



Sedgwick Claims Kit New Jersey



P.O. Box 14779 | Lexington, KY 40512 | Toll Free: 866-738-9201 | Fax: 859-280-3275



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@sedgwickcms.com
- > **Fax:** 866-383-3296

Where do I send my injured employee for medical treatment?

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

Sedgwick Claim Kit Attachments:

- First Report of Injury or Illness Form (IA-1)
- A Worker's Guide (WCg-338 & WCg-338s)
- An Employer's Guide (WC-373)
- New Jersey Notice of Insurance - English and Spanish (Form 16 NJ A & 17 NJ)
These two forms must be printed on paper that is 8 1/2" by 11" and a minimum of 90-pound index. The forms must be posted "in a conspicuous place or places in and about the employer's place of business."
- Express Scripts First Fill Temporary Pharmacy Card and participating pharmacies

For additional information please visit the State of New Jersey Department of Labor and Workforce Development at http://lwd.state.nj.us/labor/wc/wc_index.html

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@Sedgwickcms.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

WORKERS COMPENSATION – FIRST REPORT OF INJURY OR ILLNESS

EMPLOYER (NAME & ADDRESS INCL ZIP)				CARRIER/ADMINISTRATOR CLAIM NUMBER		OSHA LOG NUMBER		REPORT PURPOSE CODE							
				JURISDICTION		JURISDICTION CLAIM NUMBER									
				INSURED REPORT NUMBER											
				EMPLOYER'S LOCATION ADDRESS (IF DIFFERENT)				LOCATION #							
INDUSTRY CODE		EMPLOYER FEIN						PHONE #							
CARRIER/CLAIMS ADMINISTRATOR															
CARRIER (NAME, ADDRESS, & PHONE #)				POLICY PERIOD		CLAIMS ADMINISTRATOR (NAME, ADDRESS & PHONE NO)									
				TO											
				CHECK IF APPROPRIATE <input type="radio"/> SELF INSURANCE											
CARRIER FEIN		POLICY/SELF-INSURED NUMBER				ADMINISTRATOR FEIN									
EMPLOYEE/WAGE															
NAME (LAST, FIRST, MIDDLE)				DATE OF BIRTH		SOCIAL SECURITY NUMBER		DATE HIRED		STATE OF HIRE					
ADDRESS (INCL ZIP)				SEX M MALE F FEMALE E UNKNOWN		MARITAL STATUS U UNMARRIED S SINGLE/DIVORCED M MARRIED S SEPARATED K UNKNOWN		OCCUPATION/JOB TITLE							
								EMPLOYMENT STATUS							
PHONE				# OF DEPENDENTS				NCCI CLASS CODE							
RATE PER:		<input type="text"/>	DAY WEEK	<input type="text"/>	MONTH OTHER:	<input type="text"/>	DAYS WORKED/WEEK	FULL PAY FOR DAY OF INJURY? DID SALARY CONTINUE?		<input type="text"/>	YES YES	<input type="text"/>	NO NO		
OCCURRENCE/TREATMENT															
TIME EMPLOYEE BEGAN WORK		<input type="text"/>	AM PM	DATE OF INJURY/ILLNESS		TIME OF OCCURRENCE () CANNOT BE DETERMINED		<input type="text"/>	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? YES 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 ANY OBJECTS OR SUBSTANCES THAT DIRECTLY INJURED THE EMPLOYEE OR MADE THE EMPLOYEE ILL															
												CAUSE OF INJURY CODE			
DATE RETURN(ED) TO WORK		IF FATAL, GIVE DATE OF DEATH		WERE SAFEGUARDS OR SAFETY EQUIPMENT PROVIDED? WERE THEY USED?				<input type="text"/>	YE S	<input type="text"/>	NO NO				
PHYSICIAN/HEALTH CARE PROVIDER (NAME & ADDRESS)				HOSPITAL OR OFF SITE TREATMENT (NAME & ADDRESS)				TREATMENT							
								0 NO MEDICAL TREATMENT							
								1 MINOR: BY EMPLOYER							
								2 MINOR CLINIC/HOSP							
								3 EMERGENCY CARE							
								4 HOSPITALIZED > 24 HOURS							
				5 FUTURE MAJOR MEDICAL/											
								6 LOST TIME ANTICIPATED							
OTHER															
WITNESSES (NAME & PHONE #)															
DATE ADMINISTRATOR NOTIFIED		DATE PREPARED		PREPARER'S NAME & TITLE						PHONE NUMBER					

EMPLOYER'S INSTRUCTIONS

DO NOT ENTER DATA IN SHADED FIELDS

DATES:

Enter all dates in MM/DD/YY format.

INDUSTRY CODE:

This is the code which represents the nature of the employer's business, which is contained in the Standard Industrial Classification Manual or the North American Industry Classification System, published by the Federal Office of Management and Budget.

CARRIER:

The licensed business entity issuing a contract of insurance and assuming financial responsibility on behalf of the employer of the claimant.

CLAIMS ADMINISTRATOR:

Enter the name of the carrier, third party administrator, state fund, or self-insured responsible for administering the claim.

AGENT NAME & CODE NUMBER:

Enter the name of your insurance agent and his/her code number if known. This information can be found on your insurance policy.

OCCUPATION/JOB TITLE:

This is the primary occupation of the claimant at the time of the accident or exposure.

EMPLOYMENT STATUS:

Indicate the employee's work status. The valid choices are:

Full-Time	On Strike	Unknown	Volunteer
Part-Time	Disabled	Apprenticeship Full-Time	Seasonal
Not Employed	Retired	Apprenticeship Part-Time	Piece Worker

DATE DISABILITY BEGAN:

The first day on which the claimant originally lost time from work due to the occupation injury or disease or as otherwise designated by statute.

CONTACT NAME/PHONE NUMBER:

Enter the name of the individual at the employer's premises to be contacted for additional information.

TYPE OF INJURY/ILLNESS:

Briefly describe the nature of the injury or illness, (eg. Lacerations to the forearm).

PART OF BODY AFFECTED:

Indicate the part of body affected by the injury/illness, (eg. Right forearm, lower back).

DEPARTMENT OR LOCATION WHERE ACCIDENT OR ILLNESS EXPOSURE OCCURRED:

(eg. Maintenance Department or Client's office at 452 Monroe St., Washington, DC 26210)

If the accident or illness exposure did not occur on the employer's premises, enter address or location. Be specific.

EMPLOYER'S INSTRUCTIONS – cont'd

ALL EQUIPMENT, MATERIAL OR CHEMICALS EMPLOYEE WAS USING WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED:

(eg. Acetylene cutting torch, metal plate)

List all of the equipment, materials, and/or chemicals the employee was using, applying, handling or operating when the injury or illness occurred. Be specific, for example: decorator's scaffolding, electric sander, paintbrush, and paint.

Enter "NA" for not applicable if no equipment, materials, or chemicals were being used. NOTE: The items listed do not have to be directly involved in the employee's injury or illness.

SPECIFIC ACTIVITY THE EMPLOYEE WAS ENGAGED IN WHEN THE ACCIDENT OR ILLNESS EXPOSURE OCCURRED:

(eg. Cutting metal plate for flooring)

Describe the specific activity the employee was engaged in when the accident or illness exposure occurred, such as sanding ceiling woodwork in preparation for painting.

WORK PROCESS THE EMPLOYEE WAS ENGAGED IN WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED:

Describe the work process the employee was engaged in when the accident or illness exposure occurred, such as building maintenance. Enter "NA" for not applicable if employee was not engaged in a work process (eg. walking along a hallway).

HOW INJURY OR ILLNESS/ABNORMAL HEALTH CONDITION OCCURRED. DESCRIBE THE SEQUENCE OF EVENTS AND INCLUDE ANY OBJECTS OR SUBSTANCES THAT DIRECTLY INJURED THE EMPLOYEE OR MADE THE EMPLOYEE ILL:

(Worker stepped back to inspect work and slipped on some scrap metal. As worker fell, worker brushed against the hot metal.)

Describe how the injury or illness/abnormal health condition occurred. Include the sequence of events and name any objects or substance that directly injured the employee or made the employee ill. For example: Worker stepped to the edge of the scaffolding to inspect work, lost balance and fell six feet to the floor. The worker's right wrist was broken in the fall.

DATE RETURN(ED) TO WORK:

Enter the date following to most recent disability period on which the employee returned to work.

District Office Directory

Atlantic City	1333 Atlantic Avenue 4th Flr. Atlantic City, NJ 08401 (Atlantic and Cape May counties)	(609) 441-3160
Bridgeton	40 East Broad Street Suite 203 Bridgeton, NJ 08302-2880 (Cumberland & Salem counties)	(856) 453-3930
Camden	2 Riverside Dr., 3rd Flr. Camden, NJ 08103 (Camden & Gloucester counties)	(856) 614-2850
Elizabeth	295 North Broad St., 2nd Fl. Elizabeth, NJ 07208-3702 (Union county)	(908) 820-3062
Freehold	2 Paragon Way Freehold, NJ 07728 (Monmouth county)	(732) 462-9321
Hackensack	60 State Street Hackensack, NJ 07601-5427 (Bergen county)	(201) 996-8930
Jersey City	438 Summit Ave., 3rd Fl. Jersey City, NJ 07306-0603 (Hudson county)	(201) 217-7205
Lebanon	Hunterdon Hills Plaza 1390 Rt. 22 W. Lebanon, NJ 08833 (Hunterdon, lower Warren, Somerset counties)	(908) 236-8026
Mt. Arlington	100 Valley Rd., Suite 100 Mt. Arlington, NJ 07856 (Morris, Sussex and upper Warren counties)	(973) 770-4480
Mt. Holly	555 High Street Fairground Plaza Mt. Holly, NJ 08060 (Burlington county)	(609) 518-1790
Newark	124 Halsey Street, 2nd Floor Newark, NJ 07101-0226 (Essex county)	(973) 648-2663
New Brunswick	550 Jersey Avenue New Brunswick, NJ 08901-3502 (Middlesex county)	(732) 937-6333

Paterson	100 Hamilton Plaza 8th Floor Clark Street Paterson, NJ 07505-2109 (Passaic county)	(973) 977-4526
Toms River	954 Route 166 Toms River, NJ 08753-7331 (Ocean county)	(732) 349-9592
Trenton	Station Plaza 4 PO Box 958 Trenton, NJ 08625-0958 (Mercer county)	(609) 292-2508

For more information about Workers’ Comp,
visit us online at nj.gov/labor,
then click on *Workers' Compensation*.

New Jersey Department of Labor and Workforce Development is an equal opportunity employer with equal opportunity programs. Auxiliary aids and services are available upon request to individuals with disabilities.

This pamphlet is published for general information only and does not have the status of law or regulation. For specific wording of the law see the New Jersey Workers’ Compensation Act (NJSA 34:15-1 et seq.) or consult your attorney.

Benefits

Rate in effect on the date of accident or exposure/manifestation in cases of occupational disease.				
Effective Date		Temporary & Permanent Total	Permanent Partial	
01/01/2009	70% of wages to maximum of \$773 minimum of \$206	\$773 \$35		
01/01/2010	70% of wages to maximum of \$794 minimum of \$212	\$794 \$35		
01/01/2011	70% of wages to maximum of \$792 minimum of \$211	\$792 \$35		
01/01/2012	70% of wages to maximum of \$810 minimum of \$216	\$810 \$35		
01/01/2013	70% of wages to maximum of \$826 minimum of \$220	\$826 \$35		
01/01/2014	70% of wages to maximum of \$843 minimum of \$225	\$843 \$35		
01/01/2015	70% of wages to maximum of \$855 minimum of \$228	\$855 \$35		
01/01/2016	70% of wages to maximum of \$871 minimum of \$232	\$871 \$35		

STATE OF NEW JERSEY
DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
DIVISION OF WORKERS’ COMPENSATION
P.O. BOX 381
TRENTON, NEW JERSEY 08625-0381

Division of
Workers’ Compensation

A Worker’s
Guide
to
Workers’
Compensation
in
New Jersey

Working Together
to Keep New Jersey
Working

NEW JERSEY DEPARTMENT OF
LWD
LABOR AND WORKFORCE DEVELOPMENT
n j . g o v / l a b o r

Chris Christle, Governor
Harold J. Wirths, Commissioner

What is Workers’ Compensation?

Workers’ Compensation is a system created by the New Jersey Legislature that provides benefits to workers who are injured or who contract an occupational disease while working. The benefits include medical care, temporary disability payments, and compensation for a resulting permanent disability. In the event of the death of an injured worker, benefits are payable to the family of the worker. Benefits may be paid voluntarily or it may be necessary to apply to the Workers’ Compensation Courts for relief.

Who is covered?

Virtually every worker who performs services for wages is covered by the law, regardless of the number of workers employed by the employer. Under New Jersey law, domestic and farm workers are covered. However, workers considered to be independent contractors, rather than employees, are not covered. Seamen, maritime workers, railroad workers, and federal employees are covered under federal workers’ compensation law.

What must a worker do if injured?

The worker should notify the employer as soon as possible, but not later than 90 days from the date of the accident. The notice may be given to the supervisor, personnel office, or anyone in authority at the employer’s place of business. Notice need not be in writing. If the worker needs medical treatment, a request should be made to the employer as soon as possible.

What if an employer refuses to provide medical services and/or temporary disability benefits?

The injured worker should seek the services of an attorney who will file a formal claim petition and a motion for medical and temporary benefits with the Division of Workers’ Compensation. Attorneys are prohibited by law from charging a fee in advance for such services. Fees will be fixed by the court only if a compensation award is made.

Important: There is a two-year statute of limitations. A formal Claim Petition must be filed within two years of the date of the injury or the last payment of compensation, whichever is later. Medical treatment authorized by the employer is considered a payment of compensation.

In cases of occupational illness, the Claim Petition must be filed within two years from the date the worker first became aware of the condition and its relationship to employment. The statute of limitations applies to minors also.

An injured worker may also file an application for an informal hearing before a Judge of Compensation. At the informal hearing a representative of the employer or the employer’s insurance carrier is usually present. The suggestions made by the judge at an informal hearing are, however, not binding on either party. The filing of an application for an informal hearing does not stop the two-year statute of limitations from running.

What happens after a claim is reported?

The employer or the employer’s insurance carrier will investigate the claim. If the claim is found compensable, they will pay for necessary and reasonable medical treatment, loss of wages during the period of rehabilitation, and, when documented, benefits for permanent disability.

Within 21 days of receiving notice of the accident, the insurance carrier should file a First Report of Injury form with the Division. This form gives the Division initial information about the accident and injuries. Another form, called the Subsequent Report of Injury, must be filed with the Division within 26 weeks after the worker returns to work or has reached maximum medical improvement. At that time, the worker should receive a letter from the insurance carrier explaining the benefits paid to date on their claim. The information from these forms helps the Division ensure that workers receive fair and timely benefits for work-related injuries.

Can an employer take action against a worker for filing a claim?

The Workers’ Compensation Statute prohibits the employer from discharging or discriminating in any manner against an employee because the employee has claimed or attempted to claim workers’ compensation benefits, or has testified, or is about to testify, in a workers’ compensation case.

Does the Workers’ Compensation Law give special consideration to minors?

Yes. If a minor, employed in violation of the Child Labor Law, suffers a disability because of a job-related injury or illness, benefits will be double the amount ordinarily awarded.

Benefits Available Through Workers’ Compensation

Medical Benefits

All necessary medical treatment and hospitalization services should be provided by the employer or the employer’s insurance carrier.

The employer has the right to choose the treating physician. If the employer refuses to provide medical treatment, the injured worker is free to choose the treating physician. However, in the case of an emergency, an injured worker may obtain medical or hospital treatment without specific authorization from the employer, but the employer should be notified as soon as possible concerning the treatment being received.

Temporary Disability Benefits

If there is lost time which extends beyond seven calendar days due to the injury, temporary disability benefits become payable starting with the first day lost. The benefit amount is 70 percent of gross weekly wages received at the time of the injury, up to a maximum established annually by the Commissioner of Labor and Workforce Development.*

Permanent Partial Benefits

When a job-related injury or illness results in a permanent partial disability, benefits are based upon a percentage of certain “scheduled” or “nonscheduled” losses. A “scheduled” loss is one involving arms, hands, fingers, legs, feet, toes, eyes, ears, or teeth. A “nonscheduled” loss is one involving the back, heart, lungs, etc.

Permanent Total Benefits

When a job-related injury results in permanent total disability, the injured worker is entitled to payments for 450 weeks which will be continued thereafter for as long as the total disability exists. However, after the 450 weeks, these payments are subject to reduction for wages earned from employment.

Weekly payments for permanent total disability are 70 percent of the gross weekly wage at the time of the injury up to a maximum established annually by the Commissioner of Labor and Workforce Development.*

Permanent total disability is presumed when the worker has lost two major members or a combination of members of the body such as eyes, arms, hands, legs or feet. However, permanent total disability can result from other injuries that render the worker unemployable.

Death Benefits

When a job-related accident or illness results in the worker’s death, benefits are payable to the dependents of the worker as defined by the law. The weekly benefit payment is 70 percent of wages, but the maximum total benefit payable to all of the worker’s dependents cannot exceed the maximum established annually by the Commissioner of Labor and Workforce Development.*

A surviving spouse or civil union partner and natural children who were a part of decedent’s household at the time of death are conclusively presumed to be dependents.

A surviving spouse or civil union partner and natural children who were not a part of decedent’s household at the time of death and all other alleged dependents (parents, grandparents, grandchildren, brothers, sisters, etc.) must prove actual dependency.

Children who are deemed to be dependents remain so until the age of 18 years or, if a full-time student, until the age of 23 years. If a child is physically or mentally disabled he/she may be eligible for further benefits.

The employer or the employer’s insurance carrier is responsible to pay up to \$3,500 in funeral expenses for a job-related death. These funds are payable to whomever is liable for the funeral bill, be it the estate or an individual.

* Maximum weekly rates for the past eight years are shown on the reverse. /

Beneficios por muerte

En caso de que el empleado fallezca debido a un accidente o a una enfermedad ocupacional, los dependientes de los trabajadores reciben los beneficios según lo establece la ley. El pago semanal del beneficio corresponde al 70 por ciento del salario, pero el beneficio total máximo pagadero a todos los dependientes de los trabajadores no puede exceder el máximo establecido anualmente por el Comisionado de Trabajo y Desarrollo de la Fuerza Laboral de New Jersey.*

El cónyuge sobreviviente o la pareja por unión civil y los hijos naturales que formaban parte de la familia del difunto en el momento de su fallecimiento se consideran dependientes de manera concluyente.

El cónyuge sobreviviente o la pareja por unión civil y los hijos naturales que no formaban parte de la familia del difunto al momento de su fallecimiento y cualquier otro presunto dependiente (padres, abuelos, nietos, hermanos, hermanas, etc.) deben probar su verdadera dependencia.

Los hijos considerados dependientes permanecen como tales hasta los 18 años o, si son estudiantes de tiempo completo, hasta los 23 años. Si un niño sufre de discapacidad mental o física, éste puede tener derecho a mayores beneficios.

El empleador o su empresa aseguradora es responsable del pago de hasta \$3,500 de gastos funerarios por fallecimiento relacionado con el trabajo. Estos fondos se pagarán a la persona responsable de la factura de gastos funerarios, ya sea el estado o una persona particular.

Este folleto se publicó sólo para brindar información general y no tiene validez legal. Para obtener una formulación específica de la ley, consulte la Ley sobre Workers' Compensation del Estado de New Jersey (NJSA 34:15-1 y siguientes) o consulte con su abogado.

Directorio de las oficinas de los distritos

Atlantic City (Condados de Atlantic y Cape May)
1333 Atlantic Ave., 4th Floor (609) 441-3160
Atlantic City, NJ 08401

Bridgeton (Condados de Cumberland y Salem)
40 E. Broad St. (856) 453-3930
Suite 203
Bridgeton, NJ 08302

Camden (Condados de Camden y Gloucester)
2 Riverside Dr., 3rd Floor (856) 614-2850
Camden, NJ 08103

Elizabeth (Condado de Union)
295 North Broad St., 2nd Floor (908) 820-3062
Elizabeth, NJ 07208-3702

Freehold (Condado de Monmouth)
2 Paragon Way (732) 462-9321
Freehold, NJ 07728

Hackensack (Condado de Bergen)
60 State St. (201) 996-8930
Hackensack, NJ 07601-5427

Jersey City (Condado de Hudson)
438 Summit Ave., 3rd Floor (201) 217-7205
Jersey City, NJ 07306-0603

Lebanon (Condados de Hunterdon, baja parte de Warren y Somerset)
Hunterdon Hills Plaza (908) 236-8026
1390 Rt. 22 W
Lebanon, NJ 08833

Mt. Arlington (Condados de Morris, Sussex y alta parte de Warren)
100 Valley Rd., Ste. 100 (973) 770-4480
Mt. Arlington, NJ 07856

Mt. Holly (Condado de Burlington)
555 High St. (609) 518-1790
Fairground Plaza
Mt. Holly, NJ 08060

Newark (Condado de Essex)
124 Halsey St., 2nd Floor (973) 648-2663
Newark NJ 07101-0226

New Brunswick (Condado de Middlesex)
550 Jersey Ave. (732) 937-6333
New Brunswick, NJ 08901-3502

Paterson (Condado de Passaic)
100 Hamilton Plaza, 8th Floor (973) 977-4526
Clark St.
Paterson, NJ 07505-2109

Toms River (Condado de Ocean)
954 Rt. 166 (732) 349-9592
Toms River, NJ 08753-7331

Trenton (Condado de Mercer)
Station Plaza 4 (609) 292-2508
PO Box 958
Trenton, NJ 08625-0958

Para obtener más información sobre la Workers' Compensation, visite nuestra página web: nj.gov/labor y después selecta Workers' Compensation.

Beneficios

Tasa vigente a partir de la fecha del accidente o de la exposición o manifestación en casos de enfermedad ocupacional.

Fecha de vigencia	Incapacidad Total	
	Permanente	Incapacidad Permanente Parcial
01/01/11	70% del salario desde hasta un máximo de \$792 mínimo de \$211	\$792 \$35
01/01/12	70% del salario desde hasta un máximo de \$810 mínimo de \$216	\$810 \$35
01/01/13	70% del salario desde hasta un máximo de \$826 mínimo de \$220	\$826 \$35
01/01/14	70% del salario desde hasta un máximo de \$843 mínimo de \$225	\$843 \$35
01/01/15	70% del salario desde hasta un máximo de \$855 mínimo de \$228	\$855 \$35
01/01/16	70% del salario desde hasta un máximo de \$871 mínimo de \$232	\$871 \$35

Division of Workers' Compensation

Guía para los trabajadores sobre la compensación por accidentes de trabajo en New Jersey

Trabajamos juntos para mantener a New Jersey Activa



Chris Christie, Gobernador
Harold J. Wirths, Comisionado

,Qué es la Compensación por accidentes de trabajo (Workers’ Compensation, en inglés)?

Workers’ Compensation es un sistema creado por la Legislatura de New Jersey que otorga beneficios a trabajadores que hayan resultado heridos o hayan contraído una enfermedad ocupacional mientras se encontraban trabajando. Los beneficios incluyen atención médica, pagos por incapacidad temporal e compensación por una consiguiente incapacidad permanente relocalonado con el trabajo. En caso de la muerte de un trabajador herido, la familia del trabajador recibirá los beneficios. Los beneficios pueden pagarse voluntariamente o quizá sea necesario solicitar reparación judicial a los Tribunales de Workers’ Compensation.

,Quiénes están cubiertos?

Prácticamente todos los trabajadores que prestan servicios a cambio de un salario están cubiertos por la ley, independientemente de la cantidad de trabajadores que tenga a cargo el empleador. Según las leyes de New Jersey, los empleados del servicio doméstico y los trabajadores rurales están cubiertos. Sin embargo, los trabajadores que se consideran contratistas independientes, es decir, que no trabajan en relación de dependencia, no están cubiertos. Los marineros, los empleados marítimos, los empleados ferroviarios y los empleados del gobierno federal están cubiertos por la ley federal sobre Workers’ Compensation.

,Qué debe hacer un trabajador si se lesiona?

El trabajador debe notificar a su empleador lo antes posible dentro de los 90 días desde la fecha del accidente. La notificación puede entregarse al supervisor, al encargado de personal o a cualquier otra autoridad en el domicilio comercial del empleador. No es necesario presentar una notificación por escrito. Si el trabajador necesita tratamiento médico, debe solicitarlo al empleador lo antes posible.

,Qué sucede si un empleador se niega a proporcionar servicios médicos o beneficios por incapidad temporal?

El trabajador herido debe recurrir a los servicios de un abogado quien presentará una demanda formal y una solicitud de beneficios médicos y de beneficios por incapacidad temporal ante la División de Compensación al Trabajador por accidentes de trabajo. Está prohibido por ley que los abogados

cobren honorarios por adelantado por dichos servicios. El tribunal fijará los honorarios sólo si se concede una suma de dinero como compensación.

***Importante:** Hay un tiempo limite de dos años -- establecido por la ley -- para presentar una demanda. Debe presentarse una Demanda Formal dentro de los dos años desde la fecha del accidente o del último pago de compensación, la que sea posterior. El tratamiento médico autorizado por el empleador se considera un pago de compensación.*

En los casos de enfermedad ocupacional, la Demanda debe presentarse dentro de los dos años desde la fecha en que el trabajador se dio cuenta de su condición y de la relación de ésta con el trabajo. El tiempo limite de dos años -- establecido por la ley -- también se aplica a los menores.

Un trabajador herido también puede solicitar una audiencia informal ante un Juez de Compensación. Por lo general, en la audiencia informal se presenta un representante del empleador o un agente de su empresa aseguradora. Sin embargo, las sugerencias que propone el juez en una audiencia informal no son obligatorias para ninguna de las partes. La solicitud de una audiencia informal no interrumpe el tiempo limite -- establecido por la lay -- de dos años.

,Qué sucede después de presentar una demanda?

El empleador o su empresa aseguradora realizarán una investigación sobre la demanda. Si la demanda es compensable, ellos pagarán el tratamiento médico razonable y necesario, el salario perdido durante el período de rehabilitación y, cuando se documenta, los beneficios por incapacidad permanente. La empresa aseguradora debe presentar ante la División un formulario del Primer Informe de Lesiones (First Report of Injury) dentro de los 21 días de haber recibido la notificación del accidente. Este formulario le proporciona a la División información inicial sobre el accidente y las lesiones. Se debe presentar otro formulario denominado Informe subsiguiente (Subsequent Report of Injuries) de lesiones ante la División dentro de un período de 26 semanas posteriores a la reincorporación del empleado al trabajo o cuando éste haya alcanzado la máxima mejoría médica.

En ese momento, el trabajador debe recibir una carta de la empresa aseguradora en la que se detallen los beneficios pagados hasta la fecha por su demanda. La información que se proporciona en estos formularios permite que la División asegure que los trabajadores reciban los beneficios justos y oportunos por las lesiones relacionadas con el trabajo.

,Puede un empleador tomar medidas en contra de un trabajador por haber presentado una demanda?

La Ley sobre Workers’ Compensation prohíbe al empleador despedir o discriminar de manera alguna a un empleado por haber demandado o intentado reclamar beneficios de Workers’ Compensation, o por haber declarado o por estar próximo a declarar en un caso de Workers’ Compensation.

,Tiene la Ley sobre Workers’ Compensation consideraciones especiales con respecto a los menores?

Sí. Si un menor, cuya condición laboral no cumple con lo que estipula la Ley de Trabajo de menores, sufre una incapacidad debido a una herida o una enfermedad relacionada con el trabajo, los beneficios serán el doble del monto que generalmente se otorga.

**Beneficios disponibles
a través de la
Workers’ Compensation**

Beneficios médicos

El empleador o su empresa aseguradora debe proporcionar todos los tratamientos médicos o servicios de hospitalización necesarios.

El empleador tiene el derecho de elegir el médico que proporcionará el tratamiento. Si el empleador se niega a suministrar el tratamiento médico, el trabajador herido tiene la libertad de elegir al médico que lo tratará. Sin embargo, en caso de una emergencia, un trabajador herido puede recibir tratamiento médico u hospitalario sin la autorización específica del empleador, pero éste debe ser notificado lo antes posible sobre el tratamiento que el trabajador reciba.

Beneficios por incapacidad temporal

Si no se trabaja durante un período superior a siete días de calendario debido a una herida, los beneficios por incapacidad temporal se pagarán a partir del primer día perdido. El monto de los beneficios es del 70 por ciento del salario bruto semanal recibido en el momento del accidente, hasta un máximo establecido anualmente por el Comisionado del Trabajo y Desarrollo de la Fuerza Laboral de New Jersey.*

Beneficios por incapacidad parcial permanente

Cuando una herida o una enfermedad relacionada con el trabajo producen una incapacidad parcial permanente, los beneficios se basan en un porcentaje de ciertas pérdidas “previstas” o “no previstas”. Una “pérdida prevista” involucra brazos, manos, dedos de las manos o de los pies, piernas, pies, ojos, orejas o dientes. Una “pérdida no prevista” involucra la espalda, el corazón, los pulmones, etc.

Beneficios por incapacidad total permanente

Cuando una herida relacionada con el trabajo produce una incapacidad total permanente, el empleado herido tiene derecho a recibir pagos durante 450 semanas que se prolongarán mientras exista la incapacidad total. Sin embargo, después de las 450 semanas, estos pagos están sujetos a reducciones por los salarios recibidos del trabajo.

Los pagos semanales por incapacidad total permanente corresponden al 70 por ciento del salario bruto semanal recibido en el momento del accidente, hasta un máximo establecido anualmente por el Comisionado del Trabajo y Desarrollo de la Fuerza Laboral de New Jersey.*

Se presume que existe incapacidad total permanente cuando el trabajador ha perdido dos miembros importantes o alguno de los miembros pares del cuerpo, como ojos, brazos, manos, piernas o pies. Sin embargo, la incapacidad total permanente puede ser una consecuencia de otras heridas que dejan al trabajador incapacitado para trabajar.

* Las tasas máximas semanales de los últimos seis años pueden verse en el reverso.

An Employer's Guide to Workers' Compensation in New Jersey



NEW JERSEY DEPARTMENT OF

LWD

LABOR AND WORKFORCE DEVELOPMENT

nj.gov/labor

**Chris Christie, Governor Kim
Guadagno, Lt. Governor Harold I.
Wirths, Commissioner Peter J.
Calderone, Director/Chief Judge**

AN EMPLOYER’S GUIDE TO WORKERS’ COMPENSATION IN NEW JERSEY

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I. WHAT IS WORKERS' COMPENSATION?

Workers' compensation is a "no fault" insurance program that provides medical treatment, wage replacement, and permanent disability compensation to employees who suffer job-related injuries or illnesses. It also provides death benefits to dependents of workers who have died as a result of their employment. An injured employee will receive benefits regardless of who was at fault. In exchange for these guaranteed benefits, the worker does not have the right to bring a civil action against the employer for pain and suffering or other damages, except in cases of intentional acts.

The Division of Workers' Compensation is responsible for the administration of the New Jersey Workers' Compensation Act (N.J.S.A. 34:15-1 et seq.). This is accomplished by:

- ensuring that workers receive fair and timely workers' compensation benefits for work-related injuries from their employers and/or insurance carriers;
- enforcing the law that requires employers to secure workers' compensation insurance coverage from commercial insurance carriers or self-insurance programs;
- providing certain benefit payments to injured workers who are totally and permanently disabled as a result of their last work-related injury combined with the worker's pre-existing disabilities. These benefits commence at the conclusion of the payment of benefits from the worker's employer.

The Division of Workers' Compensation does not have jurisdiction over insurance premium rate setting. That responsibility falls under the jurisdiction of the Compensation Rating and Inspection Bureau of the Department of Banking and Insurance.

II. WORKERS' COMPENSATION BENEFITS

Medical Benefits: Necessary and reasonable medical treatment, prescriptions, and hospital services related to the work injury are paid by the employer's insurance carrier or directly by the employer if self-insured. The employer and/or its insurance carrier have the right to designate medical providers for all work-related injuries.

Temporary Total Benefits: If an injured worker is disabled for a period of more than seven days, he or she will be eligible to receive temporary total benefit, retroactive to the first day of lost time. The benefit will be paid at a rate of 70% of the worker's average weekly wage, not to exceed the statutory maximum rate or fall below the statutory minimum rate established annually by the Commissioner of Labor and Workforce Development. These benefits are provided until the worker has returned to work, has reached maximum medical improvement, or has reached the statutory 400-week maximum.

Permanent Partial Benefits: When a job-related injury or illness results in a permanent bodily impairment, benefits are based on the individual's functional loss. These benefits are paid weekly and are due after the date temporary disability ends.

Permanent Total Benefits: When a work injury or illness prevents a worker from returning to any type of gainful employment, he or she may be entitled to receive permanent total disability benefits. These weekly benefits are provided initially for a period of 450 weeks. Benefits continue beyond the initial 450 weeks provided that the injured worker is able to show that he or she remains totally disabled. The benefits are paid weekly and are based upon 70% of the average weekly wage, not to exceed the statutory maximum or fall below the statutory minimum.

Death Benefits: Dependents of a worker who dies as a result of a work-related injury or illness may be eligible to receive death benefits and funeral expenses up to \$3,500. The weekly benefits are 70% of the wage of the deceased worker, not to exceed the statutory maximum.

III. INSURANCE REQUIREMENTS

• TYPES OF COVERAGE

New Jersey law requires that all New Jersey employers not covered by federal programs have workers' compensation coverage or be approved for self-insurance. Even out-of-state employers may need workers' compensation coverage if a contract of employment is entered into in New Jersey or if work is performed in New Jersey. Coverage may be obtained in one of two ways:

Workers' Compensation Insurance Policy written by a mutual or stock carrier authorized to write insurance in New Jersey. Premiums for such insurance are based on the classification(s) of the work being performed by employees, the claims experience of the employer, and the payroll of the employer.

Self-Insurance through application to and approval by the Commissioner of the Department of Banking and Insurance. Approval for self-insurance is based upon the financial ability of the employer to meet its obligations under the law and the permanence of the business. The posting of security for such obligations may be required.

A self-insured employer has the option of administering its own workers' compensation claims or contracting with a third-party administrator (TPA) to provide these services. For more information about self-insurance, please refer to N.J.S.A. 34:15-77 of the New Jersey Workers' Compensation statute or contact the Department of Banking and Insurance at (609) 292-5350, ext. 50099.

Note: Governmental agencies are required to provide workers' compensation benefits to their employees but are not required to purchase insurance or receive approval as a self-insurer. They generally either 1) obtain an insurance policy, 2) participate in an insurance pool, or 3) maintain a separate appropriation for workers' compensation.

The following employing entities must have workers' compensation insurance in effect:

Corporations – All corporations operating in New Jersey must maintain workers' compensation insurance or be approved for self-insurance so long as any one or more individuals, *including corporate officers*, perform services for the corporation for prior, current or anticipated financial consideration.*

Partnerships/LLCs – All partnerships and limited liability companies (LLCs) operating in New Jersey must maintain workers' compensation insurance or be approved for self-insurance so long as any one or more individuals, *excluding partners or members of the LLC*, perform services for the partnership or LLC for prior, current or anticipated financial consideration.*

Sole Proprietorship – All sole proprietorships operating in New Jersey must maintain workers' compensation insurance or be approved for self-insurance so long as any one or more individuals, *excluding the principal owner*, performs services for the business for prior, current or anticipated financial consideration.*

*Financial consideration means any remuneration for services and includes cash or other remuneration in lieu of cash such as products, services, shares of or options to buy corporate stock, meals or lodging, etc.

• DEFINITION OF “EMPLOYEE”

The New Jersey Workers' Compensation Act is liberally interpreted with respect to the definition of “employee” and is broader than the Internal Revenue Code and Unemployment Compensation statute. A variety of working relationships have been determined to be that of an employer-employee, including some that would not appear to be a typical employment situation. Further, a contract or other agreement as to whether an individual is an employee is not binding in determining whether an employee-employer situation is present.

New Jersey courts, in deciding this issue, have developed two tests: the “control test” and the “relative nature of the work test.”

Under the “control test,” the relationship between a business and the individual is reviewed. There is employment if the business retains the right to supervise the individual and control what is done as well as how it shall be done.

Under the “relative nature of the work test,” there is employment if an individual relies on income from the business and the work performed by the individual is an integral part of the activities of the business.

If any or both of these tests are met, an employee–employer relationship is established.

- **OBTAINING WORKERS’ COMPENSATION COVERAGE**

The New Jersey Compensation Rating and Inspection Bureau (NJCRIB), an agency in the New Jersey Department of Banking and Insurance, is responsible for establishing and maintaining regulations and premium rates for workers’ compensation and employers’ liability insurance.

Workers’ compensation insurance coverage can be obtained from any of the more than 400 private licensed insurance companies authorized to sell workers’ compensation policies in New Jersey. A policy can be purchased directly from an insurance carrier, an insurance agent, or an insurance broker. For assistance with obtaining coverage, please contact:

New Jersey Compensation Rating and Inspection Bureau
60 Park Place
Newark, NJ 07102
www.njcrib.com
(973) 622-6014

• **INSURANCE PREMIUM RATES**

The primary device used to determine workers' compensation insurance premiums is the classification system, which groups New Jersey businesses into various classifications. The purpose of this system is to bring together, within each classification, employers engaged in the same type of business. Accompanying each classification is a rate that represents the average work-injury experience for that classification. This rate is adjusted annually according to the latest available work-injury experience data.

It is also recognized that no two employers, although they may be in the same business, have exactly the same operations or identical conditions of employment. Within any given classification, there are employers with better-than-average work injury experience and those with worse-than-average work injury experience. To account for such differences, an additional refinement to the classification system is offered through another program known as the Experience Rating Plan. In this plan, an employer's own work injury experience is used to modify its premium, higher or lower, by comparing it to the average work-injury experience of all employers in the classification to which the employer is assigned.

For more information on how rates are established, you may wish to visit NJCRIB's Web site: www.njcrib.com.

• **WHAT A WORKERS' COMPENSATION POLICY COVERS**

A workers' compensation policy covers the following:

For injured employees:

- Reasonable medical services necessary to treat the job injury or illness
- Temporary disability benefits to help replace lost wages up to statutory maximum
- Permanent disability benefits to compensate for the continued effects of the injury
- Burial and death benefits for dependents in cases of fatal injury

For employers:

- Coverage of financial liabilities for work-related injuries and illnesses
- Legal representation

• PENALTIES FOR FAILURE TO INSURE

The consequences for failure to provide workers' compensation coverage can be very significant, even without a work-related injury. Specifically, the law provides that failing to insure is a disorderly persons offense and, if determined to be knowing, a crime of the fourth degree. Moreover, penalties for such failure can be assessed up to \$5,000 for the first 10 days with additional assessments of \$5,000 for each 10-day period of failure to insure thereafter. In the case of a corporation, liability for failure to insure can extend to the corporate officers individually. Penalties assessed for failure to insure are not dischargeable in bankruptcy.

Where a work-related injury or death has occurred, the employer, including individual corporate officers, partners or members of an LLC, is directly liable for medical expenses, temporary disability, and permanent disability or dependency benefits. In addition to awards for medical expenses and other benefits, New Jersey law also provides for civil penalties against the employer and its officers where failure to insure is determined. Awards and penalties arising from these claims can become liens against the uninsured employer and its officers, which are generally enforceable in the New Jersey Superior Court against any assets belonging to the uninsured employer and its officers.

HOW UNINSURED EMPLOYERS ARE IDENTIFIED

State employer records are compared, or “cross-matched,” with the database at the Department of Banking and Insurance’s Compensation Rating and Inspection Bureau (NJCRIB) on a regular basis to identify uninsured employers.

When an employer is identified through this cross-match as a possibly uninsured employer, a letter and a *cross-match response* form is issued. Mandatory insurance should be immediately obtained if an employer is uninsured and verification of insurance must be provided. Penalties may still be assessed for failure to have insurance at the time of the cross-match.

If you are an employer that has insurance and has received this form, you should provide the information requested about your workers’ compensation coverage as soon as possible to ensure that penalties are not improperly assessed against you.

Also, if you are aware of an uninsured employer, you may provide this information to the Division of Workers’ Compensation by e-mail (oscf@dol.state.nj.us), by calling (609) 292-0165 or by completing and submitting a “Report of Non-Compliance” form, available on the Web site of the Division of Workers’ Compensation. You need not identify yourself but you should be prepared to provide the name and exact address of the employer and, if possible, the names of the principle operators of the business.

IV. BEFORE AN INJURY OCCURS

• POSTING NOTICE

New Jersey law requires every employer to post and maintain, in a conspicuous place or places in and about the worksite, a form prescribed by the Commissioner of the Department of Banking and Insurance, stating that the employer has secured workers’ compensation insurance coverage or has qualified with the Department of Banking and Insurance as a self-insured employer.

For insured employers, the notice must include the name of the insurance carrier and other items as required by the Department of Banking and Insurance. To obtain copies of this notice, employers should contact their insurer.

- **ESTABLISH CLEAR PROCEDURES FOR EMPLOYEES AND MANAGERS**

At the time of hire and periodically thereafter, employees should be provided the following information:

- An explanation of their workers' compensation coverage and benefits
- How, when, and to whom to report an injury
- Where to go for medical treatment if injured while working

The Division of Workers' Compensation has a general brochure on workers' compensation available for injured workers, called "A Worker's Guide to Workers' Compensation." The brochure, which can be downloaded for distribution to employees from the division's Web site (www.nj.gov/labor/wc), is available in English and Spanish.

V. REPORTING WORK ACCIDENTS AND OCCUPATIONAL EXPOSURES

Every work accident or occupational exposure should be recorded on an accident report form. Such documentation should prompt an immediate investigation, which not only assists in determining the cause of the accident or exposure, but is also important in the prevention of future accidents.

When an employer receives notice about a work-related accident or occupational exposure, it should notify its insurance carrier or third-party administrator (TPA) immediately so that a First Report of Injury form can be filed by the carrier or TPA with the state of New Jersey. This form, which is filed electronically, gives the Division of Workers' Compensation initial information about the work accident or exposure and any resulting injuries. A copy of this report is sent by the carrier or TPA to the employer for verification of the information submitted.

Within 26 weeks after the worker has reached maximum medical improvement or has returned to work, the insurance carrier or TPA must electronically file a second report, called a Subsequent Report of Injury, with the state. Information from this report, including an explanation of any benefits paid on the claim, is also sent to the injured worker.

Note: If you are a self-administered self-insurer or governmental entity, you will be required to file these two reports directly with the state. For more information on how to file, please visit the Division of Workers' Compensation's Electronic Data Interchange (EDI) Web page at nj.gov/labor/wc, then select *Employer/Insurance Carrier Information*, then *Electronic Accident Reports/EDI*.

VI. HOW TO REDUCE WORKERS' COMPENSATION COSTS

• ESTABLISH A SAFETY PROGRAM

The best way for an employer to lower workers' compensation costs is to prevent injuries from happening in the first place. Involve your employees in identifying hazardous work practices and potentially harmful situations, areas, or equipment. Safety teams and company incentives play a role in reducing costs. Most importantly, management must be willing to listen and put into practice appropriate recommendations.

Many insurance companies offer free advice to policyholders about how to establish and maintain safe workplaces. You can also use the New Jersey Department of Labor and Workforce Development's free On-Site Consultation Service to find out about potential hazards at your worksites and improve your occupational safety and health management systems. Information on this service can be obtained by contacting:

Mail: New Jersey Department of Labor and Workforce Development
Division of Public Safety and Occupational Safety and Health
P.O. Box 953 Trenton, NJ 08625

Phone: (609) 984-0785

Online: nj.gov/labor, then select *Safety and Health* from the left menu bar.

- **ESTABLISH RETURN-TO-WORK PROGRAMS**

Creating return-to-work programs that include appropriate light-duty or modified jobs can encourage workers to return to employment sooner and lower business costs.

In addition, employers can partner with medical professionals and managed care specialists to design jobs that will not aggravate or re-injure workers who have recovered enough to return to work, but need additional time before resuming regular duties. The employer should provide an injured worker's job description to his or her medical care provider. Such information may facilitate early release of the worker to some type of modified duty.

Researchers have found that in companies offering return-to-work programs, workers felt more satisfied with the care they received.

- **ESTABLISH AND MAINTAIN GOOD COMMUNICATION WITH INJURED EMPLOYEES**

Pre-Injury:

Frequently communicate workers' compensation-related information to employees in plain, straightforward language. Publicize company procedures for job-related injuries or illnesses and encourage early reporting of such injuries. Let workers know which doctors they must see for work-related claims. When workers receive prior communication about what to do when a work-related injury or illness occurs, they are more likely to follow the employer's established procedures.

When the same information is received after an injury has already occurred, employee reaction and response may be less positive.

Post-Injury:

Employers should actively become involved in every workers' compensation case. Communicate on a regular basis with your employees who are disabled with work related injuries. The communication, whether it is by telephone or in person, should be positive and upbeat.

If your company conducts an accident investigation, keep in mind that an important purpose of such an investigation should be to determine how the accident occurred so that such occurrences can be prevented in the future.

Studies have shown that prior communication and post-injury demonstrations of concern by the employer can result in higher levels of worker satisfaction and reduced time lost from work — factors that contribute to lower program costs.

- **ENSURE PROMPT TREATMENT FROM THE RIGHT MEDICAL PROVIDERS**

Helping the injured worker get immediate medical attention pays off for both worker and employer on several levels. Typically, the sooner injured workers receive proper treatment, the sooner they may return to work.

Under the New Jersey workers' compensation law, the employer and/ or its insurance carrier select the medical providers to treat injured workers for work-related injuries. Such control of medical treatment is an important employer right and obligation.

When a workplace accident or occupational exposure occurs, the injured worker should be offered prompt medical treatment. Employers should keep in mind that providing medical coverage is not considered an admission of liability (N.J.S.A. 34:15-15).

VII. CLAIM PETITIONS IN WORKERS' COMPENSATION

Employees who are injured on the job may file a workers' compensation claim petition with the New Jersey Division of Workers' Compensation. Issues may include compensability of the claim (whether the injury/ illness is considered work related), the type and extent of medical treatment, and/or the payment of temporary disability benefits. Further, a claim petition may seek permanent disability benefits and, in cases of alleged job-related death, dependency benefits. Workers are generally represented by an attorney but they may file a claim petition on their own (pro se). An insurance carrier will usually provide a legal defense on behalf of a covered employer. If you are a self-insured corporation, it is required that you or your third-party administrator obtain legal representation to defend your interests.

The vast majority of claim petitions are settled by mutual agreement as to the amount of benefits due and extent of disability. In cases where an agreement is not reached, a workers' compensation judge will resolve the disputed issues.

An insurance carrier, drawing on their extensive knowledge of the law and taking into consideration all the pertinent facts of the case, can make a decision to accept or deny a claim. Stay aware of whether claims are investigated timely, whether benefits are being paid on time, and whether claims are being disputed or accepted. The employer plays a key role in working with the carrier and the injured worker to ensure that the system works smoothly and fairly.

VIII. WHAT ELSE DOES AN EMPLOYER NEED TO KNOW?

- **DISCRIMINATION COMPLAINTS**

It is unlawful for any employer to discharge or otherwise discriminate against an employee because the employee claimed or attempted to claim workers' compensation benefits or because the employee testified or is about to testify in a workers' compensation matter. The Division of Workers' Compensation is responsible for investigating such claims.

- **SECOND INJURY FUND**

The Second Injury Fund (SIF), which is administered by the Division of Workers' Compensation, makes benefit payments to injured workers who are totally and permanently disabled as a result of work-related injuries combined with pre-existing disabilities.

The Second Injury Fund was established to encourage employers to hire disabled workers. The employer only pays for the work-related aspect of the total disability award.

- **DIVISION OF WORKERS' COMPENSATION WEB SITE**

The Division of Workers' Compensation maintains an Internet Web site that contains the latest information on New Jersey workers' compensation, including legal and administrative procedures, forms and brochures, statistical data, and program details.

The Web address is <http://nj.gov/labor/wc/>

- **CONTACTS FOR QUESTIONS**

If you have questions about New Jersey's workers' compensation program, please contact:

**New Jersey Department of Labor and Workforce Development
Division of Workers' Compensation
P.O. Box 381
Trenton, NJ 08625-0381
(609) 292-2515
Fax: (609) 984-2515
[e-mail: dwc@dol.state.nj.us](mailto:dwc@dol.state.nj.us)**

If you have questions about workers' compensation insurance rates or obtaining coverage, please contact:

**New Jersey Compensation Rating and Inspection Bureau
60 Park Place
Newark, NJ 07102
www.njcrib.com
(973) 622-6014**



New Jersey Department of Labor and Workforce Development
Division of Workers' Compensation
P.O. Box 381
Trenton, NJ 08625-0381
(609) 292-2515
Fax: (609) 984-2515
[e-mail: dwc@dol.state.nj.us](mailto:dwc@dol.state.nj.us)

NOTICE

The undersigned employer hereby gives notice that the payment of compensation to employees and their dependents has been secured in accordance with the provisions of the Employer’s Liability Insurance Law, Title 34, Chapter 15, Article 5, Revised Statutes New Jersey, by insuring with the

Falls Lake National Insurance Company
for the period

Beginning Ending

Employer

In accordance with the above cited law, notice of compliance must be posted and maintained conspicuously in and about the employer’s workplaces.

AVISO

El patron avisa que ha asegurado el pago de compensación a los empleados y sus dependientes, de acuerdo con lo provisto por la ley de responsabilidad de los patrones de seguro para sus empleados. Titulo 34, Capitulo 15, Articulo 5, revision de estatutos del Estado de New Jersey, asegurandolos con.

Falls Lake National Insurance Company
por el periodo

ComenzandoTerminando

Patron.....

De acuerdo con la ley mencionada arriba, esta noticia debe ser colocada y mantenida en un lugar visible en todos los lugares de trabajo.

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	



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