



Sedgwick Claims Kit Michigan





Dear Insured:

We would like to welcome you as a policyholder of Falls Lake National Insurance Company. Sedgwick is your Claims Administrator, and we are pleased to be able to provide you with workers' compensation claims handling services. Please follow the below instructions for filing a new claim and note the claim kit attachments.

Where do I report a claim?

- > **Phone:** 855-728-5277 (855-7ATLAS7)
- > **Email:** 6200AtlasGeneralInsurance@sedgwick.com
- > **Fax:** 866-383-3296

Where do I send my injured employee for medical treatment?

- > **Website:** www.sedgwickproviders.com/AG

Claim Kit Attachments:

- Employer Posting Notice (WC-PUB-005)
- Rights and Responsibilities (WC-PUB-006)
- Employer's Basic Report of Injury (WC-100)
- Express Scripts first fill temporary pharmacy card and participating pharmacies
- Supplemental Report of Fatal Injury (WC-106)
- A Summary of Your Rights and Responsibilities under Michigan Workers' Compensation (WC-PUB-001) - English and Spanish
- Workers' Compensation in Michigan – Fact Sheet

For additional information please visit the Michigan Workers' Compensation Agency at <https://www.michigan.gov/wca>.

Need a loss run?

- > **Email us:** Lossruns@atlas.us.com

Have more questions?

Contact the Atlas Customer Care Team at Sedgwick - One of our friendly Client Services Associates will be happy to assist you.

- > **Phone:** 866-738-9201
- > **Email:** AtlasTeam@Sedgwick.com

We appreciate your business and believe that communication is critical for successful claims administration. We encourage you to contact us if you have any questions.

www.Atlas.us.com/claims

Employees -- Know Your Rights!

- **Remember - It is important to report your injury to your employer.**

- **Medical Care**

You are entitled to reasonable and necessary medical care for work-related injuries or diseases. Employers or their insurance carriers are required by law to provide these services. During the first 28 days of treatment, your employer has the right to choose the physician. After 28 days you are free to change physicians, but you must notify your employer of the change. If you receive treatment from a physician of your choice, you shall obtain and promptly furnish a report to your employer.

If your employer refuses to provide medical care, you should contact Michigan's Workers' Compensation Agency at its toll-free telephone number: **1-888-396-5041**.

You should not receive a bill from a health care provider for treatment of a covered work-related injury or illness. If you do receive such a bill, you should contact your employer or the employer's insurance carrier.

- **Wage Loss Benefits**

You are entitled to weekly workers' compensation benefits if you suffer a wage loss for more than seven consecutive days. These benefits may be claimed as long as a disability and wage loss continue. Generally, the benefit rate is 80% of your after-tax average weekly wage, subject to a maximum rate.

- **Vocational Rehabilitation**

If you are unable to perform the work that you have done previously, you are entitled to vocational rehabilitation. The number one goal is your return to work with your employer. If you cannot do this or require assistance in finding a new job, vocational rehabilitation services can help.

To be completed by the employer

Employer Name

Employer Contact Person and Telephone Number

Workers' Compensation Insurance Carrier Name

If you have questions, please call the
State of Michigan Workers' Compensation Agency
Toll-free 1-888-396-5041

Additional information is on the agency's website at www.michigan.gov/wca.

EMPLOYER: PLEASE POST THIS NOTICE FOR YOUR EMPLOYEES TO SEE!

Workers' Compensation Agency

Rights & Responsibilities

Michigan's workers' compensation system provides wage replacement, medical treatment, and vocational rehabilitation benefits to individuals who are injured while at work. Each party in this system has rights and responsibilities that ensure the successful operation of the process.

EMPLOYEES

- Most workers are covered under workers' compensation from the date of employment.
- **Report all injuries to your supervisor immediately.**
- When injured, you can receive wage loss benefits, medical care, and rehabilitation services.
- A compensable injury is one that has arisen "out of and in the course of employment." The work must cause the disability.
- Workers' compensation is the "exclusive remedy" for work injuries, meaning that in most cases you cannot sue for other damages.
- **There is a 7-day waiting period for benefit payments.** You will not receive a workers' compensation check for disability lasting less than 7 days. However, medical benefits should be provided from the day of injury. If your wage loss lasts longer than 7 consecutive days, you are entitled to benefits as of the 8th day. If your wage loss continues for 14 days or longer, you are entitled to receive payment for that first week of disability.
- In most cases, wage loss benefits are calculated by taking the average of the highest 39 weeks of the last 52 weeks of gross wages prior to injury. This is your Average Weekly Wage (AWW). Generally you should receive 80% of the after-tax value of your AWW.
- In certain circumstances, the value of discontinued "fringe benefits" such as the cost of health insurance, employer contributions to a pension plan, and vacation and holiday pay may be included in determining the AWW.
- You should be paid your benefit on a weekly basis, and payments should continue as long as you are disabled and are suffering a wage loss.
- Your first check is due and payable on the 14th day of disability. However, a benefit check is not considered "late" until 30 days after the due date.
- If you have **more than one job** covered under the Act, the earnings from Michigan employers are added together to calculate the AWW.
- You may also be eligible for Family Medical Leave Act (FMLA) benefits. If you have questions, you should contact the U.S. Department of Labor.
- **Medical Benefits:** You are entitled to all reasonable and necessary medical care including surgical, hospital, and dental services, as well as crutches, hearing apparatus, chiropractic treatment, and nursing care. These services are provided indefinitely as long as there is a need.
- **Choosing A Doctor:** During the first 28 days of treatment, the employer has the right to choose the doctor. After that, you are free to change doctors providing that you notify the employer and insurance company, preferably in writing. You do not need authorization from the insurance company or the employer to be medically treated, as long as the treatment is reasonable and necessary, and your claim is not in dispute.
- **Maintaining Contact:** It is extremely important that you maintain regular contact with your employer throughout the treatment and recovery period so that they are aware of your progress. Provide your employer with updated work status reports and discuss early return to work options.
- **Vocational Rehabilitation:** If you have a work-related injury or illness which prevents you from returning to your job and you are currently receiving workers' compensation benefits, you are entitled to a maximum of 104 weeks of vocational assistance in returning to work. Vocational rehabilitation can help you return to your current job or a new one by identifying interests, skills and abilities, evaluating accommodations, providing job readiness assistance, outlining career objectives, and arranging retraining opportunities. Vocational rehabilitation services create a "win-win" scenario for employers, carriers, and injured employees, especially when utilized as an early intervention tool.

EMPLOYERS

- All public and most private employers in Michigan are covered by workers' compensation. Every employer subject to the Act must provide proof of insurance or be approved for self-insurance to ensure benefits can be paid to its workers should they become injured.
- Eligible employees are covered under workers' compensation from the date of employment.
- There are severe penalties if an employer fails to provide workers' compensation coverage.
- **Minors:** The Act provides that an illegally employed minor is entitled to double compensation if injured.
- **Reporting:**
 - All claims must be reported to your insurance carrier.
 - Form WC-100: must be filed with the Workers' Compensation Agency and your insurance carrier immediately upon the disability exceeding 7 consecutive days, death or specific loss. A copy of this form must also be given to the employee.
- You must ensure that reasonable and necessary medical treatment is provided promptly.
- You will need to provide a wage history report to the insurance carrier in order to calculate the correct benefit amount.
- You are encouraged to maintain contact with your employees while they are off work, and provide appropriate light-duty work options and accommodations when possible.

INSURANCE COMPANIES

- Prompt and regular payment of benefits is required by law.
 - Form WC-701: must be filed with the Workers' Compensation Agency (WCA) when wage loss benefits begin, change or stop.
 - Form WC-110: must be filed with the WCA 3 months post-injury, and every 4 months after, to report on vocational rehabilitation activity.
- Form WC-107: must be filed with the WCA if a claim is disputed.
- Medical services rendered are subject to the State of Michigan Health Care Rules and Fee Schedules. Injured employees are not to be "balance billed" for charges over and above the fee schedule.
- Benefits are not to be stopped for non-cooperation with vocational rehabilitation, but a hearing can be requested.

For more information contact: State of Michigan - Workers' Compensation Agency
Toll free: 1-888-396-5041 www.michigan.gov/wca

EMPLOYER'S BASIC REPORT OF INJURY
Michigan Department of Licensing and Regulatory Affairs
Workers' Compensation Agency
PO Box 30016, Lansing, MI 48909

An employer shall report immediately to the agency on Form WC-100 all injuries, including diseases, which arise out of and in the course of the employment, or on which a claim is made and result in any of the following: (a) Disability extending beyond seven (7) consecutive days, not including the date of injury; (b) Death; (c) Specific losses. In case of death, an employer shall also immediately file an additional report on WC-106. See instructions on reverse side for filing/mailling procedures.

I. EMPLOYEE DATA

1. Social Security Number	2. Date of injury	3. Employee name (Last, First, MI)	
4. Address (Number & Street)	5. City	6. State	7. ZIP Code
8. Date of birth (MM/DD/YYYY)	9. Sex Male Female	10. Number of dependents	11. Telephone number
12. Tax filing status: A. Single B. Single, Head of Household C. Married, Filing Joint D. Married, Filing Separate			

II. EMPLOYER/CARRIER DATA

13. Employer name		14. Federal ID Number	
15. Injury location code	16. Mailing location code	17. UI number	18. Type of business (SIC/NAICS)
19. Employer street address		20. City	21. State 22. ZIP code
23. Insurance company name (if employer not self-insured)			24. Insurance company telephone number (if known)

III. INJURY/MEDICAL DATA

0. Last day worked	25. Date employee returned to work (if applicable)	26. Did employee die? Yes	27. If yes, date of death
1. Injury city	28. Injury state	29. Injury county	30. Did injury occur on employer's premises? Yes No (If no, see item 53)
2. Case number from OSHA/MIOSHA log	31. Time employee began work a.m. p.m.	32. Time of event If time cannot be determined, a.m. p.m. check	
33. What was the employee doing just before the incident occurred? Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific.			
34. How did the injury occur? Examples: "When ladder slipped on wet floor, worker fell 20 feet;" "Worker was sprayed with chlorine when gasket broke during replacement"			
35. Describe the nature of injury or illness		36. Part of body directly affected by the injury or illness	
37. What object or substance directly harmed the employee? Examples: concrete floor, chlorine, radial arm saw. If this question does not apply to the incident, leave it blank.			
38. Name of physician or other health care professional	0. Was employee treated in an emergency room? Yes No	1. Was employee hospitalized overnight as an in-patient? Yes No	
39. If treatment was given away from the worksite, where was it given? (Include name, address, city, state and ZIP code of facility)			

IV. OCCUPATION AND WAGE DATA

40. Date hired	2. Total gross weekly wage (highest 39 of 52)	41. Number of weeks used	42. Value of discontinued fringes
43. Occupation (Be specific)	3. Was employee a volunteer worker? Yes No	4. Was employee certified as vocationally handicapped? Yes	
44. Date employer notified by employee	45. If temporary service agency, provide name/address of employer where injury occurred.		

V. PREPARER DATA

I CERTIFY THAT A COPY OF THIS REPORT HAS BEEN GIVEN TO THE EMPLOYEE

Making a false or fraudulent statement for the purpose of obtaining or denying benefits can result in criminal or civil prosecution, or both, and denial of benefits.

3. Preparer's name (Please print or type)	46. Preparer's signature	47. Telephone number	48. Date prepared
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Notice to employee: Questions or errors should be reported immediately to the individual listed above in space

If you are using this form as a replacement for the Form 301 to document the specifics of an injury or illness for purposes of compliance with the work-related injury and illness logging requirements, follow the instructions in Section A only.

If you are using this form to report a workers' compensation injury, follow the instructions in Section A and B.

Section A

This form can be used in lieu of the MIOSHA Form 301, *Injury and Illness Incident Report*. It is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the *Log of Work-Related Injuries and Illnesses* (Form 300) and the accompanying *Summary* (Form 300A), these forms help the employer and MIOSHA develop a picture of the extent and severity of work-related incidents.

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out questions 1-9, 27-28, 33-45 and 54-57.

According to Public Law of 1970 (P.L. 91-596) and Michigan Occupational Safety and Health Act 154, P.A. 1974, Part 11, Michigan Administrative Rule for Recording and Reporting of Injuries and Illnesses, you must keep this form on file for 5 years following the year to which it pertains. **DO NOT mail this form to the Workers' Compensation Agency unless it meets the conditions listed below in Section B.**

Section B

You must complete all questions on this form if the injury or disease results in any of the following: (a) Disability extending beyond seven (7) consecutive days, not including the date of injury; (b) Death; (c) Specific loss. The original form must be mailed to the Workers' Compensation Agency, P.O. Box 30016, Lansing, MI 48909.

Authority:	Workers' Disability Compensation Act, 408.31(1)(3)
Completion:	Mandatory
Penalty:	Workers' Disability Compensation Act, 418.631

LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
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Workers' Compensation Temporary Prescription ID Card

» To the Injured Worker:

On your first visit, please give this notice to any pharmacy listed on the back side to speed processing your approved workers' compensation prescriptions (based on the guidelines established by your employer).

Questions or need assistance locating a participating retail network pharmacy? Call the Express Scripts Patient Care Contact Center at 1-866-590-5882.

Atencion Trabajador Lesionado:

Este formulario de identificación para servicios temporales de prescripción de recetas por compensación del trabajador DEBERÁ SER PRESENTADO a su farmacéutico al surtir su(s) receta(s) inicial(es).

Si tiene cualquier duda o necesita localizar una farmacia participante, por favor contacte al área de Atención a Clientes de Express Scripts, en el teléfono 1-866-590-5882.

» To the Pharmacist:

Express Scripts administers this workers' compensation prescription program. Please follow the steps below to submit a claim. Standard claim limitations include quantity exceeding 150 pills or a day supply exceeding 14 days. This form is valid for up to 30 days from DOI. Limitations may vary. For assistance, call Express Scripts at 1-866-590-5882.

Pharmacy Processing Steps

Step 1: Enter bin number 003858

Step 2: Enter processor control A4

Step 3: Enter the group number as it appears above

Step 4: Enter the injured worker's nine-digit ID number

Step 5: Enter the injured worker's first and last name

Step 6: Enter the injured worker's date of injury

Express Scripts

ID #: _____
Your SSN is your temporary ID number; present to the pharmacy at the time prescription is filled. You will receive a new ID number shortly.

Date of Injury: _____
MM/DD/YYYY

Group #: GIC6200

Employee Date of Birth: _____

Thank you for using a participating retail network pharmacy. Even though there is no direct cost to you, it's important that we all do our part to help control the rising cost of healthcare.

Please see other side for a list of participating retail network pharmacies.

» **To the Supervisor:** Please fill in the information requested for the injured worker.

Employee Information

First M Last

Street Address or PO Box

City State ZIP

Employer Name



Participating Retail Network Pharmacies

A & P	Drug Emporium	Major Value	Schnucks
Acme Pharmacy	Drug Fair	Marsh Drugs	Scolari's
Albertson's	Drug Town	Medic Discount	Sedano
Albertson's/Acme	Drug World	Medicap	Shaw's Shop
Albertson's/Osco	Eckerd	Medistat	'N Save
Albertson's/Sav-On	Econofoods	Meijer	Shopko
Amerisource	EPIC Pharmacy	Minyard	ShopRite
Bergen	Network	NCS HealthCare	Snyder Stop
Anchor Pharmacies	FamilyMeds	Neighborcare	& Shop Sun
Arrow	Farm Fresh	Network	Mart Super
Aurora	Farmer Jack	Pharmaceuticals	Fresh Super
Bartell Drugs	Food City	Northeast	Rx Target
Bigg's	Food Lion	Pharmacy Services	Texas
Bi-Lo	Fred's	Osco	Oncology
Bi-Mart	Gemmel	P & C Food	Srvs
BJ's Wholesale	Giant	Markets	The Pharm
Club	Giant Eagle	Pamida	Thrifty White
Brooks	Giant Foods	Park Nicollet	Times
Brookshire Brothers	Hannaford	Pathm ark	Tom Thumb
Brookshire Grocery	Harris Teeter	Pavilions	Tops
Bruno	H-E-B	Price Chopper	Ukrop's
Carrs	Hi-School	Publix	United Drugs
Cash Wise	Pharmacy	Quality Markets	United
Coborn's	Hy-Vee	Raley's	Supermarkets
Costco	Jewel/Osco	Randalls	Vons
Cub	Kash n Karry	Rite Aid	Waldbaums
CVS	Keltsch	Rosauers	Walgreens
D&W	Kerr	Rx Express	Wal-Mart
Dahl's	Kmart	RXD	Wegmans
Dierbergs	Knight Drugs	Safeway	Weis
Discount Drugmart	Kroger	Sam's Club	Winn Dixie
Doc's Drugs	LeaderNet (PSAO)	Sav-On	
Dom inicks	Longs Drug Store	Save Mart	



EXPRESS SCRIPTS®

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SUPPLEMENTAL REPORT OF FATAL INJURY

Michigan Department of Licensing and Regulatory Affairs
Workers' Compensation Agency
PO Box 30016, Lansing, MI 48909

THIS REPORT IS TO BE FILED BY THE EMPLOYER IMMEDIATELY AFTER THE DEATH OF AN INJURED EMPLOYEE.

I. DECEASED EMPLOYEE

1. Social Security Number	2. Date of Injury	3. Date of Death	
4. Name (Last, First, Middle Initial)			
5. Street Address	0. City	1. State	0. ZIP Code

II. EMPLOYER DATA

5. Employer Name		4. Federal I.D. Number	
5. Street Address	6. City	7. State	8. ZIP Code
6. Amount of Burial Expenses Paid (If Not Previously Reported) \$			

III. DEPENDENTS OF EMPLOYEE

0. Name	0. Date of Birth	0. Relationship to Deceased (Spouse, Child, or Other - Please Specify Other)	0. Extent of Dependency (Total/Partial)

4. Employer's Signature	5. Title	6. Date
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LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

Authority: Workers' Disability Compensation Act, R408.31(3)
Completion: Mandatory
Penalty: Workers' Disability Compensation Act 418.631

ADDITIONAL INFORMATION

■ Wage Earning Capacity

Section 301 defines "wage earning capacity" as the wages the employee earns or is capable of earning at a job reasonably available to that employee, whether or not wages are actually earned.

■ Lump Sum Advance and Redemption Settlement

In certain cases, you may be allowed to draw all or part of your compensation in one lump sum through an advance payment of future benefits, or through a redemption (settlement) of your entire claim. An advance payment is a pre-payment of all or part of the present value of your employer's established and undisputed liability for compensation. A redemption is a complete and final settlement of your claim through the payment of a one-time lump sum payment.

■ Retired Persons

Retirees are presumed not to have a loss of wage earning capacity unless there is evidence to the contrary.

■ Unemployment Compensation

No person may receive **full** workers' compensation benefits and unemployment insurance benefits for the same period of time from the same employer.

■ Returning To Work

The law does not require the employer to offer a job. However, many employers try to make restricted work available for their injured employees whenever they are cleared to return to some form of work.

■ Can I File My Own Claim

Yes. Form WC-117, "Employee's Report of Claim" can be found on the Agency's website. Or you can contact the agency via phone and request the form be mailed to you. The agency will process the form upon receipt, and notify the employer and their insurance company that a claim has been filed.

■ How Long Do I Have To File A Claim

You should always report any accident at work, however minor, to your employer immediately. The statute states that you should provide notice of injury to the employer within 90 days of the injury. However, you have up to two years from the date of injury, or the date the disability manifests itself, to file a workers' compensation claim. You cannot receive past due benefits for more than two years back from the date you file an application for hearing.

YOUR RESPONSIBILITIES

You must:

- I Promptly report your injury to your employer.
- I Notify your employer or their insurance carrier of any wages earned during the benefit period. Michigan law does not permit the payment of weekly workers' compensation benefits to persons who are employed and receiving wages equal to or greater than wages earned on the date of injury except for specific loss or permanent and total disability.
- I Seek jobs reasonably available to you and that are within your post-injury abilities, especially if your employer is unable to accommodate your restrictions.
- I Submit to reasonable periodic medical examination if required by your employer or their insurance carrier.
- I Cooperate with reasonable rehabilitation efforts directed toward assisting you in returning to appropriate competitive employment.
- I Accept a valid offer of employment from your previous employer or another employer if it is within your physical restrictions.

Department of Licensing and Regulatory Affairs
Workers' Compensation Agency
P.O. Box 30016
Lansing, MI 48909

www.michigan.gov/wca

Toll Free (888) 396-5041

Authority: PA 317 of 1969, as amended.

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A Summary of Your Rights and Responsibilities Under Michigan Workers' Compensation



LARA is an equal opportunity employer/program.

WC-PUB-001 (5/17)

Workers' Compensation is an employee benefit established in 1912 by the Michigan Legislature. It is administered by the Michigan Department of Licensing and Regulatory Affairs, Workers' Compensation Agency and covers most employees.

Compensation is provided for disability or death as a result of a work-related injury or disease, without regard to who may be at fault. Benefits are paid by employers (either directly or through their insurance carriers) and should not be confused with unemployment compensation, hospital, health, or accident insurance.

If you don't know whether your employer has workers' compensation insurance, simply ask them. You can also find out by calling our agency at the toll-free number listed on the back cover of this pamphlet, or by checking our website at www.michigan.gov/wca.

The right to recovery of benefits as provided in the Workers' Disability Compensation Act is your exclusive remedy against your employer for work-related injuries or diseases. You do not have the right to sue your employer for benefits not provided for in the Act.

This pamphlet only summarizes your rights and responsibilities under the Workers' Disability Compensation Act. For additional information and clarification specific to your claim, you can contact the Workers' Compensation Agency, or you may discuss your case with your employer and/or their insurance carrier, or your attorney if you have one.

YOUR RIGHTS

■ Medical Care

You are entitled to reasonable and necessary medical care for work-related injuries or diseases. This includes medical, surgical, hospital services and medicines. Under certain conditions, attendant care, dental care, crutches and such artificial appliances as limbs, eyes, teeth, eyeglasses and hearing aids may also be covered.

Employers or their insurance carriers are required by law to provide these services. During the first 28 days of treatment, your employer has the right to choose the physician. After 28 days you are free to change physicians, but you must notify your employer of the intent to change and the doctor's name. Your employer has a right to dispute your choice of physician.

If your employer refuses to provide medical care, you should contact our agency at the toll-free number on the back of this pamphlet.

You should not receive a bill from a health care provider for treatment or co-pay of a covered work-related injury or illness. If you do receive such a bill, you should contact your employer or their insurance carrier.

■ Wage Loss Benefits

Michigan is a "wage loss compensation" state. If your injury "arises out of and in the course of employment" while working for an employer subject to the Workers' Disability Compensation Act, you are entitled to weekly compensation benefits. For most dates of injury, the benefit rate is 80% of your after-tax average weekly wage, subject to a maximum rate. These benefits may be claimed as long as a disability and wage loss continue.

No compensation is paid for an injury which does not last for at least one week (7 days). If the disability lasts beyond one week, the worker is entitled to benefits as of the eighth day after the injury. If a disability continues for two weeks or longer, then the worker is entitled to compensation for the first week of disability.

In order to receive wage loss benefits, you must establish a disability and a limitation of wage earning capacity. Many times this limitation is very apparent, such as being off work completely due to surgery. However, if you are only partially disabled and retain some level of wage earning capacity, you do have a duty to seek reasonably available work, taking into consideration those limitations (restrictions) from the work-related personal injury or disease. You may also need to demonstrate, or show that you've made a "good-faith" attempt to seek and obtain post-injury employment.

If you return to work at a job that pays less than you were earning at the time of injury because you are still medically restricted, you could be entitled to partial compensation benefits.

If you suffer a "specific loss" such as the loss of an eye, finger, arm or other body member, you are entitled to a specific amount for a prescribed number of weeks.

■ Prompt Payment

Prompt payment of benefits is required by law. The first payment is due on the 14th day after your employer has notice or knowledge of a disability or death, and all compensation

accrued should be paid weekly. However, a benefit check is not considered late until 30 days after the due date.

■ Coordination of Benefits

If you are eligible for, or are receiving, old-age social security benefits, pension or retirement benefits, or other benefits paid for by your employer, there will be a reduction or coordination of benefits.

■ More Than One Employer

For benefit calculation purposes, if you work for more than one employer, you get credit for all wages earned in all jobs covered under the Workers' Disability Compensation Act.

■ Vocational Rehabilitation

Section 319 of the Act provides that a worker has a right to vocational rehabilitation benefits when he or she is unable to perform work for which they have previous training or experience. Vocational rehabilitation can include a variety of professional services designed to help injured workers re-enter the workforce. These services may include job placement assistance, retraining support, or guidance in starting your own business. Vocational rehabilitation services are paid for by the employer/insurance carrier, so in most cases you must have an open workers' compensation claim to receive rehabilitation benefits.

■ Vocational Rehabilitation Hearings

If you and your employer or their insurance carrier cannot agree upon a rehabilitation program, you have the right to a vocational rehabilitation hearing before the agency.

■ Hearings/Mediation

If you disagree with any claim decision by your employer or their carrier, you may file an application for hearing, Form WC-104A. The application form can be obtained by calling our toll-free number, or by downloading from the Agency's website.

Your case will be scheduled for mediation if:

- > Your employer does not have insurance coverage.
- > Your claim is for vocational rehabilitation services only.
- > Your claim is for medical benefits only.
- > You are not represented by an attorney.
- > Our agency determines that the dispute may be resolved by mediation.

If your claim is not resolved by mediation, or does not meet the above criteria, your case will be transferred to a magistrate's docket.

INFORMACIÓN ADICIONAL

■ Capacidad de percepción de salario

La Sección 301 define la "capacidad de percepción de salario" como el salario que el empleado percibe o es capaz de percibir en un empleo que empleado está razonablemente en posibilidades de ejercer, independientemente de que efectivamente se perciban salarios.

■ Anticipo de pago global y liquidación de redención

En ciertos casos, se le permitirá retirar la totalidad o parte de su compensación en un único pago global mediante un pago por adelantado de beneficios futuros o mediante una liquidación del total de su reclamación. Un pago adelantado es un prepago de la totalidad o parte del valor presente del pasivo establecido e indisputado por concepto de compensación que debe pagar su empleador. Una redención es un pago completo y definitivo de su reclamación mediante el pago de una suma global única.

■ Personas jubiladas

Se asume que los jubilados no tienen una pérdida de capacidad de percibir salarios salvo que haya evidencia de lo contrario.

■ Compensación de desempleo

Ninguna persona podrá recibir beneficios de compensación completos de los trabajadores y beneficios de seguro de desempleo para el mismo periodo de tiempo de parte del mismo empleador.

■ Retorno a labores

La ley no obliga al empleador a ofrecer un empleo. No obstante, muchos empleadores procuran ofrecer a sus empleados lesionados trabajo con restricciones toda vez que estén autorizados para volver a ejercer algún tipo de trabajo.

■ ¿Puedo interponer mi propia reclamación?

SI. Podrá encontrar en el sitio web de la agencia el formulario WC-117 «Informe de reclamación del empleado». O puede comunicarse con la agencia por teléfono y pedir que se le envíe el formulario por correo. La agencia procesará el formulario al recibirlo y dará aviso al empleador y a su aseguradora que se ha interpuesto una reclamación.

■ ¿Cuánto tiempo tengo para interponer una reclamación?

Siempre debe dar aviso de cualquier accidente en el trabajo, sin importar su magnitud a su empleador inmediatamente. El estatuto establece que usted debe dar aviso de la lesión al empleador en un plazo de 90 días de haber ocurrido la lesión. No obstante, usted tiene un plazo de hasta dos años a partir de la fecha de la lesión, o la fecha en que se manifieste la incapacidad, para presentar una reclamación de compensación de trabajadores. No puede recibir beneficios con atraso de más de dos años antes la fecha en que presentó una solicitud para una audiencia.

SUS RESPONSABILIDADES

Usted debe:

- I Dar aviso inmediato de su lesión a su empleador.
- I Dar aviso a su empleador o la aseguradora de su empleador sobre cualquier salario percibido durante el periodo de beneficios. La Ley de Michigan no permite el pago de beneficios semanales de compensación para los trabajadores a personas que estén empleadas y que estén percibiendo salarios iguales o mayores a los salarios percibidos a la fecha de ocurrencia de la lesión, salvo en casos de una pérdida específica o discapacidad permanente y total.
- I Buscar empleos que usted esté en posibilidades razonables de ejercer y que estén dentro de sus habilidades después de las lesiones, especialmente si su empleador no puede adaptar sus restricciones.
- I Hacerse revisiones médicas de frecuencia razonable si así lo requiere su empleador o su aseguradora.
- I Cooperar con los esfuerzos razonables de rehabilitación que se le instruyeron para ayudarlo a regresar a un empleo competitivo adecuado.
- I Aceptar una oferta válida de empleo de su empleador anterior u otro empleador si se encuentra dentro de sus capacidades físicas.

Departamento de Licenciamiento y Asuntos Regulatorios
Agencia de Compensación de los Trabajadores
P.O. Box 30016
Lansing, MI 48909

www.michigan.gov/wca

Línea sin costo: (888) 396-5041

Legislación: PA 317 de 1969, con sus modificaciones.

Cantidad total impresa: 20.000
Costo total: \$1.075,82
Costo por unidad: \$0.0538

Un resumen de sus Derechos y Responsabilidades Establecidos por La Ley Compensación de los Trabajadores de Michigan



LARA es un empleador/programa que ofrece igualdad de oportunidades.

WC-PUB-001 (5/17)

La compensación de los trabajadores es un beneficio del empleado establecido en 1912 por la legislatura de Michigan. Es administrado por el Departamento de Licenciamiento y Asuntos Regulatorios - Agencia de Compensación del Trabajador y cubre a la mayoría de los empleados.

Se provee compensación por discapacidad o fallecimiento como resultado de una lesión o enfermedad relacionada con el empleo sin consideración de quién pudiera ser el responsable. Los beneficios son pagados por los empleadores (ya sea de forma directa o mediante sus aseguradoras) y no se deben confundir con las compensaciones de desempleo, o el seguro hospitalario, seguro de salud o de accidentes.

Si no sabe si su empleador tiene seguro de compensación de los trabajadores, simplemente pregúntele. También puede averiguarlo llamando a nuestra agencia a la línea sin costo listada al reverso de este folleto o consultando nuestro sitio web en www.michigan.gov/wca.

El derecho a recuperar beneficios conforme a lo dispuesto en la Ley de Compensación de Discapacidad de los Trabajadores es su recurso exclusivo para encarar a su empleador en casos de lesiones o enfermedades relacionadas con el empleo. Usted no tiene el derecho de demandar a su empleador por beneficios que no estén estipulados en la ley.

Este folleto solo resume sus derechos y responsabilidades estipulados en la Ley de Compensación de Discapacidad del Trabajador. Para obtener información adicional y aclaraciones específicas sobre su reclamo, comuníquese con la Agencia de Compensación de los Trabajadores o puede tratar su caso con su empleador y/o su aseguradora o con su abogado si tiene uno.

SUS DERECHOS

■Atención médica

Usted tiene el derecho de recibir atención médica razonable y necesaria para atender lesiones y enfermedades relacionadas con el trabajo. Esto incluye servicios médicos, quirúrgicos, hospitalarios y medicamentos. Bajo ciertas condiciones, se cubre también la atención dental, muletas y dispositivos artificiales para sustituir extremidades, ojos, dientes, anteojos y dispositivos auxiliares para el oído.

A los empleadores o sus aseguradores se les exige por ley brindar estos servicios. Durante los primeros 28 días del tratamiento, su empleador tiene el derecho de elegir el médico. Transcurridos 28 días, usted tiene la libertad de cambiar de médico, pero debe dar aviso a su empleador de su intención de hacer el cambio y el nombre del médico. Su empleador tiene el derecho de disputar la elección de su médico.

Si su empleador se niega a proporcionarle atención médica, debe comunicarse con nuestra agencia por medio de línea sin costo que figura al reverso de este folleto.

No se le podrán cobrar cargos de parte de un proveedor de atención médica por concepto del tratamiento o un copago por una lesión o enfermedad laboral. Si se le hacen tales cargos, comuníquese con su empleador o su aseguradora.

■Beneficios de pérdida de salario

Michigan es un estado de que provee el beneficio de «compensación de salarios» en materia laboral. Si su lesión ocurrió durante el desahogo de sus obligaciones laborales y durante el transcurso del empleo con su empleador sujeto a la Ley de Compensación por Discapacidad de los Trabajadores, tiene derecho a beneficios de compensación semanal. Con respecto a las tasas más habituales por lesión, la tasa de beneficio es del 80% de su salario semanal promedio después de impuestos sujeto a una tasa máxima. Se podrán reclamar los beneficios toda vez que la discapacidad y la pérdida de salario perduren.

No se paga compensación por una lesión que no dure por lo menos una semana (7 días). Si la incapacidad dura por más de una semana, el trabajador será entonces acreedor a beneficios a partir del octavo día después de la lesión. Si la discapacidad continúa por dos semanas o más, entonces el trabajador tiene derecho a una compensación por la primera semana de incapacidad.

Para recibir beneficios de pérdida de salario, usted debe establecer una discapacidad y una limitación de la capacidad de ganancia de salario. En muchas ocasiones esta limitación es bastante notable, lo que puede ocasionar la necesidad de ausentarse por causa de la cirugía. No obstante, si sólo tiene una discapacidad parcial y conserva algún nivel de capacidad de percepción salarial, usted tiene la obligación de buscar un trabajo que esté razonablemente en posibilidades de ejercer teniendo en cuenta las limitaciones (restricciones) de la lesión o la enfermedad laboral. Es probable tenga que demostrar que ha procurado hacer un intento de "buena fe" de buscar y obtener empleo posterior a la lesión.

En el supuesto de que regrese a trabajar a un empleo que pague menos de lo que usted percibía al tiempo de la ocurrencia de la lesión por motivos de que tiene restricciones médicas, usted tiene el derecho de percibir beneficios de compensación parciales.

Si usted sufre una «pérdida específica» como por ejemplo, la pérdida del ojo, un dedo, un brazo u otra extremidad, tendrá derecho a una cantidad específica por un número de semanas prescritas.

■Pago puntual

El pago puntual de los beneficios es una exigencia de ley. El primer pago vence el catorceavo día que cuenta desde la fecha en que su empleador recibió aviso o tuvo conocimiento de una discapacidad o fallecimiento, y toda la compensación acumulada se pagará sema-

nalmente. Sin embargo, un cheque de beneficios no se considerará vencido sino hasta 30 días después de la fecha de vencimiento.

■ Coordinación de beneficios

Si usted es elegible, o está percibiendo beneficios de seguridad social por edad avanzada, beneficios de pensión o jubilación, u otros beneficios pagados por su empleador, habrá una reducción o coordinación de sus beneficios.

■ Más de un empleador

Para efectos de calcular los beneficios, si usted trabaja para más de un empleador, se le acreditarán todos los salarios obtenidos en todos empleados cubiertos bajo la Ley de Compensación de Discapacidad del Trabajador.

■ Rehabilitación vocacional

La sección 319 de la ley establece que el trabajador tiene derecho a recibir beneficios de rehabilitación vocacional en caso de que no pueda desempeñar un trabajo para el cual tenga capacitación o experiencia previa. La rehabilitación vocacional puede incluir una gama de servicios profesionales orientados a ayudar a los trabajadores que han sufrido lesiones a reincorporarse a la fuerza laboral. Estos servicios pueden incluir asistencia de colocación laboral, capacitación de nueva cuenta, u orientación para iniciar su propio negocio. Los servicios de rehabilitación vocacional los paga el empleador o la aseguradora según sea el caso, por lo que en la mayoría de los casos usted debe haber interpuesto una solicitud de compensación de trabajadores para recibir beneficios de rehabilitación.

■ Audiencias de rehabilitación vocacional

Si usted y su empleador o la aseguradora del empleador no pueden llegar a un acuerdo en cuanto a un programa de rehabilitación, usted tiene el derecho a una audiencia de rehabilitación vocacional ante la agencia.

■ Audiencias/mediación

Si usted no está de acuerdo con alguna decisión de su empleador o su aseguradora con respecto a su reclamación, podrá presentar una solicitud para una audiencia en el formulario WC-104A. Puede obtener el formulario llamando a nuestro número sin costo o descargándolo del sitio web de la agencia.

Su caso se programará para recibir mediación si:

- > Su empleador no tiene cobertura de seguro.
- > Su reclamación es por servicios de rehabilitación vocacional únicamente.
- > Su reclamación es por beneficios médicos únicamente.
- > No cuenta con la representación de un abogado.
- > Nuestra agencia determina que la disputa se puede resolver con mediación.

Si su reclamación no se resuelve por mediación, o si no cumple los criterios anteriores, su caso se transferirá al expediente de un magistrado para su atención.

**WORKERS'
COMPENSATION
AGENCY**

Workers' Compensation in Michigan

What is Workers' Compensation?

Workers' compensation is the system that provides wage replacement, medical and rehabilitation benefits to workers who are injured on the job.

It is essentially a no-fault system that requires an employer to compensate a worker for any injury suffered in the course of the worker's employment, regardless of who was at fault. Under the state's Workers' Disability Compensation Act, however, the amount that a worker can recover is limited. In most cases, a worker who is injured receives medical treatment, and the employer or its insurance carrier voluntarily pays workers' compensation benefits. In time, the worker is "rehabilitated" by returning to his or her former job or to another one with the same employer.

Injured workers are entitled to only: (1) certain benefits to make up for the loss of wages suffered by the injured worker (limited by annually adjusted caps); (2) the cost of medical treatment (subject to cost containment rules); and (3) vocational rehabilitation services (limited to 104 weeks). Vocational rehabilitation can include changing the worker's job station or working with the employer and worker to aid in the person's return to work at the same or similar job or working with an agency to help the worker find a job with another employer.

How are workers' compensation benefits paid for?

Employees do not pay for workers' compensation; there are no deductions from their paychecks for workers' compensation; nor do they pay into a workers' compensation fund. Michigan law requires all employers to arrange for the payment of workers' compensation benefits by purchasing insurance from a commercial insurance carrier or by obtaining state-approved self-insured status. By being self-insured, the employer maintains its own fund from which it pays workers' compensation or the employer participates with other employers from the same industry to pool their resources to fund their workers' compensation coverage.

What happens if a worker is injured on the job?

A worker should notify the employer of a work-related injury or illness as soon as he/she is aware of the injury or illness. The employer may direct the injured worker to a treating physician or medical facility of the employer's choice for the first 28 days of care following the injury or illness. After the first 28 days of medical care, injured workers may choose their own treating physician, but they must notify the employer with the name of the chosen health care provider.

Once notified of the injury or illness, the insured employer is responsible for promptly:

- Filing the "Employer's Basic Report of Injury" (form 100) with Michigan's Workers' Compensation Agency (WCA) for all wage loss cases. Notifying its insurer of the medical-only cases.

- Informing the provider of the name and address of its insurer or the designated agent of the insurer to whom health care bills should be sent. Forwarding any medical bills and documentation received for medical services to the insurer.

If the employer will not report the injury to the WCA, injured workers should contact the agency for instructions on how they may report their own claims. **Injured workers may call 1-888-396-5041 or 517-322-1980 for information.**

fact sheet

How are workers' compensation benefits paid?

A worker must have a wage loss of at least one week in order to receive any workers' compensation wage loss benefits. The payments are made to the injured worker by the self-insured employer or the insurance carrier. Payments for medical treatment are ordinarily made directly by the employer or its insurance company to the medical service provider.

How much is paid in workers' compensation?

Generally, workers receive 80% of the after-tax value of their wage loss. A determination is made about the worker's "average weekly wage" before the injury. The worker would then be entitled to 80% of the after-tax value of that average weekly wage. The average weekly wage is based on the highest 39 weeks of wages during the 52 weeks immediately prior to the injury. Under certain circumstances, the value of fringe benefits may be included in determining the average weekly wage.

The maximum weekly wage benefit rate is 90% of the state average weekly wage for the year prior to the injury. Wage loss and medical benefits can be lifetime benefits, depending upon the severity of the injury and loss of wages.

Can workers' compensation cases be appealed?

Most workers' compensation cases are amicably resolved. In fact, about two out of every three cases are voluntarily paid. However, if a claim is disputed by the employer/insurance carrier or injured worker, a claim can be filed with the WCA. The case is then assigned for hearing, but about 75% of these cases never go to trial. If a case is adjudicated by a magistrate, either party may appeal the decision to the Michigan Compensation Appellate Commission (MCAC). If the employer or injured worker disagrees with the MCAC decision, they can appeal to the Court of Appeals and then to the Supreme Court.

Questions?

If you have questions about Michigan's Workers' Compensation program, please visit the WCA's website for information, publications, rate calculation and forms at www.michigan.gov/wca or call the agency at **1-888-396-5041**.



Michigan Department of Licensing and Regulatory Affairs
Workers' Compensation Agency