

# WORKERS COMPENSATION HANDBOOK

## WHAT IS WORKERS' COMPENSATION?

If you get hurt on the job, your employer is required by law to pay for workers' compensation benefits. You could get hurt by:

One event at work. Examples: hurting our back in a fall, getting burned by a chemical that splashes on your skin, getting hurt in a car accident while making deliveries.

— or —

Repeated exposures at work. Examples: hurting your wrist from doing the same motion over and over, losing your hearing because of constant loud noise.

— or —

Workplace crime. Examples: you get hurt in a store robbery, physically attacked by an unhappy customer.

### Discrimination is illegal

It is illegal under Labor Code section 132a for your employer to punish or fire you because:

- You file a workers' compensation claim
- Intend to file a workers' compensation claim
- Settle a workers' compensation claim
- Testify or intend to testify for another injured worker

If it is found that your employer discriminated against you, he or she may be ordered to return you to your job. Your employer may also be made to pay for lost wages, increased workers' compensation benefits, costs and expenses set by state law.

## WHAT ARE THE BENEFITS?

- **Medical care:** Paid for by your employer to help you recover from an injury or illness caused by work. Doctor visits, hospital services, physical therapy, lab tests and x-rays are some of the medical services that may be provided. These services should be necessary to treat your injury. There are limits on some services such as physical therapy and chiropractic care.

- **Temporary disability benefits:** Payments if you lose wages because your injury prevents you from doing your usual job while recovering. The amount you may get is up to two-thirds of your wages. There are minimum and maximum payment limits set by state law. You will be paid every two weeks if you are eligible. For most injuries, payments may not exceed 104 weeks within five years from your date of injury. Temporary disability (TD) stops when you return to work, or when the doctor releases you for work, or says your injury has improved as much as it's going to. You may file a claim with the Employment Development Department to get additional state disability benefits when TD benefits are delayed, denied or have ended.
- **Permanent disability benefits:** Payments if you don't recover completely. The amount of payment is based on:
  - Your doctor's medical reports
  - Your age
  - Your occupation
  - How much you can earn in the future.

You will be paid every two weeks if you are eligible. There are minimum and maximum weekly payment rates.

- **Supplemental job displacement benefits:** Vouchers to help pay for retraining or skill enhancement if you don't recover completely and don't return to work for your employer. The vouchers range from \$4,000 to \$10,000 depending on your level of permanent disability. This voucher is for you to use at a state approved school if:
  - You have a permanent disability
  - Your employer does not offer modified or alternative work and
  - You don't return to your employer within 60 days after your TD ends.
- **Death benefits:** Payments to your spouse, children or other dependents if you die from a job injury or illness. The amount of payment is based on the number of dependents. The benefit is paid every two weeks at a rate of at least \$224 per week. In addition, workers' compensation provides a burial allowance.

### Workers' compensation fraud is a crime

Any person who makes or causes to be made any knowingly false statement in order to obtain or deny workers' compensation benefits or payments is guilty of a felony. If convicted, the person will have to pay fines up to \$150,000 and/or serve up to five years in jail.

## WHAT SHOULD I DO IF I HAVE AN INJURY?

### Report your injury to your employer

Tell your supervisor right away no matter how slight the injury may be. Don't delay - there are time limits. You could lose your right to benefits if your employer does not learn of your injury within 30 days. If your injury or illness is one that develops over time, report it as soon as you learn it was caused by your job.

### Who is my claims administrator?

Workers' compensation claims administrator, or if employer is self-insured, person responsible for handling the claim is:

Name: Hui-Ling Luk

Address: 2000 Powell St. Suite 540  
Emeryville, CA 94608

Phone: 510-420-3747

### Get emergency treatment if needed

If it's a medical emergency, go to an emergency room right away. Tell the medical provider who treats you that your injury is job related. Your employer may tell you where to go for follow up treatment.

### Emergency telephone number:

Call 911 for an ambulance, fire department or police. For non-emergency medical care, contact your employer or the workers' compensation claims administrator:

Name: Hui-Ling Luk

Phone: 510-420-3747

### Fill out DWC 1 claim form and give it to your employer

Your employer must give you a [DWC 1 claim form](#) within one working day after learning about your injury or illness. Complete the employee portion, sign and give it back to your employer. Your employer will then file your claim with the claims administrator. Your employer must authorize treatment within one working day of receiving the DWC 1 claim form.

If the injury is from repeated exposures, you have one year from when you realized your injury was job related to file a claim.

In either case, you may receive up to \$10,000 in employer-paid medical care until your claim is either accepted or denied. The claims administrator has up to 90 days to decide whether to accept or deny your claim. Otherwise your case is presumed payable.

Your employer or the claims administrator will send you “benefit notices” that will advise you of the status of your claim.

### **WHAT IS A PRIMARY TREATING PHYSICIAN (PTP)?**

This is the doctor with overall responsibility for treating your injury or illness. He or she may be:

- The doctor you name in writing *before* you get hurt on the job
- A doctor from the medical provider network (MPN)
- The doctor chosen by your employer during the first 30 days of injury if your employer does not have an MPN or
- The doctor you chose after the first 30 days if your employer does not have an MPN.

### **WHAT IS A MEDICAL PROVIDER NETWORK (MPN)?**

An MPN is a select group of health care providers who treat injured workers. Each MPN includes a mix of doctors specializing in work-related injuries and doctors with expertise in general areas of medicine. Check with your employer to see if they are using an MPN.

If you have not named a doctor before you get hurt and your employer is using an MPN, you will see an MPN doctor. After your first visit, you are free to choose another doctor from the MPN list. A complete MPN notice must be posted in a work area used by employees and near the “Notice to Employees” poster. For more information, see the MPN contact on the “Notice to Employees” poster.

### **WHAT IS PREDESIGNATION?**

Predesignation is when you name your regular doctor to treat you if you get hurt on the job. The doctor must be a medical doctor (M.D.), doctor of osteopathic medicine (D.O.) or a medical group with an M.D. or D.O. You must name your doctor in writing *before* you get hurt or become ill.

You may predesignate a doctor if your employer offers group health coverage and the doctor must have:

- Treated you
- Maintained your medical history and records before your injury and
- Agreed to treat you for a work-related injury or illness before you get hurt or become ill.

You may use the “predesignation of personal physician” form included with this pamphlet. After you fill in the form, be sure to give it to your employer.

If your employer does not have an approved MPN, you may name your chiropractor or acupuncturist to treat you for work related injuries. The notice of personal chiropractor or acupuncturist must be in writing *before* you get hurt. You may use the form included in this pamphlet. After you fill in the form, be sure to give it to your employer.

## WHAT IF THERE IS A PROBLEM WITH MY BENEFITS?

If you have a concern, speak up. Talk to your employer or the claims administrator handling your claim and try to solve the problem. If this doesn't work, get help by trying the following:

### Contact the Division of Workers' Compensation (DWC) Information and Assistance (I&A) Unit

All 24 DWC offices throughout the state provide information and assistance on rights, benefits and obligations under California's workers' compensation laws. I&A officers help resolve disputes without formal proceedings. Their goal is to get you full and timely benefits. Their services are free.

To contact the nearest I&A Unit, go to [www.dwc.ca.gov](http://www.dwc.ca.gov) in the top bar, click on "I&A." At this site you will find fact sheets, guides and information to help you.

#### The nearest I&A Unit is located at:

##### Emeryville

1515 Clay Street, 6<sup>th</sup> Floor  
Oakland, CA 94612-1519  
(510) 622-2861

##### San Francisco

455 Golden Gate Avenue, 2<sup>nd</sup> Floor  
San Francisco, CA 94102-7014  
(415) 703-5020

##### South Bay

100 Paseo de San Antonio Room 241  
San Jose, CA 95113-1402  
(408) 277-1292

##### North Bay

50 "D" Street, Room 420  
Santa Rosa, CA 95404-4771  
(704) 576-2452

##### Roseville

160 Promenade Circle, Suite 300  
Sacramento, CA 95834-2962  
(916) 928-3158

### Consult with an attorney

Most attorneys offer one free consultation. If you decide to hire an attorney, his or her fees may be taken out of some of your benefits. For names of workers' compensation attorneys, call the State Bar of California at (415) 538-2120 or go to their Web site at [www.californiaspecialist.org](http://www.californiaspecialist.org). You may get a list of attorneys from your local I&A Unit or look in the yellow pages.

### Warning

Your employer may not pay workers' compensation benefits if you get hurt in a voluntary off-duty recreational, social or athletic activity that is not part of your work-related duties.

### Additional rights

You may also have other rights under the Americans with Disabilities Act (ADA) or the Fair Employment and Housing Act (FEHA). For additional information, contact FEHA at (800) 884-1684 or the Equal Employment Opportunity Commission (EEOC) at (800) 669-4000.

The information contained in this pamphlet conforms to the informational requirements found in Labor Code sections 3551 and 3553 and California Code of Regulation, Title 8, sections 9880 and 9883. This document is approved by the Division of Workers' Compensation administrative director.

## PREDESIGNATION OF PERSONAL PHYSICIAN

In the event you sustain an injury or illness related to your employment, you may be treated for such injury or illness by your personal medical doctor (M.D.), doctor of osteopathic medicine (D.O.) or medical group if:

- your employer offers group health coverage;
- the doctor is your regular physician, who shall be either a physician who has limited his or her practice of medicine to general practice or who is a board-certified or board-eligible internist, pediatrician, obstetrician-gynecologist, or family practitioner, and has previously directed your medical treatment, and retains your medical records;
- your "personal physician" may be a medical group if it is a single corporation or partnership composed of licensed doctors of medicine or osteopathy, which operates an integrated multispecialty medical group providing comprehensive medical services predominantly for non-occupational illnesses and injuries;
- prior to the injury your doctor agrees to treat you for work injuries or illnesses;
- prior to the injury you provided your employer the following in writing: (1) notice that you want your personal doctor to treat you for a work-related injury or illness, and (2) your personal doctor's name and business address.

You may use this form to notify your employer if you wish to have your personal medical doctor or a doctor of osteopathic medicine treat you for a work-related injury or illness and the above requirements are met.

## NOTICE OF PREDESIGNATION OF PERSONAL PHYSICIAN

### Employee: Complete this section.

To: \_\_\_\_\_ (name of employer) If I have a work-related injury or illness, I choose to be treated by:

\_\_\_\_\_  
(name of doctor)(M.D., D.O., or medical group)

\_\_\_\_\_  
(street address, city, state, ZIP)

\_\_\_\_\_  
(telephone number)

Employee Name (please print):

Employee's Address:

Employee's Signature \_\_\_\_\_ Date: \_\_\_\_\_

### Physician: I agree to this Predesignation:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Physician or Designated Employee of the Physician or Medical Group)

The physician is not required to sign this form, however, if the physician or designated employee of the physician or medical group does not sign, other documentation of the physician's agreement to be predesignated will be required pursuant to Title 8, California Code of Regulations, section 9780.1(a)(3).

Title 8, California Code of Regulations, section 9783.  
(Optional DWC Form 9783 March 1, 2007)



## NOTICE OF PERSONAL CHIROPRACTOR OR PERSONAL ACUPUNCTURIST

If your employer or your employer's insurer does not have a Medical Provider Network, you may be able to change your treating physician to your personal chiropractor or acupuncturist following a work-related injury or illness. In order to be eligible to make this change, you must give your employer the name and business address of a personal chiropractor or acupuncturist in writing prior to the injury or illness. Your claims administrator generally has the right to select your treating physician within the first 30 days after your employer knows of your injury or illness. After your claims administrator has initiated your treatment with another doctor during this period, you may then, upon request, have your treatment transferred to your personal chiropractor or acupuncturist.

You may use this form to notify your employer of your personal chiropractor or acupuncturist.

### Your Chiropractor or Acupuncturist's Information:

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(name of chiropractor or acupuncturist)

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(street address, city, state, zip code)

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(telephone number)

Employee Name **(please print)**:

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Employee's address:

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Employee's Signature \_\_\_\_\_ Date: \_\_\_\_\_

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