



Sedgwick Claims Kit

Georgia





Dear Insured:

We would like to welcome you as a policyholder of Service American Indemnity 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 attachment.

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

Sedgwick Claim Kit Attachments:

- Workers' Compensation Bill of Rights – English & Spanish – *MUST BE POSTED*
- Workers' Compensation Official Notice (WC-P1) – *MUST BE POSTED*
- Anti-Fraud Notice – *MUST BE POSTED*
- Employer First Report of Injury or Occupation Disease (WC-1)
- Workers' Compensation Wage Statement (WC-6)
- Workers' Compensation Employee Handbook
- Authorization for Release and Use of Medical Information (WC-207)
- Express Scripts First Fill Temporary Pharmacy Card

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

WC-BILL OF RIGHTS

GEORGIA STATE BOARD OF WORKERS' COMPENSATION
BILL OF RIGHTS FOR THE INJURED WORKER

As required by law, O.C.G.A. §34-9-81.1, this is a summary of your rights and responsibilities. The Workers' Compensation Law provides you, as a worker in the State of Georgia, with certain rights and responsibilities should you be injured on the job. The Workers' Compensation Law provides you coverage for a work-related injury even if an injury occurs on the first day on the job. In addition to rights, you also have certain responsibilities. Your rights and responsibilities are described below.

Employee's Rights

1. If you are injured on the job, you may receive medical rehabilitation and Income benefits. These benefits are provided to help you return to work. Your dependents may also receive benefits if you die as a result of a job-related injury.
2. Your employer is required to post a list of at least six doctors or the name of the certified WC/MCG that provides medical care, unless the Board has granted an exception. You may choose a doctor from the list and make one change to another doctor on the list without the permission of your employer. However, in an emergency, you may get temporary medical care from any doctor until the emergency is over, then you must get treatment from a doctor on the posted list.
3. Your authorized doctor bills, hospital bills, rehabilitation in some cases, physical therapy, prescriptions, and necessary travel expenses will be paid if injury was caused by an accident on the job.
4. You are entitled to weekly Income benefits if you have more than seven days of lost time due to an injury. Your first check should be mailed to you within 21 days after the first day you missed work. If you are out more than 21 consecutive days due to your injury, you will be paid for the first week.
5. Accidents are classified as being either catastrophic or non-catastrophic. Catastrophic injuries are those involving amputations, severe paralysis, severe head injuries, severe burns, blindness, or of a nature and severity that prevents the employee from being able to perform his or her prior work and any work available in substantial numbers within the national economy. In catastrophic cases, you are entitled to receive two-thirds of your average weekly wage but not more than \$550 per week for a job-related injury for as long as you are unable to return to work. You also are entitled to receive medical and vocational rehabilitation benefits to help in recovering from your injury. If you need help in this area call the State Board of Workers' Compensation at (404) 656-3818.
6. In all other cases (non-catastrophic), you are entitled to receive two-thirds of your average weekly wage but not more than \$550 per week for a job related injury. You will receive these weekly benefits as long as you are totally disabled, but no longer than 400 weeks. If you are not working and it is determined that you have been capable of performing work with restrictions for 52 consecutive weeks or 78 aggregate weeks, your weekly income benefits will be reduced to two-thirds of your average weekly wage but no more than \$367 per week, not to exceed 350 weeks.
7. When you are able to return to work, but can only get a lower paying job as a result of your injury, you are entitled to a weekly benefit of not more than \$367 per week for no longer than 350 weeks.
8. Your dependent(s), in the event you die as a result of an on-the-job accident, will receive burial expenses up to \$7,500 and two-thirds of your average weekly wage, but not more than \$550 per week. A widowed spouse with no children will be paid a maximum of \$220,000. Benefits continue until he/she remarries or openly cohabits with a person of the opposite sex.
9. If you do not receive benefits when due, the insurance carrier/employer must pay a penalty, which will be added to your payments.

Employee's Responsibilities

1. You should follow written rules of safety and other reasonable policies and procedures of the employer.

You must report any accident immediately, but not later than 30 days after the accident, to your employer, your employer's representative, your foreman or immediate supervisor. Failure to do so may result in the loss of the benefits.
3. An employee has a continuing obligation to cooperate with medical providers in the course of their treatment for work related injuries. You must accept reasonable medical treatment and rehabilitation services when ordered by the State Board of Workers' Compensation or the Board may suspend your benefits.
4. No compensation shall be allowed for an injury or death due to the employee's willful misconduct.
5. You must notify the insurance carrier/employer of your address when you move to a new location. You should notify the insurance carrier/employer when you are able to return to full-time or part-time work and report the amount of your weekly earnings because you may be entitled to some Income benefits even though you have returned to work.
6. A dependant spouse of a deceased employee shall notify the insurance carrier/employer upon change of address or remarriage.
7. You must attempt a job approved by the authorized treating physician even if the pay is lower than the job you had when you were injured. If you do not attempt the job, your benefits may be suspended.
8. If you believe you are due benefits and your insurance carrier/employer denies these benefits, you must file a claim within one year after the date of last authorized medical treatment or within two years of your last payment of weekly benefits or you will lose your right to these benefits.
9. If your dependent(s) do not receive allowable benefit payments, the dependent(s) must file a claim with the State Board of Workers' Compensation within one year after your death or lose the right to these benefits.
10. Any request for reimbursement to you for mileage or other expenses related to medical care must be submitted to the insurance carrier/employer within one year of the date the expense was incurred.
11. If an employee unjustifiably refuses to submit to a drug test following an on-the-job injury, there shall be a presumption that the accident and injury were caused by alcohol or drugs. If the presumption is not overcome by other evidence, any claim for workers' compensation benefits would be denied.
12. You shall be guilty of a misdemeanor and upon conviction shall be punished by a fine of not more than \$10,000.00 or imprisonment, up to 12 months, or both, for making false or misleading statements when claiming benefits. Also, any false statements or false evidence given under oath during the course of any administrative or appellate division hearing is perjury.

The State Board of Workers' Compensation will provide you with information regarding how to file a claim and will answer any other questions regarding your rights under the law. If you are calling in the Atlanta area the telephone number is (404) 656-3818, outside the metro Atlanta area call 1-800-533-0682, or write the State Board of Workers' Compensation at: 270 Peachtree Street, N.W., Atlanta, Georgia 30303-1299 or visit our website: <http://www.sbw.com>. A lawyer is not needed to file a claim with the Board; however, if you think you need a lawyer and do not have your own personal lawyer, you may contact the Lawyer Referral Service at (404) 521-0777 or 1-800-237-2629.

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-670-1016 OR TSXIAM541112 OR VISIT [EUIDYwmyyilpreosorgla.gor](http://www.sbw.com)
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WC-BILL OF RIGHTS

JUNTA ESTATAL DE COMPENSACION DE TRABAJADORES DE GEORGIA
DECLARACION DE DERECHOS PARA EL TRABAJADOR LESIONADO

Segun to requiem la Ley O.C.G.A. 04-94311. esto es on recuento de sus derechos y responsabilidades. La Ley de Compensation de Trahreadores le provee a usted, como trabajador en el Estado de Georgia, derlos derechos y responsabilidades si usted se lesions en el trabajo. La Ley de Compensation de Trahadador lo provee a usted con cobertura de lesiones reladonadas con al habel° aunque su lesiOn sea en el primer die de trabajo. Ademas de sus derechos, usted tambien llene ciertas responeabilidades. Sus derechos y responsabilidades estan descritos abajo.

DereChOS de loq ErnDleados

ReseiOnSabiIIdade5 de los Empleados

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| <p>Si1. usted se lesiones en al trabajo, weed puede recibir rehabilitackm medicos y beneficios de ingresos. Estos beneficios son provioidos pant ayudado a regresar al babies. Tomblen sus dependientes pueden recibir beneficios si usted muare comet resulted° de Redone° rocididas en el trabajo.</p> <p>2. Se la regular° a su empleador qua anuncie una lista de eels doctores o por to menos el nombro de un VVC/ NCO certificado qua proves cuidados medicos, al menos qua la Junta hada °torpedo una excepcion. Usted puede escapar un doctor de Ts lista sin el permiso de su empleador. Sin embargo, en uric emergencia, usted puede recibir asistencia mediae temporaria de cualquier otro medico hasta quo la emergencia termine despues usted debe recibir tratamiento de los medicos quo so anuncian en la lista.</p> <p>3. Sus cuentas medicos °uteri:odes, cuentas do hospital, rehabilitacion en algunos casos, terapia fisica, vacates y gastos de transporte saran paged°s el Ts lesion fue ocasionada por un accidents en el trabaJo.</p> <p>4. listed bane derecho a recibir beneficios de ingresos semanales el usted ha perdido tiempo par mas de slate dies debido a una les16n. Su primer cheque debe ser enviad° a usted dentro de 21 dies, despues del primer die qua fallo at llethal°. Si este Nara mils de 21 dies consecutive° debido a su lesion, se le pagers Ts primate somana.</p> <p>5. Los accidentes son ctasificados ye sea catastrificos a no de catestrOdicos. Lesiones catestréf Ices son las quo envuelvon amputation, parallels savants, lesions, sevens de la cabeza, quemaduras severe., ceguera qua prevenga al empleado a quo puede realizar el o elle au trabajo anterior o cualquier otro trabajo disponible en numero considerable dentro de la economic notional. En cases catastréticos usted thane derecho a recibir on promedio de dos {amoral' paean de su ingreso semanal per° no matt de \$550 per semana por una 8. lesion releccionada con el trabajo durante todo el tempo qua usted no puede regresar a su PAM*. Listed tambien liens derecho a recibir beneficiol medicos y de rehabitacion. 51 usted necesita ayuda en esta area llame a la Junta Estate° de Compensacion do Trabajadores al (404) 656-3818.</p> <p>6. En lodes los afros casos (no catastrificos) usted teens el derecho a recibir dos became partes de su sueldo promedio semanal pero no mas de \$550 per somana do una Wean relacionada de trabajo, usted recibirti estos beneficios mientras usted este Incapacitado. Pero no mas de 400 semanas id no esta trabajando y se determine qua usted este capacitado a desempeñar con restriaclen per 52 Bantams consecutive° o 78 termites agregadas sus ingresos semanaies seven reducidos a doe tercel's" partes de su sueldo promedio pero no más de \$367 por scalene, quo no excedan 350 lemmas.</p> <p>7. Cuando usted puede regresar a trabajar pero solo puede conseguir ample° de salario bajo como resultado de au lesion milled Orme derecho a un benelicio semanal de no mas de \$367 por eernana pero no mas de 350 semanas.</p> <p>0. En caso de qua usted muss como resultado de un accident. en el trabajo, su dependiente (a) recibirin pare gastos de entierro \$7,500 y dos weenie partes de su sueldo promedio semanal, pero no matt de \$550 por semana. Una esposa elude sin nines se le pagers on maxima de \$220,000 en beneficios continuos hasty qua EUELLA se vuelve a casar o abliertamente cohabit° con una persona del seso °punt°.</p> <p>9. Si usted no recibe beneficios cuando sea debido, la compel* de segurempleador debe de pager penalldades, quo se agreganin a sus pagos.</p> | <p>1. Usted debe de seguir las reales es-ress de seguridad y atlas pelzas razonables y procedimientos del empleador.</p> <p>2. Usted debe reporter cualquier accidents inmediatamente, pero no eras lards de 30 dies despues del accidents°, a su =picador, los representantes del empleador, su capataz o supervisor inmediato. Faller en hacerlo puede resultar en la perdida de sus beneficios.</p> <p>3. Un empleado Gene la continua obligation de cooperar con proveedores mediocre en el cures de su tratamiento releccionado con Intones de trabajo. Usted debt) sceptor tratamienios medicos razonables y servicios de rehabilitation cuando seen ordenados por la Junta Estate! de Compensation de Trabajadores a la Junta puede suspender sus beneficios.</p> <p>4. No se permitira compensackm per una lesion a muerte debido a una conducts mai intencionada de los empleados.</p> <p>5. Bebe de nollear a la compaiiia de iteguraiempleador de su direction cuando se muds a un nuevo luger. Usted debe notificar a le compaille de segurosJempleador cuando usted hada regresado a trabajar de tiempo completo o medio tiempo y reporter la cantidad de su salario semanal parque usted puede tener derecho a algUn beneficio de Ingres° sun as' halls regresado al trabajo.</p> <p>6. Una esposa dependiente de on empleado difunto debe notificar a la compenia do sacrum/ empleador de =Tibias direccion o novo matrimonio.</p> <p>7. Usted debe intents: un trabajo embed° par su medico autorizado aunque el pago sea mas WO qua en el trabajo quit usted tenia cuando se lesione, si usted no Intents el trabajo sus beneficios pueden ser suspencilcos, Si usted ores quo debe recibir beneficios y su companla do segurosempleador nicer' Gatos beneficiol'. Usted deb° de hater un reclamo dentro de un solo despues del ultimo tratamiento medico o dentro de dos altos de su ultimo pago do beneficios semanales o Listed perdera sus derechos a estos beneficios.</p> <p>9. Si su (s) dependiente (s) no reciben beneficio de pagos permitides. El dependiente debe haw un reclamo con Ts Junta Estate! de Compansacion de Trabajadores done° de un sect despues de su muerte o perderin los detaches a estos hefted's'.</p> <p>10. Alfieri pedido de reembolso a usted per melee o otros gastos relacionados con tratamiento medico debe set sametidos a Is compadia de sogurosempleador dentro de un alio del die qua los gastos fueron Incurridos.</p> <p>11. SI un empleado Injustificadamente rebel! a someterse a una pruetta de droga despues de una !Wen en el trabajo habre una presuncien de qua el accidents y lesion fueran causados pot drags o alcohol. Si Is presuricion no se sobrepone por otras avidencias, algen tedium hitch° pars beneficios de compensation de Trabajador serail negados.</p> <p>12. Usted seri culpable do on dont° manor y una yes convict° debe ser castigado con una molts de no me* de \$10,000.00 o encarcelamiento de haste 12 mesas a tae dos, par hater declaraciones falsas o engarrosos testimonios cuando reclame beneficios. Tambien cualquier declaration false o evidencia false dadas bajo juramento durante el torso de aiguna at:Wanda de division de sedation o administration es perjurto.</p> |
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La Junta de Compensation de Trabajadores le proporcionank Is intonnaciin relative a la menus de presenter una reclamation y respondenl a cualquier preguntas adicionales sobS sus derechos en virtud de la lay. Si usted llama en Is zone de Atlanta, el telefono es el (404) 656-3818 y fuere do la zone metropolitan de Atlanta, llame al 1400-533-0682, a ascribe a la Junta Estate! de Compensation de Trabajadores a 270 Peachtree Street, NW, Atlanta. Georgia 30303-1299 a visite sitio web: <http://Nernv.abwc.neeralmaoy>. No es necesario toner on abogado pare presenter una reclamacim a la Junta; sin embargo, si usted tree quit necesita los serviolos de un abogado y no llene uno propio, usted puede ponerse en contacto con el Service, de Referencia de Abogados (Lawyers Referral Service) al telaleno (404) 521-0777 o al 1-800437-2629.

(This notice must be posted in a conspicuous place readily accessible to the employee at all times.)

OFFICIAL NOTICE

This business operates under the Georgia Workers' Compensation Law.

WORKERS MUST REPORT ALL ACCIDENTS IMMEDIATELY TO THE EMPLOYER BY ADVISING THE EMPLOYER PERSONALLY, AN AGENT, REPRESENTATIVE, BOSS, SUPERVISOR, OR FOREMAN.

If a worker is injured at work, the employer shall pay medical and rehabilitation expenses within the limits of the law. In some cases the employer will also pay a part of the worker's lost wages.

Work injuries and occupational diseases should be reported in writing whenever possible. The worker may lose the right to receive compensation if an accident is not reported within 30 days (see O.C.G.A. § 34-9-80).

The employer will supply free of charge, upon request, a form for reporting accidents and will also furnish, free of charge, information about workers' compensation. The employer will also furnish to the employee, upon request, copies of board forms on file with the employer pertaining to an employee's claim.

A worker injured on the job must select a doctor from the list below. The minimum panel shall consist of at least six physicians, including an orthopedic surgeon with no more than two physicians from industrial clinics (see O.C.G.A. § 34-9-201). Further, this panel shall include one minority physician, whenever feasible (see Rule 201 for definition of minority physician). The Board may grant exceptions to the required size of the panel *where it is demonstrated* that more than four physicians are not reasonably accessible. One change to another doctor from the list may be made without permission. Further changes require the permission of the employer or the State Board of Workers' Compensation.

State **Board of Workers' Compensation**
270 Peachtree Street, N.W.
Atlanta, Georgia 30303-1299
404-656-3818
or 1-800-533-0682
<http://www.sbwcc.georgia.gov>

_____ name/address/phone _____ name/address/phone _____ name/address/phone

_____ name/address/phone _____ name/address/phone _____ name/address/phone

(Additional doctors may be added on a separate sheet) The insurance company providing coverage for this business under the Workers' Compensation Law is:

_____ Name

_____ address _____ phone

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 104-056.381.1 ON 1*000.033461.2 OR VISIT 1*Ktsthowo.skr.w.o.wpia.por
*Mihaly making false MalterneW AK IN, purpose of obtaining or denying benefits Is a crime subject to penalties of up to \$10,000.00 per violation (O C G A 37-9-18 and 34-9-19)

(Este aviso debe ser puesto en un lugar accesible al empleado todo el tiempo.)

AVISO OFICIAL

Esta compañía opera bajo las Leyes de Compensation de Trabajadores de Georgia

LOS TRABAJADORES DEBEN REPORTAR TODOS LOS ACCIDENTES INMEDIATAMENTE AL EMPLEADOR Y AVISAR AL EMPLEADOR PERSONALMENTE, UN AGENTE, REPRESENTANTE, PATRON, SUPERVISOR O CAPATAZ.

Si un trabajador es lesionado en el trabajo el empleador debe pagar gastos medicos y rehabilitation dentro de los limites de la ley. En algunos casos el empleador tambien pagara una parte de los salarios perdidos de los empleados.

Lesiones de trabajo y enfermedades ocupacionales deben ser reportados por escrito cuando sea posible. El trabajador puede perder el derecho a recibir compensation si un accidente no es reportado dentro de 30 dias (referencia O.C.G.A. § 34-9-80).

El empleador ofrecera sin costo alguno, si es pedido, un formulario para reporter accidentes y tambien debe suministrar, sin costo alguno, informacion acerca de compensation de trabajadores. El empleador tambien debe suministrar al empleado, cuando sea pedido, copias de formularios de la Junta archivados con el empleador pertenecientes a reclamos de los empleados.

Un trabajador lesionado en el trabajo debe seleccionar un doctor de la lista abajo. El panel minim° debe consistir de por lo menos seis medicos, incluyendo un cirujano ortopedico con no rills de dos medicos de clinicas industriales (referenda O.C.G.A. § 34-9-201). Adernas, este panel debe incluir un medico minoritario, cuando sea posible (yea la regla 201 de definition de medicos minoritarios.) La Junta puede otorgar excepciones al tamer* requerido del panel donde se demuestre que mas de cuatro medicos no son razonablemente accesibles. Un cambio de un doctor a otro en la lista se puede tracer fin permiso. Camblos adicionales requieren el permiso del empleador o de la Junta Estatal de Compensation de Trabajadores.

Junta Estatal de Compensation de Trabajadores
270 Peachtree Street, N.W.
Atlanta, Georgia 30303-1299
404-656-3818
01-800-533-0682
<http://www.sbcw.georgia.gov>

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(Medicos adicionales pueden ser agregados en una hoja separada.)

La compañía de seguro que provee cobertura para esta Empresa bajo la ley de Compensation de Trabajadores es

Nombre

direccion

telefono

51 USTED TIENE PREGUNTAS LLAME AL (404)0563515 o 1400-533-0652 o VISITA 51110 WEB <http://www.sbcw.georgia.gov>

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WC-P1 (7/2006)

WORKERS' COMPENSATION FRAUD NOTICE

UNDER GEORGIA LAW [O.C.G.A. 34-9-19] any person, firm, or corporation who willfully makes any false or misleading statement or representation for the purpose of obtaining or denying any benefit or payment under this chapter shall be guilty of a misdemeanor of a high and aggravated nature and, upon conviction thereof, shall be punished by a fine of not less than \$1,000.00 or more than \$10,000.00 or by imprisonment not to exceed one year, or by both such fine and imprisonment. Additionally, any person, firm, or corporation who violates this Code section may also be assessed the cost of investigation or prosecution, or both, in accordance with Chapter 11 of Title 17, relating to the assessment and payment of costs of criminal proceedings.

This insurance company providing coverage for this business under the Workers' Compensation Law is:

**DEPARTMENT OF ADMINISTRATIVE SERVICES
RISK MANAGEMENT SERVICES
WORKERS' COMPENSATION UNIT
P.O. BOX 38198 CAPITOL HILL STATION
ATLANTA, GEORGIA 30334
404-656-6245**

WC-1 EMPLOYER'S FIRST REPORT OF INJURY OR OCCUPATIONAL DISEASE

GEORGIA STATE BOARD OF WORKERS' COMPENSATION

EMPLOYER'S FIRST REPORT OF INJURY OR OCCUPATIONAL DISEASE

NOTE: FAILURE TO SUBMIT THIS REPORT TO INSURER IMMEDIATELY MAY RESULT IN PENALTY. MUST BE TYPED OR PRINTED IN BLACK INK.

| | | | | | |
|-----------------|--------------------|---------------------|------|-------------------------|----------------|
| Board Claim No. | Employee Last Name | Employee First Name | M.I. | SSN or Board Tracking # | Date of Injury |
|-----------------|--------------------|---------------------|------|-------------------------|----------------|

A. IDENTIFYING INFORMATION

| | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| EMPLOYEE | <input type="checkbox"/> Male <input type="checkbox"/> Female | Birthdate | Phone Number | Employee E-mail |
| Address | | City | State | Zip Code |
| EMPLOYER | Name | NAICS Code | Nature of Business (Trade, Transport, Mfg., etc) | |
| Address | | Phone Number | Employer FEIN | |
| City | State | Zip Code | Employer E-mail | |
| INSURER / SELF-INSURER | Name | Insurer/Self-Insurer FEIN | Insurer/Self-Insurer File # | |
| CLAIMS OFFICE | Name | Claims Office FEIN# | Claims Office Phone | Claims Office E-mail |
| SBWC ID# (five digit no.) | Address | City | State | Zip Code |
| EMPLOYMENT/WAGE | Date Hired by Employer | Job Classified Code No | Number of Days Worked Per Week | wage rate at time of Injury or Disease: <input type="checkbox"/> per Hour <input type="checkbox"/> per Day <input type="checkbox"/> per Week <input type="checkbox"/> per Month |
| Insurer Type Code <input type="checkbox"/> — Insurer <input type="checkbox"/> S-Self-Insurer <input type="checkbox"/> Group Fund | | List Normally Scheduled Days Off | | |
| INJURY/ILLNESS & MEDICAL | Time of Injury <input type="checkbox"/> am <input type="checkbox"/> pm | County of Injury | bate Employer had knowledge of Injury | Enter First Date Employee Failed to Work a Full Day |
| Did Employee Receive Full Pay on Date of Injury? <input type="checkbox"/> Yes <input type="checkbox"/> No | Did Injury/Illness Occur on Employers premises? <input type="checkbox"/> Yes <input type="checkbox"/> No | Type of Injury/Illness | Body Part Affected | |
| How Injury or Illness / Abnormal Health Condition Occurred | | | | |
| Treating Physician (Name and Address) | | Initial Treatment Given: <input type="checkbox"/> None <input type="checkbox"/> Minor. By Employer <input type="checkbox"/> Minor. Clinical/Hospital <input type="checkbox"/> Emergency Room <input type="checkbox"/> Hospitalized, 24hrs | Hospital/Treating Facility (Name and Address) | If Returned to Work, Give Date: Returned at what wage per Week If Fatal, Enter Complete Date of Death |

| | | |
|-----------------------------------|------------------|----------------|
| Report Prepared By (Pont or Type) | Telephone Number | Date Of Report |
|-----------------------------------|------------------|----------------|

B. INCOME BENEFITS Form WC-6 must be filed if weekly benefit is less than maximum

| | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|----------------------|---------------------|
| Previously Medical Only <input type="checkbox"/> Yes <input type="checkbox"/> No | Average Weekly Wage: \$ | Weekly benefit \$ | Date of disability: |
| Date of first Payment: | Compensation paid: \$ | or Date salary paid: | Penalty paid \$ |
| BENEFITS ARE PAYABLE FROM FOR: | | | |
| <input type="checkbox"/> Temporary total disability <input type="checkbox"/> Temporary partial disability <input type="checkbox"/> Permanent partial disability of % to for weeks | | | |
| UNTIL WHEN THE EMPLOYEE ACTUALLY RETURNED TO WORK WITHOUT RESTRICTIONS. ALL OTHER SUSPENSIONS REQUIRE THE FILING OF FORM WC-2 WITH THE STATE BOARD OF WORKERS' COMPENSATION AND THE EMPLOYEE. | | | |

C. NOTICE TO CONTROVERT PAYMENT OF COMPENSATION

Benefits will not be paid because:

D. MEDICAL ONLY No disability paid or controverted

| | | |
|----------------------------------------------------------------|-----------|------|
| Insurer! Self-Insurer Type or Print Name of Person Filing Form | Signature | Date |
| Phone and Ext. | E-mail | |

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-656-3515 OR 1-800-533-11682 OR VISIT <http://www.sbcwv.georgiagov>

WILLFULLY MAKING A FALSE STATEMENT FOR THE PURPOSE OF OBTAINING OR DENYING BENEFITS IS A CRIME SUBJECT TO PENALTIES OF UP TO \$10,000.00 PER VIOLATION (O.C.G.A. 534-0-1 AND 91144 at

GEORGIA STATE BOARD OF WORKERS' COMPENSATION

NOTICE TO EMPLOYER

1. Provide prompt medical attention; allow the employee to select a physician from your posted panel, and explain the panel to the employee.
2. Complete Section A of this form immediately upon your knowledge of an injury and send the WC-1 to your insurance company or self-insurer claims office. **FAILURE TO DO SO MAY RESULT IN A PENALTY. Do not send this form to the State Board of Workers' Compensation.**
3. If you need additional help, call your insurance company or self-insurer claims office.
4. Report serious injuries immediately by telephone to your insurer's claims department, then file this form with your insurance company or self-insurer claims office.

NOTICE TO INSURER / SELF-INSURER

1. Complete Section B, C, or D.
This form must be filed with the State Board of Workers' Compensation. A copy of both sides of this form must be sent to the claimant(s) and all counsel of record. Form W-6 must be filed if weekly benefits are less than the maximum.

NOTICE TO EMPLOYEE

1. This form is provided for your information only.

If Section B is completed, you will receive income benefits on a weekly basis and the employer will pay medical expenses from approved doctors. If you do not receive payment of benefits, or medical bills are not paid, call your employer or your employer's insurance company or self-insurer claims office.

If Section C is completed, your claim of injury has been denied by the employer/insurer. If you disagree with this denial, you must file a form WC-14, Notice of Claim, within one year of the accident with the **State Board of Workers' Compensation, 270 Peachtree Street N.W., Atlanta, Georgia 30303-1299.**

For Information or Assistance, contact:

STATE BOARD OF WORKERS' COMPENSATION

Toll Free Telephone: 1-800-533-0682
In Atlanta: (404) 656-3818

<http://www.sbcw.georgia.gov>

WC-6 WAGE STATEMENT

**GEORGIA STATE BOARD OF WORKERS' COMPENSATION
WAGE STATEMENT**

| | | | | | |
|-----------------|--------------------|---------------------|------|-------------------------|----------------|
| Board Claim No. | Employee Last Name | Employee First Name | M.I. | SSN or Board Tracking # | Date of Injury |
|-----------------|--------------------|---------------------|------|-------------------------|----------------|

| A. IDENTIFYING INFORMATION | | | | | |
|----------------------------------|------------------|-----------------------------|-------------------------------|----------|----------|
| EMPLOYEE | County of Injury | | Address | | |
| E-mail Address | | City | State | Zip Code | |
| EMPLOYER | Name | | Address | | |
| E-mail Address | | City | State | La Code | |
| INSURER/ SELF-INSURER | Name | | SBWC ID # (five digit number) | | |
| CLAIMS OFFICE | Name | | Claims Office Address | | |
| E-mail Address | | Insurer/Self-Insurer File # | City | State | Zip Code |

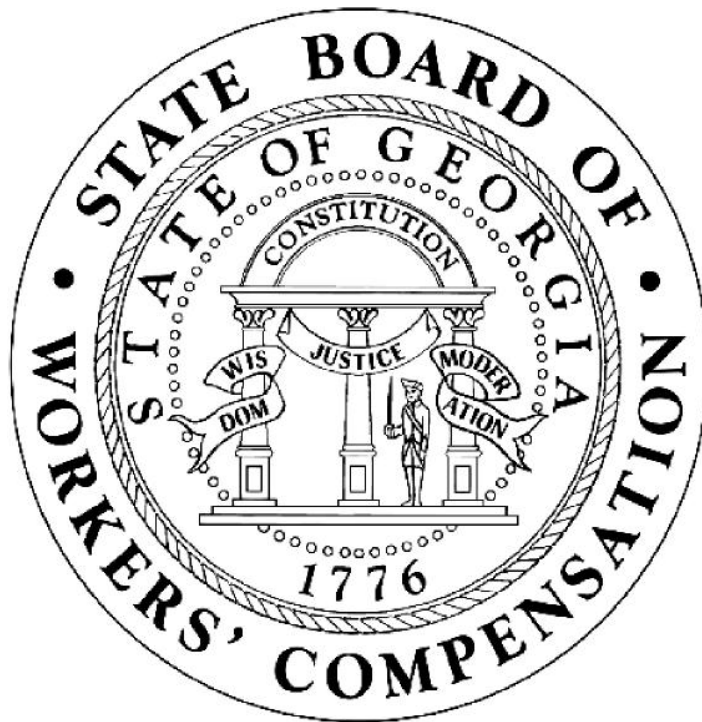
| B. COMPUTATION OF AVERAGE WEEKLY WAGE | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| If the weekly benefit is less than the maximum, complete the schedule below for thirteen (13) weeks immediately preceding the accident. If the employee has not been in your employ for the thirteen (13) weeks, complete this schedule showing gross weekly earnings of a similar employee in the same employment. | |
| <input type="checkbox"/> 13 Weeks of Employee's Wages <input type="checkbox"/> 13 Weeks of Similar Employee's Wages <input type="checkbox"/> Full time weekly wage of Injured employees | Wage at date of injury per week. |

| SCHEDULE OF WEEKLY EARNINGS | | | | | | | | | | |
|--------------------------------|-------------------------|-----------------------|--------------------|----------------------------------------------------|----------------------------------|---------|------|------|-------|----------------|
| Week | From Date MM/DD/YYYY | To Date MM/DD/YYYY | No. of Days Worked | Gross Amount Paid Including Overtime or Extra Work | Value of Additional Compensation | | | | | Total Earnings |
| | | | | | Meals | Lodging | Rent | Tips | Other | |
| 1 | | | | | | | | | | |
| 2 | | | | | | | | | | |
| 3 | | | | | | | | | | |
| 4 | | | | | | | | | | |
| 5 | | | | | | | | | | |
| 6 | | | | | | | | | | |
| 7 | | | | | | | | | | |
| 8 | | | | | | | | | | |
| 9 | | | | | | | | | | |
| 10 | | | | | | | | | | |
| 11 | | | | | | | | | | |
| 12 | | | | | | | | | | |
| 13 | | | | | | | | | | |
| Total | | | | | | | | | | |
| Average Weekly Earnings | | | | | | | | | | |

| | | | | | | | |
|--------------------|----------|-----------------------|------------------------------|------------------------------|-------------------------------|--------------------------------------|---------------------------------|
| C. | REMARKS: | Required to Complete: | Off Days: | <input type="checkbox"/> Mon | <input type="checkbox"/> Tues | <input type="checkbox"/> Wed | <input type="checkbox"/> Thurs. |
| | | | <input type="checkbox"/> Fri | <input type="checkbox"/> Sat | <input type="checkbox"/> Sun | <input type="checkbox"/> No days off | |
| Type or Print Name | | Signature | | | Date | | |
| E-mail Address | | | | Phone Number | | | |

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 40445e-3818 OR 1400-53341682 OR VISIT <http://ilwenv.sbvic.georgia.gov>
 YRLLFJU-Y MAKING A FALSE STATEMENT FOR THE PURPOSE OF OOTMNING OR DENYING BENEFITS IS A CRIME SUBJECT TO PENALTIES OF EP TO IImosso PER VIOLATION (O.C.CLFL 1.14-941 ANO 134419).

GEORGIA STATE BOARD OF WORKERS' COMPENSATION EMPLOYEE HANDBOOK



Please be aware that the Workers' Compensation Law, Rules and Regulations are subject to change on July 1st of each year. If you have any questions about the information contained in this handbook, please contact your employer, adjuster, or the State Board of Workers' Compensation.

July 2013

Our Pledge to Employees

If you are injured on the job, you have certain rights, benefits and responsibilities. Your employer also has obligations and responsibilities regarding all employees. The main focus of _____ is to assist job-related injured workers in receiving immediate and quality medical care, to administer workers' compensation claims from the initial injury until the closing of the claim, and to safely return lost-time employees to productive employment. We believe that a healthy, safety conscious and productive company is the result of healthy, safety conscious and cooperative employees.

The staff of _____ understands an employee's and a family's concern when a wage earner is injured on the job and cannot work. We are here to help you through this difficult time.

- We pledge to give each injured employee individual attention.
- We pledge to handle your claim in a prompt and courteous manner.
- We pledge to fully inform you of all workers' compensation income benefits you are entitled to receive and to pay these benefits to you in a timely manner.
- We pledge to pay all authorized medical expenses in a prompt and accurate manner.
- We pledge to make every effort to work with you in returning you to your regular job should your injury require you to lose time from work.

Company Name

State Board of Workers' Compensation Bill of Rights for the Injured Worker

As required by law, O.C.G.A. (34-9-81.1), this is a summary of your rights and responsibilities. The Workers' Compensation Law provides you, as a worker in the State of Georgia, with certain rights and responsibilities should you be injured on the job. The Workers' Compensation Law provides you coverage for a work-related injury even if an injury occurs on the first day on the job. In addition to rights, you also have certain responsibilities. Your rights and responsibilities are described below.

EMPLOYEE'S RIGHTS

1. If you are injured on the job, you may receive medical, rehabilitation and income benefits. These benefits are provided to help you return to work. Your dependents may also receive benefits if you die as a result of a job-related injury.
2. Your employer is required to post a list of at least six doctors or the name of the certified WC/MCO which provides medical care. You may choose a doctor from the list and make one change to another doctor on the list without the permission of your employer. However, in an emergency, you may get temporary medical care from any doctor until the emergency is over; then you must get treatment from a doctor on the posted list.
3. Your authorized doctor bills, hospital bills, rehabilitation in some cases, physical therapy, prescriptions and necessary travel expenses will be paid if injury was caused by an accident on the job.
4. You are entitled to weekly income benefits if you have more than seven days of lost time due to an injury. Your first check should be mailed to you within 21 days after the first day you missed work. If you are out more than 21 consecutive days due to your injury, you will be paid for the first week.
5. Accidents are classified as being either catastrophic or non-catastrophic. Catastrophic injuries are those involving amputations, severe paralysis, severe head injuries, severe burns, blindness, or of a nature and severity that prevents the employee from being able to perform his or her prior work and any work available in substantial numbers within the national economy. In catastrophic cases, you are entitled to receive two-thirds of your average weekly wage up to the maximum allowed under the law for a job-related injury for as long as you are unable to return to work. You are also entitled to receive medical and vocational rehabilitation benefits to help in recovering from your injury. If you need help in this area, call the State Board of Workers' Compensation at (404) 656-3875 or toll-free number (800) 533-0682. Your employer will advise you of the amount of your weekly benefit.
6. In all other cases (non-catastrophic), you are entitled to receive two-thirds of your average weekly wage but not more than the maximum allowed under the law for a job-related injury. You will receive these weekly benefits as long as you are totally disabled, but no longer than 400 weeks. If you are not working and it is determined that you have been capable of performing work with restrictions for 52 consecutive weeks or 78 aggregate weeks, your weekly income benefits will be reduced to two-thirds of your average weekly wage, but no more than the maximum allowed under the law, not to exceed 350 weeks.
7. When you are able to return to work but can only get a lower paying job as a result of your injury, you are entitled to a weekly benefit of not more than the maximum allowed under the law for no longer than 350 weeks.
8. Your dependent(s), in the event you die as a result of an on-the-job accident, will receive burial expenses up to the maximum allowed under the law and two-thirds of your average weekly wage, but not more than the maximum allowed under the law. A widowed spouse with no children will be paid a maximum allowed by law at the time of injury. Benefits continue until he/she remarries or openly cohabits with a person of the opposite sex.

9. If you do not receive benefits when due, the insurance carrier/employer must pay a penalty which will be added to your payments.

EMPLOYEE'S RESPONSIBILITIES

1. You should follow written rules of safety and other reasonable policies and procedures of the employer.
2. You must report any accident immediately, but not later than 30 days after the accident, to your employer, your employer's representative, your foreman or immediate supervisor. Failure to do so may result in the loss of the benefits.
3. You must accept reasonable medical treatment and rehabilitation services when ordered by the State Board of Workers' Compensation or the Board may suspend your benefits.
4. No compensation shall be allowed for an injury or death due to the employee's willful misconduct.
5. You must notify the insurance carrier/employer of your address when you move to a new location. You should notify the insurance carrier/employer when you are able to return to full-time or part-time work, and report the amount of your weekly earnings because you may be entitled to some income benefits even though you have returned to work.
6. A dependent spouse of a deceased employee shall notify the insurance carrier/employer upon change of address or remarriage.
7. You must attempt a job approved by the authorized treating physician even if the pay is lower than the job you had when you were injured. If you do not attempt the job, your benefits may be suspended.
8. If you believe you are entitled to income benefits and your insurance carrier/employer denies these benefits, you must file a claim within one year after the date of last authorized medical treatment or within two years of your last payment of weekly benefits or you will lose your right to these benefits.
9. If your dependent(s) do not receive allowable benefit payments, the dependent(s) must file a claim with the State Board of Workers' Compensation within one year after your death or lose the right to these benefits.
10. Any request for reimbursement to you for mileage or other expenses related to medical care must be submitted to the insurance carrier/employer within one year of the date the expense was incurred.
11. If an employee unjustifiably refuses to submit to a drug test following an on-the-job injury, there shall be a presumption that the accident and injury were caused by alcohol or drugs. If the presumption is not overcome by other evidence, any claim for workers' compensation benefits would be denied.
12. You shall be guilty of a misdemeanor and upon conviction shall be punished by a fine of not more than \$10,000 or imprisonment up to 12 months, or both for making false or misleading statements when claiming benefits. Also, any false statements or false evidence given under oath during the course of any administrative or appellate division hearing is perjury.

The State Board of Workers' Compensation will provide you with information regarding how to file a claim and will answer any other questions regarding your rights under the law. If you are calling in the Atlanta area, the telephone number is (404) 656-3818. Outside the metro Atlanta area, call 1-800-533-0682 or write the State Board of Workers' Compensation at: 270 Peachtree Street, NW, Atlanta, Georgia 30303-1299. A lawyer is not needed to file a claim with the Board; however, if you think you need a lawyer and do not have your own personal lawyer, you may contact the Lawyer Referral Service at (404) 521-0777.

Willfully making a false statement for the purpose of obtaining or denying benefits is a crime subject to penalties of up to \$10,000 per violation (O.C.G.A. 34-9-18 and 34-9-19).

Workers' Compensation Questions and Answers

GENERAL QUESTIONS

Q. What is Workers' Compensation?

Workers' compensation is a benefits program created by state law that provides medical, rehabilitation, income, death and other benefits to employees and dependents due to injury, illness and death resulting from a compensable work-related claim covered by the law.

Q. When am I covered?

Workers' compensation coverage begins the first day of employment. Employers with three or more employees are required by law to provide coverage.

Q. What is considered an on-the-job injury, illness and death claim?

Any injury, illness or death arising out of and in the course of employment is by definition a compensable work-related claim. This means if employees are injured while performing assigned job duties during assigned work hours, they are covered under the workers' compensation program. Injuries sustained while engaging in unassigned duties, during lunch and breaks, are not covered. In addition, injuries that occur during an employee's normal commute to and from work are not covered.

Q. If I am injured on the job, what should I do?

You should **IMMEDIATELY** report your injury to your employer. Obtain and fill out the paperwork required by your company and forward to the appropriate organization for processing. Be as specific as possible when reporting your injury. If anyone witnessed your accident, inform your employer of such a witness. Prompt notification will enable your company to begin your benefits in a timely manner.

Q. What happens if I cannot make a report of my injury?

If your injury is such that you are unable to make a report, you will be provided immediate medical assistance and a report will be made for you. Others reporting the injury should also be as specific as possible when reporting the accident and the report should be turned over to the employer as soon as possible.

Q. Are on-the-job accidents or injuries investigated?

Yes. Your employer and/or the company responsible for handling workers' compensation claims generally investigate on-the-job accidents and injuries. Investigations are necessary to determine why and how the injury occurred, and to implement policies and procedures to make the workplace safer.

Q. Are employee misconduct claims resulting from on-the-job injuries covered?

No. Workers' compensation does not provide benefits for an injury or accident resulting from an employee's willful misconduct (i.e. fighting, horseplay, willful act of third party for personal reasons, injuries related to alcohol or drug abuse).

Q. Are injuries resulting from haste and inattentiveness covered?

Yes. These types of injuries would be covered under the workers' compensation program. However, employees are encouraged to follow company policies and safety rules and may subject themselves to company discipline if these rules are not adhered to.

Q. What if I am concerned about my safety record?

Many companies have established safety programs to encourage employees to be safety conscious when performing their job duties. These programs usually offer certain awards to employees. Employees do not like to be responsible for causing their work group to miss safety goals. However, failure to report injuries because of safety programs could result in long-term consequences for the employee, as well as out-of-pocket medical expenses.

Q. Can I receive from my employer money damages in addition to workers' compensation benefits if I am injured on the job?

No. Workers' compensation is the "exclusive remedy" a worker has against his/her employer for damages resulting from an on-the-job injury.

Q. Can I sue anyone for a work-related injury?

If your injury was caused by the negligence of a third party other than another person who is also an employee of the company for which you work, you may have a right to sue that party. If you sue and receive a dollar award, your employer may have a right to recover some or all of the cost expended in your workers' compensation claim. This is known as a subrogation lien. The lien would only be recoverable after you had been fully compensated for your loss resulting from your on-the-job injury.

Q. How much will an attorney charge to handle a workers' compensation claim?

Most workers' compensation claims can be handled without having to hire an attorney. However, if you feel that an attorney is needed, the Workers' Compensation Statute limits the attorney's fee to a maximum of 25% of income benefits received, not to exceed 400 weeks of benefits. In addition, you would also be responsible for paying any expenses associated with the pursuit of your claim.

Q. How can I jeopardize my benefits?

- Failure to report injuries promptly.
- Failure to cooperate with employer and authorized treating physician regarding medical evaluations, treatment, rehabilitation services and claim investigation.
- Refusal to return to suitable employment.
- Working elsewhere while receiving Temporary Total Disability Benefits.

- Submittal of fraudulent information.
- Refusal to take a drug test.
- Refusal to submit to a medical examination by the authorized treating physician, at reasonable times.

Q. Are there circumstances where I would not receive workers' compensation benefits as a result of an on-the-job injury?

Yes. For instance, benefits are not payable if you are injured while engaged in willful misconduct or if your injury is due to the use of alcohol or drugs or the misuse of controlled substances.

Q. Does the State Board of Workers' Compensation investigate fraud?

Yes. The Board has an Enforcement Division that investigates allegations of fraud. The Board also has authority to assess civil penalties of up to \$10,000 for violations involving fraud.

MEDICAL BENEFIT QUESTIONS

Q. May I go to my personal physician for treatment for my on-the-job injury?

No. The law requires that you select from a list of physicians posted by your company in a prominent location. In addition, the law requires that you are informed of this list and understand its function. One of the following referral methods may be used.

Panel of Physicians – This must contain at least six qualified physicians. The makeup of the panel must include one orthopedic surgeon, a minority physician and four other properly qualified physicians.

Conformed Panel – This must include at least ten qualified physicians.

Workers' Compensation Managed Care Organization (WC/MCO) – A WC/MCO offers a much larger choice of treating physicians from many disciplines. The WC/MCO must be approved by the State Board of Workers' Compensation.

If you are dissatisfied with your first selection, you may make one change to another physician from the posted list. Any further change of physician will require concurrence of your company and/or the workers' compensation administrator.

Should you choose to go to a doctor not on the approved list, this is considered unauthorized treatment, and your employer will not be responsible for the cost associated with this medical care. In addition, most health insurance policies will not pay for medical treatment associated with an on-the-job injury.

Q. How will I identify the List of Physicians?

The list of physicians will be printed on 8.5'x 14" paper titled "OFFICIAL NOTICE. This business operates under the Georgia Workers' Compensation Law." It will contain the name, specialty, address and phone number of the authorized physicians.

Q. What must I do if I need emergency treatment?

In a true emergency situation, you may get temporary medical care from the nearest emergency location available. Once the emergency is over, however, you must continue your care by selecting a doctor from the list of physicians provided by your employer.

Q. What happens if I need surgery?

Prior to scheduling any major surgical procedures for an on-the-job injury, except in the case of an emergency, your doctor will notify your employer or workers' compensation provider. Once your employer has been contacted, the appropriate workers' compensation professional will work with your physician and/or his/her medical staff to ensure that all the necessary arrangements are made.

Q. What if the doctor says that I need a MRI or CT scan?

Your authorized treating physician will arrange for these tests. Feel free to ask your physician what the test is for and why you need it.

Q. What if I need physical therapy?

Your authorized treating physician will refer you to a physical therapy provider.

Q. Am I required to pay a portion of the cost of the medical care I receive resulting from my on-the-job injury?

No. Your physician's bills and reasonable medical bills are covered if a physician authorized by your employer treats you. All medical charges are paid according to the Georgia Workers' Compensation Medical Fee Schedule. If your medical provider charges above the fee schedule, the charges will be reduced to the fee schedule, and that amount will be paid. **YOU ARE NOT RESPONSIBLE FOR CHARGES ABOVE THE FEE SCHEDULE**; however, if you are billed for those costs, contact your employer or workers' compensation provider to assist in getting the charges corrected.

Q. If the physician prescribes medicines for me, what do I do?

Prescription drugs are covered under workers' compensation. Check with your employer or workers' compensation administrator to see if they have any special procedures in place for obtaining prescription drugs. If no special arrangements have been made, you may have to pay for the prescription and submit the bill to your employer for reimbursement.

Q. Are there any expenses that I incur that will be reimbursed to me?

The Workers' Compensation Statute provides for reimbursement of certain reasonable personal expenses incurred to obtain medical treatment. This includes such things as mileage, meals, lodging and other expenses, in limited instances, which are deemed necessary and appropriate in order to ensure you receive quality medical care. You should check with your workers' compensation professionals before incurring expenses.

Q. How long do reimbursements take?

Approved expenses will be reimbursed within 15 days of submission as required by the Workers' Compensation Statute. However, most carriers process reimbursements in less time. If reimbursements are not paid within fifteen (15) days of receipt of documentation requesting reimbursement, penalties shall be added in addition to the reimbursement amount. It is important to submit your approved expenses within a year's time of the date of service otherwise you will have waived your right to collect such charges from the employer or workers' compensation insurer.

DISABILITY BENEFIT QUESTIONS

Q. What will happen if I am unable to work because of my on-the-job injury?

You are entitled to receive weekly **Temporary Total Disability** benefits if you miss **more than** seven days from work. Only if you are out more than 21 consecutive days due to your injury will you be paid for the first seven days. Your first check should be mailed to you within 21 days after the first day of disability. You will receive two-thirds of your average weekly wage, but not more than the maximum rate provided by the Workers' Compensation act at the time of your injury. Your authorized treating physician must verify your disability and absence from work.

Q. What if I cannot perform my regular job and another job is not available?

You would be eligible to receive Temporary Total Disability benefits if you are unable to work due to your on-the-job injury. You should also consult your employer regarding possible vocational rehabilitation opportunities.

Q. What happens if my disability becomes permanent?

If your authorized treating physician determines you have suffered a permanent disability, you would be entitled to receive Temporary Total Disability benefits for as long as you remain disabled. If you are able to work, you would begin receiving a weekly income benefit based on the permanent disability rating given you by your authorized treating physician. (See next question – **PERMANENT PARTIAL DISABILITY**). The benefit would be paid to you regardless of your wage rate or total income.

Q. What income benefits are available under the Workers' Compensation Program?

The Workers' Compensation Statute provides four basic income benefits. The maximum amount of weekly workers' compensation benefits an employee can receive from an on-the-job injury, illness or death depends on the workers' compensation rate at the time of the injury and the employee's average weekly wage.

Temporary Total Disability Benefits – This benefit is payable to an employee who is injured on the job and unable to work as determined by the authorized treating physician. The amount is two-thirds of the employee's average weekly wage at the time of the injury, not to exceed the maximum amount allowed under the law. For non-catastrophic injuries, there is a limit of 400 weeks of benefits from date of injury if the injury occurred on or after July 1, 1992. For catastrophic injuries, benefits are unlimited.

Temporary Partial Disability Benefits – This benefit is payable to an employee when he/she returns to work in a job paying less as a result of an on-the-job accident. These benefits are payable for up to 350 weeks from the date of injury. This lost wage amount is two-thirds of the difference between the employee's average weekly wage before and after the injury. The maximum amount payable cannot exceed the maximum allowed under the law.

Permanent Partial Disability Benefits – This benefit is payable to the employee for a permanent disability resulting from an on-the-job injury. It is payable based upon a percentage given by your authorized treating physician in accordance with current AMA Guidelines. The percentage is calculated by a formula that contains number of weeks assigned by O.C.G.A 34-9-263(c) multiplied by the percentage rating multiplied by the Temporary Total Disability rate. Not all injuries result in ratings assigned by a physician.

Death Benefits – This benefit is payable to eligible dependents (i.e., dependent spouse, minor children) of an employee whose on-the-job injuries result in death. This benefit is payable at the rate of two-thirds of the deceased employee's average weekly wage at the time of the accident not to exceed the maximum

allowed under the law for all eligible dependents. **Funeral Expenses** are payable up to the maximum allowed under the law at the time of injury.

Benefits cannot be combined. Only one type of benefit is payable at a time.

Q. What happens to my workers' compensation benefits if I receive a light-duty release from my physician while I am out of work?

Your employer will try to place you in a job that meets the limitations placed on you by your physician. However if a light-duty job is not available and you remain out of work in a light-duty status for 52 consecutive weeks or, if periods of disability are interrupted, a maximum of 78 total calendar weeks, your income benefits will be reduced automatically by law from the Temporary Total Disability benefit to the maximum eligible Temporary Partial Disability benefit.

If you are given a light-duty release and a light-duty job is available, your employer will expect you to return to work. The Workers' Compensation Statute provides for a 15-working-day "grace period." This allows an employee to attempt to perform a light-duty job without fear of losing benefits if they are unable to perform the job duties. An attempt is defined by eight cumulative hours or one scheduled workday, whichever is greater.

QUESTIONS ABOUT SPECIFIC INJURIES

Q. Can I be compensated for occupational related diseases?

Yes. If your disease meets certain tests imposed by law, you can be compensated. There must be a causal relationship between your employment and the disease. It cannot be a disease that is an ordinary disease of life to which others are exposed.

Q. What happens if I re-injure a pre-existing condition or injury?

The Workers' Compensation Act limits the extent to which an aggravation of a pre-existing condition or injury is compensable. An aggravation of an on-the-job injury is compensable while the aggravation is the cause of the disability. Once the aggravation resolves and you return to the pre-injury condition, the claim will no longer be compensable.

Q. Can I be compensated for a repetitive motion injury?

Yes. Repetitive motion injuries are compensable if they arise out of and in the course of employment.

Q. What is a catastrophic injury?

Catastrophic injuries are extremely severe injuries, i.e., loss of limbs, severe burns, etc. Your employer is required to appoint a rehabilitation supplier who has expertise in handling catastrophic cases. This person would assist you in managing your medical care as well as any other assistance you might need in the recovery period following the accident. You will be entitled to Temporary Total Disability benefits for as long as you remain unable to work. Once you have returned to work, the Temporary Total Disability benefits will cease. If you are placed in a lower paying job, you will begin receiving Temporary Partial Disability benefits. After those benefits have been paid, you will begin receiving Permanent Partial Disability benefits.

Q. Are heart attacks and strokes covered under workers' compensation?

Heart attacks and strokes are not considered injuries under workers' compensation unless it is shown by a preponderance of competent and credible evidence, which shall include medical evidence, that the condition was attributable to the performance of the usual work of employment.

QUESTIONS REGARDING TIME LIMITS/FILING CLAIMS

Q. What if my employer or workers' compensation administrator denies my claim?

If your claim is denied, you will be notified of the reason for the denial. You have the right to request a hearing from the State Board of Workers' Compensation if you disagree with the denial of your claim. A claim with the State Board must be filed within one year of the date of injury. The procedure for filing a claim with the State Board of Workers' Compensation is outlined on the back of the Workers' Compensation form titled "Employer's First Report of Injury" (WC-1).

Q. Is there a time limit or statute of limitation on filing a workers' compensation claim and if so, what is it?

After properly reporting an injury, you have one year from the date of the injury to file a claim. If you received remedial treatment from your employer for the injury, you have one year from the date of treatment to file a claim for workers' compensation benefits. If you received weekly income benefits as a result of the on-the-job injury, you have two years from the date of your last payment of weekly income benefits to file a claim.

In the case of an occupational disease claim, you have one year from the date you become aware of your disease or, in the exercise of reasonable diligence, should have known of the relationship between your disability and its relationship to your employment. No claim for an occupational disease may be filed after seven years from the last date you were exposed to the employment hazards related to your disease. However, for the diseases asbestosis or mesothelioma related to exposure to asbestos, you have one year from the date of first disablement after diagnosis to file a claim.

Q. Once I'm treated for my injury and have reached maximum medical improvement and begin having problems in the future due to my injury, may I receive additional treatment for this injury?

All injuries occurring on or before June 30, 2013 shall be entitled to lifetime medical benefits. If your accident occurred on or after July 1, 2013 medical treatment shall be limited to a maximum period of 400 weeks from the accident date. If your injury is catastrophic in nature, you may be entitled to lifetime medical benefits.

Q. When could my claim be closed?

When appropriate benefits have been paid, or once a settlement agreement is reached by all parties and approved by the State Board of Workers' Compensation and a monetary amount is paid to you or your dependents, your claim is closed. Note that not all claims are closed. Some claims, due to the nature of the injury, remain open until the statute of limitations runs, or until the injured worker's death, whichever occurs first.

GEORGIA STATE BOARD OF WORKERS' COMPENSATION

AUTHORIZATION AND CONSENT TO RELEASE MEDICAL INFORMATION

Instructions: This form shall not be filed with the Board, unless otherwise requested

| | | |
|----------------------|-------|----------|
| TO: | | |
| Print Name and Title | | |
| Address | | |
| City | State | Zip Code |

| | | |
|-------------------------------|----------------|-----------|
| RE: Employee / Patient | | |
| Last Name | First Name | M.I. |
| SSN or Board Tracking # | Date of Injury | Birthdate |

This document authorizes the release of only the medical information as provided below. The above-stated entity, facility or medical practitioner is authorized to release medical information to _____ in accordance with applicable State and Federal laws.

The information covered by this Authorization and Consent to Release Is that authorized by O.C.G.A. §34-9-207 which reads as follows:

(a) When an employee has submitted a claim for workers' compensation benefits or is receiving payment of weekly income benefits or the employer has paid any medical expenses, that employee shall be deemed to have waived any privilege or confidentiality concerning any communications related to the claim or history or treatment of injury arising from the incident that the employee has had with any physician, including, but not limited to, communications with psychiatrists or psychologist. This waiver shall apply to the employee's medical history with respect to any condition or complaint reasonably related to the condition for which such employee claims compensation. Notwithstanding any other provision of law to the contrary, when requested by the employer, any physician who has examined, treated, or tested the employee or consulted about the employee shall provide within a reasonable time and for a reasonable charge all information and records related to an examination, treatment, testing, or consultation concerning the employee,

(b) When an employee has submitted a claim for workers' compensation benefits or is receiving payment of weekly income benefits or the employer has paid any medical expenses, the employee, upon request, shall provide the employer with a signed release for medical records and Information related to the claim or history or treatment of Injury arising from the incident, including Information related to the treatment for any mental condition or drug or alcohol abuse and to such employee's medical history with respect to any condition or complaint reasonably related to the condition for which such employee claims compensation. Said release shall designate the provider to whom the release is directed. If a hearing is pending, any release shall expire on the date of the hearing.

(c) If the employee refuses to provide a signed release for medical information as required by this Code section and, in the opinion of the Board, the refusal was not justified under the terms of this Code section, then such employee shall not be entitled to any compensation at any time during the continuance of such refusal or to a hearing on the issues of compensability arising from the claim.

Federal regulations (42 CFR Part 2), and the Health Insurance Portability and Accountability Act (HIPAA) of 1996 45 CFR 164.512(1) which reads as follows: "The covered entity may disclose protected health Information as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs, established by law, that provide benefits for work-related illnesses or injury without regard to fault." Anyone who receives information under this authorization receives the same under all limitations set forth in Federal and State law regarding further dissemination of such information.

This release shall expire in 180 days or upon written notice of revocation by the patient. If a hearing is pending, this release shall remain in effect until the hearing and shall expire on the date the hearing is held.

| | |
|----------------------------|------|
| Employee/Patient Signature | Date |
|----------------------------|------|

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-6564815 OR 1-1300-533-0682 OR VISIT <http://fw.waslawc.georgia.gov> WILLFULLY MAKING A FALSE STATEMENT FOR THE PURPOSE OF OBTAINING OR DENYING BENEFITS IS A CRIME SUBJECT TO PENALTIES OF UP TO \$10,000.0 PER VIOLATION (O.C.L.A.13.4-44 AND 34.9-19 .

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 |
| Albertson's/Osco | Eckerd | Medistat | Shop 'N Save |
| Albertson's/Sav-On | Econofoods | Meijer | Shopko |
| Amerisource | EPIC Pharmacy | Minyard | ShopRite |
| Bergen | Network | NCS HealthCare | Snyder |
| Anchor Pharmacies | FamilyMeds | Neighborcare | Stop & Shop |
| Arrow | Farm Fresh | Network | Sun Mart |
| Aurora | Farmer Jack | Pharmaceuticals | Super Fresh |
| Bartell Drugs | Food City | Northeast | Super Rx |
| Bigg's | Food Lion | Pharmacy Services | Target |
| Bi-Lo | Fred's | Osco | Texas 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 | Pathmark | 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 | |
| Dominicks | Longs Drug Store | Save Mart | |