitled to benefits if I move out of state?

A Yes, but you must submit: **1**) an "Employee's Notification of Intent to Leave State" (*Form 044*); and **2**) an "Attending Physician's Statement" (*Form 043*) that has been completed by your Utah physician. These forms are available at www.laborcommission.utah.gov.

Note: Even if you move to another state, the amount that will be paid for medical care of your work injury or illness will still be subject to the Utah Labor Commission's medical fee rules.

Re-employment | Rehabilitation

Q 32. Can my employer discharge me if I can't return to work due to a job injury or illness?

A The **Utah Workers' Compensation Act** does not prohibit an employer from discharging an injured worker if the worker can no longer perform his or her job. However:

- ▶ Your employer cannot retaliate against you for filing a workers' compensation claim. In *Touchard v. La-Z-Boy, Inc.*, 148 P.3d 945 (Utah 2006), the Utah Supreme Court held that an employee who has been fired or constructively discharged in retaliation for claiming workers' compensation benefits can sue the employer for wrongful discharge.
- ▶ Termination of an injured worker who is capable of performing the essential functions of his or her work may violate the **Utah Antidiscrimination Act** and the **Federal Americans with Disabilities Act (ADA)**.

Note: For more information about these Acts, contact the Labor Commission's Antidiscrimination Division, (801) 530-6801 or toll free (800) 222-1238.

Q 33. What happens when my doctor releases me to work but I can't do the job I was doing when I was injured?

A If your doctor has determined that you have a permanent impairment from your work injury or illness, you are entitled to permanent partial or permanent total disability compensation. Also, you should check with your employer to see if there is a different job you can do that is within your capabilities.

Q 34. If my employer does offer me a different position within my capabilities, am I entitled to the same wage I was earning before I was injured or ill?

A No. Your employer may pay you at the new position's wage rate. But as mentioned in the answer to **Question 33**, you may be eligible for an award of temporary partial disability compensation or permanent partial disability compensation to help offset the difference between your old and new wage rates.

Q 35. Is my employer required to provide a new job or retrain me?

A No, but you may be eligible for rehabilitation services through the Utah State Office of Rehabilitation.

Q 36. Can I receive unemployment benefits while on workers' compensation?

A You are not eligible for unemployment benefits while receiving temporary total disability compensation or permanent total disability compensation. You may be eligible for unemployment benefits while receiving permanent partial disability compensation if you are able and available for full-time work and can reasonably expect to obtain work despite your disability. Once you have reached medical stability from your work injury or illness and are released to go back to work, you have 90 days to apply for unemployment benefits.

Questions about unemployment insurance benefits should be directed to the Department of Workforce Services at (801) 526-4400 or toll free (888) 848-0688.

Resolving Disputes

Q 37. What do I do if my claim is denied?

A First, talk with your workers' compensation claims adjuster to find out why the claim has been denied. You may be able to provide additional information and resolve the problem. If the insurance company continues to deny your claim, you can ask the Industrial Accidents Division for assistance. But if these efforts do not resolve the dispute and you still believe you are entitled to workers' compensation benefits, you can file an Application for Hearing with the Labor Commission's Adjudication Division. A mediation will be held in an attempt to settle the claim. If the claim cannot be settled through mediation, an Administrative Law Judge will then hold a hearing and issue a decision on your claim.

Q 38. Do I need an attorney?

A You are not required to hire an attorney, although you may decide to do so. The Industrial Accidents Division has staff available to explain your rights under the Utah Workers' Compensation Act. In deciding whether you want to hire an attorney, you should review the publication *Employees' Guide to Appealing a Workers' Compensation Claim Denial*, available on-line [Click Here](#).

Q 39. If I do hire an attorney, how is my attorney paid?

A In most cases, the Commission requires your attorney to accept payment on a "contingency" basis - the attorney is entitled to payment only if you prevail on your claim. The Commission also regulates the amount of fees - the Labor Commission Rule R602-2-4 deals with attorneys' fees - for more information [Click Here](#).

If you are claiming medical benefits, and less than \$4,000 in disability compensation is involved, the insurance carrier or self-insured employer may be required to pay your attorney's fees. If your claim involves more than \$4,000 in disability compensation, your attorney's fee will be deducted from your disability compensation.

Compensation Agreements

Q 40. What is a "Compensation Agreement?"

A Compensation Agreements are used to record the injured worker and insurance company's understanding of the amount of temporary disability compensation and permanent partial disability compensation that is due for a work injury or illness. Compensation agreements are submitted to the Industrial Accidents Division for review and approval of the parties' computation of benefits.

Q 41. Does signing a Compensation Agreement prevent me from claiming additional compensation, or cut off my right to medical benefits?

A **No.** You do not lose your right to claim additional disability compensation by signing a Compensation Agreement, nor does signing a Compensation Agreement limit your right to continuing medical care necessary to treat your work-related condition.

Lump Sum Settlements

Q 42. Can my disability compensation be paid to me all at once in a "lump sum?"

A Only with prior approval from the Labor Commission. The "Application for Lump Sum or Advanced Payment" (*Form 134*) can be obtained at www.laborcommission.utah.gov. If a lump sum payment is approved, the amount will be reduced to its discounted present value.

Q 43. Am I allowed to compromise or settle my workers' compensation claim?

A Only with prior approval from the Labor Commission. If a compromise or settlement is approved, it is final - you will not be able to claim additional benefits at a later time. Proposed compromises and settlements must be submitted in advance to the Labor Commission's Adjudication Division for review.

Workers' Compensation Fraud

Q 44. Is it against the law to claim workers' compensation benefits that I know I'm not entitled to?

A Under Utah law, a fraudulent workers' compensation claim for compensation or medical benefits is a crime and any employee found guilty of fraudulently receiving these benefits is subject to fines and incarceration.

Conclusion

This guide is intended to provide general information regarding injuries on the job. If you have any additional questions or problems with your workers' compensation claim, ask your employer or its workers' compensation insurance company, or contact us at:

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Email

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160 East 300 South, 3rd Floor | PO Box 146600
Salt Lake City, Utah 84114-6600
(801) 530-6800 | Toll free in state: (800) 530-5090
www.laborcommission.utah.gov