

INDUSTRIAL INSURANCE INFORMATION

INJURED WORKER/EMPLOYEE:

- O All work related injuries or illness must be reported promptly to a management representative. (WAC 296-800-12005) You are to complete the Report of Employee Personal Injury (Form 3-133) and submit it to your supervisor.
- O A claim for industrial insurance benefits must be filed with the Department of Labor & Industry (L&I) within ONE year from date of injury. TWO years from the date your doctor advises you in writing that you have an occupational disease/illness.
- O Employees must cooperate with their doctor, employer and others who try to help during recovery. Stay in touch with your employer. Let employer know how you are doing. Employer will want to know when you can go back to work. If you are unable to do your old job, discuss the possibility of transitional work you may be able to do during your recovery.
- O Claim Filing:
 1. Work related injuries or disease shall be reported immediately to your supervisor by completing Part 1 of form 3-133.
 2. If medical attention is required an L&I Accident Report (F242-130-000) shall be completed at the doctor's office or emergency room.
- O The injured employee may choose any doctor who is qualified to treat your injury or disease and who is reasonably convenient to treat you.

You may change doctors or ask for a consulting opinion from another doctor if you feel you are not making proper progress with your current doctor. However, to ensure proper payment of your medical bills, *you must get approval from your claim manager before changing doctors or seeking another opinion.*

You can request a change of doctors by contacting your claim manager or the nearest service location. You may contact your claim manager at 1.800.Listens (547.8367).
- O The employer and L&I are entitled to receive periodic medical progress reports from your doctor.
- O The employer and L&I have the right to seek other medical opinions. Therefore, the employee may be required to attend an independent medical examination.
- O The employee may need vocational assistance in order to return to work. The employer is required to assist with this effort and L&I will provide a vocational counselor if necessary.

MEDICAL COSTS:

- O L&I will pay all authorized medical costs related to the injury or illness.
- O Injured employees are not to be billed for any authorized treatment. If an employee is billed, he/she should contact their claims manager and advise they are being billed for claim related services.

TIME LOSS COMPENSATION:

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- O To Qualify:
 1. The employee must be unable to work due to the effects of the injury or exposure.
 2. The employee must be receiving treatment from an authorized doctor.
 3. The doctor must certify the employee's inability to work and provide objective medical findings to support an employee's inability to work.

- O If the worker qualifies, you will be paid a portion of your regular wages. These tax-free benefits are called time-loss payments. They are based on a percentage of your wages, your marital status and the number of legally dependent children you have at the time of your injury. Single workers receive 60%, married workers receive an additional 5% (65%), 2% is added for each dependant child up to five children. The maximum is 75% of the workers wage but not more than 100% of the states average wage.

- O Time-loss is paid if you are unable to work for more than the three days immediately following the date of your injury. The three days immediately following the injury is a waiting period. Even if you try to return to work following your injury, you may receive time-loss benefits for the first three days if you are unable to continue working and are disabled on the 14th day after the injury.

- O Time-loss will continue until one of the following occurs:
 1. The doctor releases the employee for work.
 2. The employee returns to work.
 3. The doctor approves the employee's return to modified job that accommodates the employee's limitations.
 4. The employee refuses or obstructs reasonable treatment.

CLOSURE AND REOPENING:

- O Your claim will be closed when curative treatment is completed, your doctor notifies L&I that your condition is medically stable and you are able to return to work. L&I will send you an "order and notice" notifying you that your claim is closed.

- O After your claim has been closed, if objective medical evidence shows the condition caused by your injury or disease has worsened and requires additional medical attention, you may apply to reopen your claim. To be eligible for time-loss or permanent partial disability benefits, you must submit your reopening application (at doctor's office) within seven years from the date your claim was closed. You may request reopening for medical coverage at any time. In most cases, L&I will make a decision on your request within 90 days.

PERMANENT PARTIAL DISABILITY AWARDS:

- O The injured employee may be entitled to a permanent partial disability award. This is determined by a doctor based upon objective findings of a loss of function in the affected body part. The doctor expresses the loss in a percentage and L&I will determine the monetary value of the loss. Subjective findings are not considered. Most workers with an injury or illness claim do not receive a permanent partial disability award.