



Berkshire Hathaway
HOMESTATE COMPANIES

Workers Compensation Claim Kit - Delaware



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P.O. Box 881236, San Francisco, CA 94105 | Phone: (888) 495-8949 | bhhc.com

Dear Policyholder:

Thank you for placing your workers compensation coverage with Berkshire Hathaway Homestate Companies (BHHC). We look forward to working with you to fulfill all your workers compensation needs.

Enclosed you will find documentation necessary for the processing and administration of a claim in the event of a workplace injury, as well as important information regarding workers compensation requirements for your state (i.e. posting notices, compliance laws, etc). Please utilize the documents included to collect valid information regarding the injured employee and incident, and send the documents in when reporting the claim or upon request. Any completed document should be sent directly to BHHC using mail, e-mail, or fax. The assigned claims professional will forward necessary documentation onto the appropriate state entity.

It is critical that you promptly report all new claims using one of the following methods:

- | | |
|----------------|--|
| Online: | 1. Go to our website: www.bhhc.com
2. Highlight "Workers Comp" in the menu
3. Highlight "Claims Center"
4. Click "Report a Claim" |
| Phone: | (800) 661-6029 |
| Fax: | (800) 661-6984 |
| E-mail: | newclaim@bhhc.com |

Delaware state law recommends employers report every industrial injury or occupational disease claim to their workers compensation carrier as soon as possible or within 5 days of employer knowledge of injury.

State law also requires that employers authorize initial medical treatment within 24 hours of knowledge that an occupational injury or illness has been sustained or reported, regardless of the legitimacy of the claim. Failure to comply may result in the loss of "medical control" and a significant increase in the potential claim cost.

We will attempt to contact you and the injured worker within 24 hours of receiving the First Report of Injury. Your cooperation in allowing the injured employee to speak with one of our Claims Professionals is appreciated.

Should you have any questions regarding the contents of this kit, a claim, or claim reporting, please contact our Customer Care Center at (888) 495-8949. Questions regarding your insurance policy or coverage should be directed to your broker or agent. We thank you for choosing BHHC as your workers compensation carrier and look forward to providing you superior customer service and compassionate care for your injured workers.

BERKSHIRE HATHAWAY HOMESTATE COMPANIES



Berkshire Hathaway
HOMESTATE COMPANIES

BHHC Workers Compensation | Representing Financial Strength & Integrity | bhhc.com

WORKERS' COMPENSATION POSTING REQUIREMENTS

Requirements for Labor Law Poster

- Post in one or more conspicuous places readily accessible to all employees at all business locations
- Print each page of the Poster on 8.5" x 14" (legal size) paper

(19 Delaware Code § 2306(c))



Georgetown American Job Center
8 Georgetown Plaza, Suite 2
Georgetown, DE 19947
(302) 856-5230

Delaware Department of Labor
Division of Industrial Affairs

PAYMENT OF WAGES

EMPLOYERS OF FOUR (4) OR MORE EMPLOYEES ARE REQUIRED TO:

- **Notify employees in writing at the time of hire:**
 1. Rate of Pay
 2. Day, hour and place of payment
 3. Employer's fringe benefits policies
- Notify employees in writing of any reductions in the rate of pay, and any changes in the day, hour or place of payment or benefits.
- **Furnish each employee with a pay statement showing:**
 1. Amount of wages due;
 2. Pay period covered by the payment;
 3. Amounts of deductions (separately specified) which have been made from the wages;
 4. Total number of hours worked in pay period (for employees who are paid at an hourly rate).

PAYMENT OF WAGES

- Wages must be paid at least once each month.
- Employees must be paid all wages within seven (7) days from the close of each pay period [with some exceptions, see §1102(b)].
- If the payday falls on a non-work day, payment shall be made on the preceding work day.
- If an employee is not present on the regular payday, payment shall be made on the next regular workday that the employee is present or by mail (only if requested by the employee).
- Wages may be paid to a bank account designated by an employee (upon the employee's written request).
- Wages may be paid in cash or by check (provided that suitable arrangements are made by the employer for cashing at a bank or other business establishment convenient to the workplace).
- Whenever an employee quits, resigns, is discharged, suspended or laid off, the wages earned shall be paid on the next regularly scheduled payday(s) either through the usual pay channels or by mail (if requested by the employee) as if employment had not been suspended or terminated.

UNLAWFUL DEDUCTIONS

Employers are not permitted to deduct or withhold wages for:

1. Cash or inventory shortages;
2. Cash advances or charges for goods and services (unless there is a signed agreement specifying the amount owed and the repayment schedule);
3. Damaged Property
4. Failure to return employer's property.

MINIMUM WAGE

Regular Rate:

effective: 06-01-15 - \$8.25/hour
effective: 01-01-19 - \$8.75/hour
effective: 10-01-19 - \$9.25/hour

Youth Rate: (Ages 14-17) and Training Rate: (adults, 1st 90 days on the job)

effective: 01-01-19 - \$8.25/hour
effective: 10-01-19 - \$8.75/hour

MINIMUM WAGE (continued)

EMPLOYEES WHO RECEIVE TIPS

The minimum cash wage payable to employees who receive tips is \$2.23 per hour, effective 10/1/96.

The employer must be able to prove that the employee received the balance of the full minimum rate in tips.

NOTE: Delaware's minimum cash wage for tipped employees is greater than the cash wage required by federal law. Employers must pay Delaware's higher rate.

Tips may not be taken or retained by an employer except as required by law. Tip-pooling is permitted (under certain conditions) in an amount not to exceed 15% of the actual tips received by the employee.

MINIMUM WAGE EXEMPTIONS:

- Employees in agriculture.
- Employees in domestic service in or about private homes.
- Employees of the United States Government.
- Outside commission paid salespeople.
- Bona fide executives, administrators, and professionals.
- Employees engaged in fishing and fish processing at sea.
- Volunteer workers (for educational, religious or non-profit organizations).
- Junior camp counselors employed by non-profit summer camp programs.

RECORD KEEPING REQUIREMENTS:

Employers must keep records (including rate of pay, hours worked, and amount paid for each employee for three (3) years.

BREAKS

All employees must be offered a meal break of at least 30 consecutive minutes if the employee is scheduled to work 7.5 or more hours per day.

Must be after the first 2 hours of work and before the last 2 hours of work.

This rule does not apply when:

- The employee is a professional employee certified by the State Board of Education and employed by a local school board to work directly with children.
- There is a collective bargaining agreement or other employer-employee written agreement which provides otherwise.

Rules have been issued granting exemptions when:

- Compliance would adversely affect public safety.
- Only one (1) employee may perform the duties of a position.
- An employer has fewer than five (5) employees on a shift at one location (the exception would only apply to that shift).
- The continuous nature of an employer's operations, such as chemical production or research experiments, requires employees to respond to urgent or unusual conditions at all times and the employees are compensated for their meal breaks.

Where exemptions are allowed, employees must be allowed to eat meals at their work stations or other authorized locations and use restroom facilities as reasonably necessary.

DISCRIMINATION

Employers are prohibited by state law from discriminating against employees because of their RACE; COLOR; NATIONAL ORIGIN; SEX (INCLUDING PREGNANCY); RELIGION; DISABILITY; AGE (40+); GENETIC INFORMATION; SEXUAL ORIENTATION; GENDER IDENTITY; MARITAL STATUS; MEMBERSHIP IN VOLUNTEER EMERGENCY RESPONDER ORGANIZATION (VOLUNTEER FIREFIGHTERS, AMBULANCE PERSONNEL, LADIES AUXILIARY); VICTIM OF DOMESTIC VIOLENCE, SEXUAL ASSAULT, OR STALKING; FAMILY CARE RESPONSIBILITIES; REPRODUCTIVE HEALTH DECISIONS; and RETALIATION FOR INITIATING A COMPLAINT OF EMPLOYMENT DISCRIMINATION, OR OPPOSING OR PARTICIPATING IN THE INVESTIGATION OF A DISCRIMINATORY EMPLOYMENT PRACTICE. Employers of four (4) or more employees, labor organizations, employment agencies and joint labor management committees for apprenticeship or training are covered by this law.

SEXUAL HARASSMENT: Sexual harassment of employees, applicants, apprentices, staffing agency workers, unpaid interns, and independent contractors is unlawful. Sexual harassment can be unwelcome sexual advances, requests for sexual favor, or other verbal or physical conduct of a sexual nature when (1) the employee is expected to submit to such conduct; or (2) the employee's submission to or rejection of such conduct is used as the basis for employment decisions; or (3) such conduct has the effect of unreasonably interfering with the employee's work performance or creating an intimidating, hostile, or offensive working environment. If the harassment is by a supervisor, the employer may be responsible even if the employee has not complained. If the harassment is by a fellow worker or non-employee, employers are responsible if the employee complained to the employer and the employer has taken no action to stop or correct the sexual harassment. Effective January 1, 2019, employers must distribute the Department of Labor Sexual Harassment Informational worksheet to all employees. Employers with 50 or more employees must provide interactive sexual harassment training to all new employees, and every two years after.

DISABILITY: Employers are prohibited by state law from discriminating against any employee because of disability. State law requires the employment and advancement of qualified individuals with a disability who, with or without reasonable accommodation, can perform the essential functions of a job.

PREGNANCY: Employers must provide reasonable accommodations to employees with respect to pregnancy, childbirth, lactation and related conditions. Employers may not deny job applicants a position based on the need for a pregnancy-related workplace accommodation, make unnecessary changes to a pregnant employee's job functions or require a pregnant employee to take paid or unpaid leave when a reasonable accommodation would permit the employee to continue working.

ANY PERSON: who believes he or she has been discriminated against should contact the Delaware Department of Labor, Office of Anti-Discrimination at (302) 761-8200.

A Charge of Discrimination must be filed within 300 days of the alleged unlawful employment practice.

CHILD LABOR

General Provisions:

- The minimum age for employment is 14.
- Work Permits are required for all employed minors under the age of 18.
- Employers are required to keep Work Permits on file for each employed minor.
- A new Work Permit is required when a minor changes employers.

It is unlawful to retaliate against an employee because (s)he has made a complaint or given information to the Dept of Labor about possible labor law violations.

EMPLOYERS ARE REQUIRED BY LAW TO DISPLAY THIS OFFICIAL POSTER IN A PLACE ACCESSIBLE TO EMPLOYEES AND WHERE THEY REGULARLY PASS.

CHILD LABOR (continued)

Provisions for Individuals 14 and 15 Years of Age:

MINORS 14-15 YEARS OF AGE SHALL NOT WORK:

- Before 7:00 a.m. or after 7:00 p.m. - except from June 1st through Labor Day when the evening hour shall be extended to 9:00 p.m.
- More than four (4) hours per day on school days
- More than eight (8) hours per day on non-school days
- More than eighteen (18) hours in any week when school is in session for five (5) days
- More than six (6) days in any week
- More than forty (40) hours per week; and
- More than five (5) hours continuously without a non-work period of at least thirty (30) consecutive minutes.

Specific Provisions for Individuals 16 and 17 Years of Age:

- Not more than twelve (12) hours in a combination of school and work hours per day
- Must have at least eight (8) consecutive hours of non-work, non-school time in each twenty-four (24) hour period
- May not work more than five (5) hours continuously without a non-work period of at least thirty (30) consecutive minutes.

For a list of Prohibited Occupations, contact:

The Delaware Department of Labor, Division of Industrial Affairs, Office of Labor Law Enforcement at any of the addresses listed.

This poster provides only general information regarding the provisions of Delaware's Child Labor Laws. The requirements of state law do not affect an employer's obligation to comply with any provisions of federal law.

WORKERS COMPENSATION

IMPORTANT THINGS TO DO IN CASE OF INJURY

THE EMPLOYER SHOULD:

Carry Workers' Compensation insurance coverage. Provide all necessary medical, surgical, and hospital treatment from the accident date. Every employer shall keep a record of all injuries received by employees and make a report within ten (10) days thereof in writing to the Office of Workers' Compensation. Ascertain the average weekly wages of the employee and provide compensation in accordance with the provisions of the law, for disability beyond the third day after the accident. All agreements as to compensation must be submitted to the Office of Workers' Compensation for approval.

THE EMPLOYEE SHOULD:

Immediately notify the employer in writing of accidental injury or occupational disease and request medical services. Failure to give notice or to accept medical services may deprive the employee of the right to compensation. Give promptly to the employer, directly or through a supervisor, notice of any claim for compensation for the period of disability beyond the third day after the accident. In case of fatal injuries, notice must be given by one or more dependents of the deceased or by a person on their behalf. In case of failure to reach an agreement with the employer in regard to compensation under the law, file an application with the Industrial Accident Board for a hearing on the matters at issue within two (2) years of the date of accidental injury or one (1) year of knowledge of a diagnosis of an occupational disease or an ionizing radiation injury. All forms can be obtained from the Office of Workers' Compensation.

Violations of Delaware Labor Laws could result in fines of up to \$10,000 per violation.



Georgetown American Job Center
8 Georgetown Plaza, Suite 2
Georgetown, DE 19947
(302) 422-1134

Departamento de Trabajo de Delaware
División de Asuntos Industriales

LOS EMPLEADORES QUE TENGAN CUATRO (4) O MÁS EMPLEADOS DEBEN:

- **Notificar a los empleados por escrito al contratarlos acerca de los siguientes puntos:**
 1. Tarifa de pago
 2. Día, hora y lugar de pago
 3. Políticas de beneficios complementarios del empleador
- Notificar a los empleados por escrito de toda reducción en la tarifa de pago y de todo cambio en el día, hora o lugar de pago o beneficios.
- **Entregar a todos los empleados un resumen de pago que muestre:**
 1. Monto de sueldos adeudados;
 2. Periodo salarial cubierto por el pago;
 3. Montos de las deducciones (detalladas aparte) que se hicieron del salario;
 4. Cantidad total de horas trabajadas en el periodo salarial (para empleados que cobran tarifa por hora).

PAGO DE SALARIOS

- Los salarios deben pagarse como mínimo todos los meses.
- Se debe pagar a los empleados el total de su salario dentro de los siete (7) días a partir del cierre del periodo salarial [con algunas excepciones, consulte §1102(b)].
- Si el día de pago cae en un día no hábil, el pago se realizará el día hábil anterior.
- Si un empleado no está presente el día de pago habitual, el pago se realizará al día hábil siguiente habitual en el que el empleado esté presente o por correo (solo si lo solicita el empleado).
- Los salarios deben pagarse en una cuenta bancaria designada por un empleado (a pedido por escrito del empleado).
- Los salarios deben pagarse en efectivo o con cheque (siempre que el empleador lo coordine adecuadamente para el cobro en el banco o en otro establecimiento comercial conveniente al lugar de trabajo).
- Siempre que el empleado dimita, renuncie, sea dado de baja, suspendido o despedido, los salarios ganados se pagarán en los siguientes días de pago programados regularmente mediante los canales de pago habituales o por correo (si el empleado lo solicita) como si no se hubiera despedido o suspendido al empleado.

DEDUCCIONES ILÍCITAS

No se permite que los empleadores deduzcan no retengan salarios por:

1. Escasez de efectivo o de inventario;
2. Adelantos en efectivo o recargos por bienes y servicios (a menos que haya un acuerdo firmado que especifique el monto adeudado y el cronograma de devolución de pagos);
3. Daños a la propiedad;
4. Incapacidad de devolver bienes del empleador.

Tarifa regular:

vigencia: 01-06-15 - \$8.25/hora

vigencia: 01-01-19 - \$8.75/hora

vigencia: 01-10-19 - \$9.25/hora

Tarifa juvenil: (edad 14-17) y

Tarifa por capacitación: (adultos, primeros 90 días en el trabajo)

vigencia: 01-01-19 - \$8.25/hora

vigencia: 01-10-19 - \$8.75/hora

Revisado el 28/09/2018

EMPLEADOS QUE RECIBEN PROPINAS

El salario mínimo en efectivo a pagar a los empleados que reciban propinas es de \$2.23 por hora, con vigencia desde el 1/10/96.

El empleador debe poder comprobar que el empleado recibió el saldo de la tarifa mínima completa en pagos seleccionados.

NOTA: El salario mínimo en efectivo de Delaware para empleados que reciben propinas es mayor que el salario en efectivo que exige la ley federal. Los empleadores deben pagar la tarifa mayor de Delaware.

El empleador no debe tomar ni retener las propinas excepto según lo exija la ley. Se permiten las propinas mancomunadas (bajo ciertas condiciones) que no superen el 15% de las propinas reales que reciba el empleado.

EXCEPCIONES DEL SALARIO MÍNIMO:

- Empleados en el sector agrícola.
- Empleados en el servicio doméstico en hogares privados o cerca de ellos.
- Empleados del gobierno de los Estados Unidos.
- Vendedores que cobran comisiones adicionales.
- Ejecutivos, administradores y profesionales de buena fe.
- Empleados que participen en actividades pesqueras o procesamiento de pescado en el mar.
- Trabajadores voluntarios (de organizaciones educativas, religiosas o sin fines de lucro).
- Asesores para campamentos juveniles empleados por programas de campamentos de verano sin fines de lucro.

REQUISITOS PARA MANTENER LOS REGISTROS:

Los empleadores deben mantener los registros (incluidos la tarifa salarial, las horas trabajadas y el monto pagado a cada empleado durante tres (3) años.

Se debe ofrecer a todos los empleados un descanso de al menos 30 minutos seguidos para comer si el empleado tiene programado trabajar 7.5 o más horas por día.

Este debe tomarse después de las primeras 2 horas de trabajo y antes de las 2 últimas horas de trabajo.

Esta norma no se aplica cuando:

- El empleado es un profesional certificado por la Junta Estatal de Educación y está empleado en una junta escolar local para trabajar con niños directamente.
- Hay un convenio colectivo de trabajo u otro acuerdo escrito entre el empleado y el empleador que establezca lo contrario.

Se emitieron normas que conceden excepciones cuando:

- El cumplimiento afecte de manera adversa a la seguridad pública.
- Solo un (1) empleado puede realizar las tareas de un puesto.
- Un empleador tiene menos de cinco (5) empleados en un turno de un establecimiento (la excepción se aplicaría solo a ese turno).
- La naturaleza continua de las actividades del empleador, como producción de químicos o experimentos de investigación, exigen que el empleado responda a condiciones urgentes e inusuales en todo momento y los empleados son compensados con descansos para comer.

Cuando se permitan excepciones, se debe permitir a los empleados que coman en sus lugares de trabajo o en otros lugares autorizados y que usen el baño según sea razonablemente necesario.

Por ley estatal, se prohíbe a los empleadores discriminar a los empleados por su RAZA; COLOR; NACIONALIDAD; SEXO (INCLUSIVE EL EMBARAZO); RELIGIÓN; DISCAPACIDAD; EDAD (MÁS DE 40); INFORMACIÓN GENÉTICA; ORIENTACIÓN SEXUAL; IDENTIDAD DE GÉNERO; ESTADO CIVIL; PERTENENCIA A UNA ORGANIZACIÓN VOLUNTARIA DE EMERGENCIAS (BOMBEROS VOLUNTARIOS, PERSONAL DE AMBULANCIA, DAMAS AUXILIARES); VÍCTIMA DE VIOLENCIA DOMÉSTICA, AGRESIÓN SEXUAL O ACOSO; RESPONSABILIDADES DE CUIDADO FAMILIAR; DECISIONES DE SALUD REPRODUCTIVA Y REPRESALIAS POR INICIAR UNA DEMANDA DE DISCRIMINACIÓN LABORAL O POR OPONERSE O PARTICIPAR EN LA INVESTIGACIÓN DE UNA PRÁCTICA DISCRIMINATORIA EN EL TRABAJO. Los empleadores con cuatro (4) o más empleados, organizaciones laborales, agencias de empleo y comités conjuntos de gestión laboral para el aprendizaje o capacitación están afectados por esta ley.

ACOSO SEXUAL: El acoso sexual de empleados, postulantes, aprendices, trabajadores de agencias de dotación de personal, becarios sin goce de sueldo y contratistas independientes es ilegal. El acoso sexual puede constituir avances sexuales no deseados, solicitudes de favores sexuales u otro contacto físico o verbal de naturaleza sexual cuando (1) se espera que el empleado se someta a tal conducta, o (2) se usa la sumisión o rechazo de tal conducta por parte del empleado como fundamento para tomar decisiones laborales, o (3) tal conducta tiene el efecto de interferir de manera poco razonable con el desempeño laboral del empleado o generar un entorno laboral intimidante, hostil u ofensivo. Si el acoso es hecho por un supervisor, el empleador podrá ser responsable incluso si el empleado no lo ha denunciado. Si el acoso es hecho por un compañero de trabajo o una persona que no es un empleado, los empleadores son responsables si el empleado presentó la denuncia ante el empleador y este no tomó medidas para detener o corregir el acoso sexual. Con vigencia desde el 1.º de enero de 2019, los empleadores deben distribuir una ficha informativa sobre el Acoso Sexual del Departamento de Trabajo a todos los empleados. Los empleadores que tengan 50 empleados o más deben proporcionar una capacitación sobre el acoso sexual a todos los trabajadores recién contratados y hacerla cada dos años posteriormente.

DISCAPACIDAD: Los empleadores tienen prohibido por la ley estatal discriminar a un empleado por su discapacidad. La ley estatal exige que el trabajo y los progresos de personas calificadas que tengan una discapacidad y requieran adaptaciones razonables, o no, puedan desempeñar las funciones fundamentales de un trabajo.

EMBARAZO: Los empleadores deben brindar adaptaciones razonables con respecto al embarazo, el nacimiento, la lactancia y situaciones relacionadas. Los empleadores no pueden negar un puesto laboral a postulantes por una adaptación en el lugar de trabajo relacionada con el embarazo, hacer cambios innecesarios a las funciones laborales de una empleada embarazada ni exigirle a una empleada embarazada que se tome una licencia con o sin goce de sueldo cuando una adaptación razonable permitiría que la empleada siguiera trabajando.

TODA PERSONA que considere que ha sido víctima de discriminación debe comunicarse con el Departamento de Trabajo de Delaware, Oficina Anti-Discriminación, al (302) 761-8200.

Se debe presentar cargos por discriminación dentro de los 300 días siguientes a la presunta práctica laboral ilícita.

Disposiciones generales:

- La edad mínima para tener un empleo es de 14 años.
- Se exigen permisos de trabajo para todos los menores de edad empleados que tengan menos de 18 años.
- Los empleadores deben mantener archivados los permisos de trabajo para todos los menores de edad empleados.
- Se requiere un nuevo permiso de trabajo cuando el menor de edad cambie de empleador.

Son ilegales las represalias contra un empleado porque ha presentado una denuncia o dado información al Dpto. de Trabajo sobre posibles violaciones a las leyes laborales.

POR LEY, LOS EMPLEADORES DEBEN EXHIBIR ESTE AFICHE EN UN LUGAR ACCESIBLE A LOS EMPLEADOS Y POR DONDE PASEN HABITUALMENTE.

Disposiciones para menores de 14 y 15 años de edad:

LOS MENORES DE 14-15 AÑOS NO DEBEN TRABAJAR:

- Antes de las 7:00 a.m. ni después de las 7:00 p.m. – excepto del 1.º de junio hasta el Día del Trabajo en que la jornada nocturna se amplía hasta las 9:00 p.m.
- Más de cuatro (4) horas por día en días de escuela
- Más de ocho (8) horas por día en días que no sean de escuela
- Más de dieciocho (18) horas en una semana cuando hay actividad escolar durante cinco (5) días
- Más de seis (6) días en una semana
- Más de cuarenta (40) horas por semana, y
- Más de cinco (5) horas continuas sin un periodo de descanso de al menos treinta (30) minutos seguidos.

Disposiciones específicas para menores de 16 y 17 años:

- No más de doce (12) horas combinadas con la escuela y las horas de trabajo por día
- Deben estar al menos ocho (8) horas seguidas sin trabajar ni ir a la escuela por cada periodo de veinticuatro (24) horas
- No podrán trabajar más de cinco (5) horas seguidas sin tener un periodo de descanso de al menos treinta (30) minutos seguidos.

Para conocer una lista de ocupaciones prohibidas, comuníquese con:

El Departamento de Trabajo de Delaware, División de Asuntos Industriales, Oficina de Aplicación de la Ley Laboral en cualquiera de las direcciones detalladas.

Este afiche brinda información general sobre las disposiciones de las Leyes de Trabajo Infantil de Delaware. Los requisitos de la ley estatal no afectan las obligaciones del empleador para cumplir con las disposiciones de la ley federal.

COSAS IMPORTANTES QUE SE DEBEN HACER EN CASO DE LESIÓN

EL EMPLEADOR DEBE:

Tener una cobertura de seguro para indemnización laboral. Proporcionar todo el tratamiento necesario a nivel médico, quirúrgico y hospitalario desde la fecha del accidente. Cada empleador debe llevar registro de todas las lesiones sufridas por los empleados y realizar un informe por escrito dentro de los diez (10) días del mismo para la Oficina de Indemnizaciones Laborales. Determinar los salarios semanales promedio del empleado y dar una indemnización según las disposiciones de la ley por una discapacidad que pase el tercer día del accidente. Se deben presentar todos los acuerdos con respecto a indemnizaciones ante la Oficina de Indemnizaciones Laborales para su aprobación.

EL EMPLEADO DEBE:

Notificar de inmediato al empleador por escrito de una lesión accidental o enfermedad ocupacional y solicitar servicios médicos. En caso de no dar aviso ni aceptar los servicios médicos, se podrá privar al empleado de su derecho a indemnización. Avisar rápidamente al empleador, directamente o mediante un supervisor, de una demanda por indemnización por el periodo de discapacidad que pase el tercer día de un accidente. En caso de lesiones mortales, uno o más familiares a cargo del difunto o una persona en su nombre deben dar aviso. En caso de que no se llegue a un acuerdo con el empleador respecto a la indemnización según la ley, presentar una solicitud ante la Junta de Accidentes Industriales para tener una audiencia sobre la cuestión dentro de los dos (2) años a partir de la fecha de la lesión accidental o un (1) año a partir del conocimiento del diagnóstico de una enfermedad ocupacional o una lesión con radiación ionizante. Se pueden conseguir todos los formularios en la Oficina de Indemnizaciones laborales.

Las violaciones de las Leyes Laborales de Delaware podrían dar como resultado multas de hasta \$10,000.00 por violación.

ALL COPIES OF THIS FIRST REPORT MUST BE TYPED OR PRINTED

Department of Labor
Office of Workers' Compensation (OWC)
4425 N. Market Street
Wilmington, DE 19802
Telephone 302-761-8200

**STATE OF DELAWARE
FIRST REPORT
OF OCCUPATIONAL INJURY OR DISEASE**

OWC Case File No.

ALL INFORMATION IS REQUIRED, unless not applicable where "if applicable" is noted.

1. EMPLOYEE: FIRST MIDDLE LAST			2. EMPLOYEE SOCIAL SECURITY NO.		
3. ADDRESS – INCLUDE COUNTY AND ZIP CODE			4. MALE ☐ FEMALE ☐		5. EMPLOYEE PHONE NUMBER (INCLUDING AREA CODE)
6. DATE OF BIRTH / /	7. AGE	8. WAGE	9. WEEKLY HOURS WORKED		
10. OCCUPATION (REGULAR)		11. DEPARTMENT OR DIVISION REGULARLY EMPLOYED		12. HOW LONG EMPLOYED	
13. EMPLOYER:			14. PERSON MAKING OUT THIS REPORT		
15. ADDRESS – INCLUDE COUNTY AND ZIP CODE			16. EMPLOYER PHONE # (INCLUDE AREA CODE)		
17. MAILING ADDRESS – IF DIFFERENT THAN ABOVE			18. NATURE OF BUSINESS – TYPE OF MFG., TRADE, CONSTRUCTION, SERVICE, ETC.		
19. WORKERS' COMPENSATION INSURANCE CARRIER			20. WORKERS' COMP. INS. CARRIER PHONE #, (INCLUDING AREA CODE)		
21. WORKERS' COMP. INSURANCE CARRIER ADDRESS				22. POLICY NUMBER / CARRIER CASE NUMBER: /	
23. THIRD PARTY ADMINISTRATOR (TPA), IF APPLICABLE		24. TPA ADDRESS – INCLUDE CITY STATE AND ZIPCODE			
DATES: 25. DATE OF REPORT / /		26. DATE OF INJURY / /		27. NORMAL STARTING TIME ☐ AM ☐ PM	
28. IF EMPLOYEE BACK TO WORK GIVE DATE / /		29. AT SAME WAGE? YES ☐ NO ☐			
30. IF FATAL INJURY, GIVE DATE OF DEATH / /		31. DATE EMPLOYER KNEW OF INJURY / /		32. DATE DISABILITY BEGAN / /	
33. LAST FULL DAY PAID-DATE / /					
INJURY OR DISEASE: 34. DESCRIBE THE INJURY/ILLNESS AND PART OF BODY AFFECTED.					
35. SPECIFY THE DEPARTMENT WHERE INCIDENT OCCURRED AND THE WORK PROCESS INVOLVED.					
OCCURRENCE: 36. LIST THE EQUIPMENT, MATERIALS, AND CHEMICALS EMPLOYEE USED WHEN THE INCIDENT OCCURRED, E.G. ACETYLENE.					
37. DESCRIBE THE EMPLOYEE'S ACTIVITY AT THE TIME OF INJURY OR ILLNESS, E.G. LIFTING A PATIENT.					
38. DESCRIBE HOW THE INJURY/ILLNESS OCCURRED.					
39. NAME OF PHYSICIAN (IF APPLICABLE)			40. PHYSICIAN'S ADDRESS		
41. HOSPITAL (IF APPLICABLE)			42. HOSPITAL ADDRESS		

DISTRIBUTION OF THIS REPORT (1 original and 3 copies)

1. ORIGINAL MUST BE SENT IMMEDIATELY TO THE WORKERS' COMPENSATION INSURANCE CARRIER.
2. COPY TO THE OFFICE OF WORKERS' COMPENSATION (use the address at the top left of this form)
3. EMPLOYER'S COPY – RETAIN AS RECORD
4. EMPLOYEE'S COPY

WORKERS' COMPENSATION

IMPORTANT THINGS TO DO IN CASE OF INJURY

THE EMPLOYER SHOULD:

1. Provide all necessary medical, surgical and hospital treatment from the date of accident.
2. Every employer shall keep a record of all injuries received by employees and make a report within 10 days thereof in writing to the Office of Workers' Compensation
3. Ascertain the average weekly wages of the employee and provide compensation in accordance with the provisions of the law, for disability *beyond the third day* after the accident. All agreements as to compensation must be submitted to the Office of Workers' Compensation for approval.

THE EMPLOYEE SHOULD:

1. Immediately notify the employer in writing of accidental injury or occupational disease and request medical services. Failure to give notice or to accept medical services may deprive the employee of the right to compensation.
2. Give promptly to the employer, directly or through a supervisor, notice of any claim for compensation for the period of disability beyond the third day after the accident. In case of fatal injuries, notice must be given by one or more dependents of the deceased or by a person on their behalf.
3. In case of failure to reach an agreement with the employer in regard to compensation under the law, file application with the Industrial Accident Board for a hearing on the matters at issue within two years of the date of accidental injury or one year of knowledge of the diagnosis of an occupational disease or an ionizing radiation injury. All forms can be obtained from the Office of Workers' Compensation.



EMPLOYEE'S ACCIDENT REPORT

To be completed by the injured worker

Employee name	
Employer name	

Date of accident	
Time of accident	
Time you began work on day of accident	
Location of accident (<i>specify if off-site address</i>)	

How did the injury occur? What job duties were you performing? Please describe in your own words.

What part(s) of your body was injured (indicating right and/or left)?

Have you sought any medical treatment for these injuries? If so, specify where and when.

Have you ever injured this part of your body before (yes or no)? If so, please describe how and when the previous injury(s) occurred.

What witnesses were present when the accident occurred? Please provide names if applicable.

Who did you report the injury to? When was the injury reported? Please provide name(s) and job title(s).

What did you do after the accident occurred?

The above report is true and correct:

SIGNATURE:	DATE FORM COMPLETED:

SUPERVISOR'S REPORT OF EMPLOYEE ACCIDENT

Employee name	
Employer name	

Date of accident			
Time of accident			
Date accident reported			
Did the employee report the accident immediately?	YES ☐	NO ☐	
Location of accident (<i>specify if off-site address</i>)			

How did the injury occur? What job duties was the employee performing?

What part(s) of the employee's body were reported as injured?

Has the employee sought any medical treatment for these injuries? If so, specify where and when.

What witnesses were present when the accident occurred (including self)?

Do you have any reason to question the legitimacy of the accident? If so, please explain:

Indicate working conditions present that led to accident (please check all that apply):

- | | |
|---|---|
| ☐ Unused/unavailable lifting equipment
☐ Unused/unavailable PPE (gloves, hardhat, goggles, etc.)
☐ Unused/unavailable sharps container
☐ Unguarded or improperly guarded equipment
☐ Electrical exposure
☐ Obstructed view
☐ Lack of training
☐ Defective tools or equipment | ☐ Wet/slippery floor
☐ Poor housekeeping
☐ Interaction with co-worker
☐ Interaction with patient or resident
☐ Interaction with customer
☐ Chemical exposure
☐ Motor vehicle accident
☐ Other: _____ |
|---|---|

What changes could be made to eliminate or reduce the hazard(s) identified above?

The above report is true and correct:

Prepared by:	Title:	Date prepared:

WITNESS' REPORT/STATEMENT OF EMPLOYEE ACCIDENT

Employee name	
Witness name & phone number	
Witness Address	

Date of accident	
Time of accident	
Location of accident (specify if off-site address)	

Did you witness the above-reported accident? If so, how did the injury occur? What job duties was the employee performing?

What part(s) of the employee's body were injured? Describe the type of injury (strain, bruise, etc.)

What did the injured employee say at the time of injury? Did the injured employee complain of pain at the time of injury? If they complained of pain, please specify the body part(s).

What did the employee do after the accident occurred?

Were any other witnesses present at the time of the accident? If so, please list them below.

The above report is true and correct:

Signature of witness:	Date signed:

NOTE: Willfully making a false statement for the purpose of obtaining or denying benefits is a crime subject to penalties.



AUTHORIZATION FOR THE RELEASE OF INFORMATION
AUTORIZACIÓN PARA LA LIBERACIÓN DE INFORMACIÓN

Claim Number / Número de Reclamo _____ Date of Injury / Fecha de la Lesión _____
Employee / Empleado _____ Date of Birth / Fecha de Nacimiento _____

I hereby authorize the divisions of Berkshire Hathaway Homestate Companies, their representative or bearer, to review, inspect, copy, and/or photograph any and all of the following documents:

Por este medio autorizo las divisiones de Berkshire Hathaway Homestate Companies, su representante o portador, a revisar, inspeccionar, copiar, y/o fotografiar cualquier y todo de los siguientes documentos:

1. Any and all medical records, including but not limited to office and hospital records, laboratory results, diagnostic reports and films, psychiatric records, medical correspondences, doctor's and nurse's notes, and medical histories relevant to my workers' compensation claim. I also hereby give permission to Berkshire Hathaway Homestate Company representatives to contact the attending physicians involved in the treatment of all related conditions.

Cualquier y todo expediente médico, incluyendo pero no limitado, a los expedientes de la oficina y hospitales, resultados de laboratorios y filmas, expedientes psiquiátricos, correspondencia médica, notas de los doctores y enfermeros(as), e historiales médicos relevantes a mi reclamo de compensación de trabajadores. También, por este medio le doy permiso a los representantes de Berkshire Hathaway Homestate Company para comunicarse con el médico tratante envuelto en el tratamiento de todas las condiciones relacionadas.

2. All employment and human resource information including but not limited to: hiring and employment records, payroll and income statements, documentation related to this or any other relevant injury and any other information pertinent to providing benefits and services necessary for the completion of this claim.

Toda información del empleo y de recursos humanos, incluyendo pero no limitado a: expedientes de contratación y empleo, declaraciones de nómina e ingresos, documentación relacionada a esta o cualquier otra lesión relevante, y cualquier otra información pertinente que provea los beneficios y servicios necesarios para completar este reclamo.

The released information is required for the following reasons:

La información liberada es requerida por las siguientes razones:

1. To provide for adequate preparation, investigation, evaluation, review, and discovery of a claim for workers' compensation benefits. Specifically, to determine the causation and the nature and extent of any possible pre-existing, concurrent or aggravating medical conditions with potential medical, legal, or factual implications in the this work-related injury or injuries.

Para proporcionar una preparación, investigación, evaluación, revisión, y descubrimiento adecuado del reclamo de beneficios de compensación de trabajadores. Específicamente, para determinar la causa y la naturaleza y extensión de cualquier posible condición médica pre-existente, concurrente o agravante con potencial médico, legal, o implicaciones fácticas en esta lesión o lesiones relacionadas al trabajo.

2. To provide the treating physician, consultant or evaluator with medical information necessary to provide you with the best possible medical care and medical advice.

Para proporcionar al médico tratante, consultor, o evaluador con la información médica necesaria para proporcionarle el mejor cuidado médico posible y consejería médica.

(CONTINUED ON PAGE 2)
(CONTINÚA EN LA PÁGINA 2)



AUTHORIZATION FOR THE RELEASE OF INFORMATION (PAGE 2)
AUTORIZACIÓN PARA LA LIBERACIÓN DE INFORMACIÓN (PÁGINA 2)

Claim Number / Número de Reclamo _____ Date of Injury / Fecha de la Lesión _____
Employee / Empleado _____ Date of Birth / Fecha de Nacimiento _____

3. To facilitate recovery of all benefits paid toward your workers' compensation claim from any third party responsible for this injury.

Para facilitar la recuperación de todos los beneficios pagados por su reclamo de compensación de trabajadores de cualquier tercer parte responsable de esta lesión.

4. To ensure that you are accurately compensated for any amount of lost wages, time or resources while undergoing evaluation, treatment and recovery for this injury.

Para asegurar que usted se encuentra compensado correctamente por cualquier cantidad de salarios, tiempo, o recursos perdidos mientras se somete a la evaluación, tratamiento, y recuperación de esta lesión.

5. To obtain any information necessary to appropriately determine further actions as a result of the injury or condition and to prevent further issues for you and other employees.

Para obtener cualquier información necesaria para determinar apropiadamente acciones adicionales como resultado de la lesión o condición, y para prevenir problemas adicionales para usted y otros empleados.

This consent and authorization is effective immediately, and is subject to revocation by the undersigned at any time except to the extent that action has been taken in reliance hereon, and if not earlier revoked, it shall terminate on conclusion of the claim without express revocation.

Este consentimiento y autorización es efectivo inmediatamente, y está sujeto a la revocación del abajo firmante en cualquier momento excepto a la extensión en que se hayan tomado acciones en dependencia con esto de aquí en adelante, y si no es revocado anteriormente, terminará con la conclusión del reclamo si no se presenta una revocación expresa.

A copy or fax is as valid as the original.

Una copia o fax es tan válida como el original.

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(Names, addresses, and phone numbers of providers) (Nombres, direcciones, y números de teléfonos de los proveedores)

I have read this authorization and fully understand its entire contents. I have asked questions about anything that was not clear to me and I am satisfied with the answers I have received. I understand that I have a right to receive a copy of this authorization upon my request.

He leído esta autorización y entendido completamente su contenido en su totalidad. He hecho preguntas sobre todo lo que no estaba claro para mí y estoy satisfecho con las contestaciones que he recibido. Yo entiendo que tengo derecho a recibir una copia de esta autorización una vez lo solicite.

Signed /
Firma _____

Date /
Fecha _____

MEDICAL HISTORY REQUEST

Employee Name: _____ Date of Injury: _____
Employer Name: _____ Completion Date: _____

Please complete this form by providing your medical history for the past 5 years. This will help ensure that we are able to provide all of your medical records to your current treating physician for you to receive the proper care for your work injury.

Thank you for your cooperation.

Past Injuries, Disabilities, or Other Medical Conditions

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Hospitalizations

HOSPITAL NAME, ADDRESS AND PHONE	DATES ADMITTED

Treating Physicians or Groups

DOCTOR OR GROUP NAME, ADDRESS AND PHONE	DATES OF TREATMENT

»» To the Injured Worker:

On your first visit, please give this notice to any pharmacy listed on the back side to speed the processing of your approved workers' compensation prescriptions.

Questions or need assistance locating a participating retail network pharmacy? Call the Express Scripts Patient Care Contact Center at 800.945.5951.

Atención Trabajador Lesionado:

En su primera visita, por favor entregue esta notificación a cualquier farmacia enumerada al reverso para acelerar el procesamiento de sus recetas aprobadas de compensación para trabajadores (según las pautas establecidas por su empleador).

Si tiene cualquier duda o necesita ayuda para localizar una farmacia de venta al por menor participante de la red, por favor llame al Centro de Contacto para Atención a Clientes de Express Scripts, al 800.945.5951.

»» To the Pharmacist:

Express Scripts administers this workers' compensation prescription program. Please follow the steps below to submit a claim. Standard first fill shall not exceed a 14-day supply or a cost of \$150. This form is valid for up to 30 days from date of injury (DOI). Limitations may vary. For assistance, call Express Scripts at 888.786.9640.

Pharmacy Processing Steps

Step 1: Enter BIN number 003858

Step 2: Enter processor control WC

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

G3YA

Group #: _____

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



Berkshire Hathaway
HOMESTATE COMPANIES

\$1000 Reward!

For information leading to the arrest and conviction of
any co-worker, health care professional, or attorney representing
a fraudulent workers compensation claim to
Berkshire Hathaway Homestate Companies (BHHC)*

In most states, it is a felony to make or cause to be made a knowingly false or fraudulent material statement in order to obtain workers compensation benefits. BHHC believes that any party engaging in such fraud should be prosecuted to the fullest extent of the law, including jail sentences.

Please do your part to help! Putting criminals out of operation benefits all of us, including keeping your employer's premium rates reasonable.

**Call our toll-free fraud hotline immediately if you have information on
a fraudulent claim:**



1 (800) 300-JAIL



BHHC Workers Compensation Division • Representing Financial Strength & Integrity

*Maximum reward of \$1,000 per conviction. In the event that more than one individual submits information regarding the same fraudulent claim, BHHC will equally divide the reward among those providing information used in obtaining the conviction. BHHC reserves the right to determine what information, if any, will be provided to the appropriate law enforcement agency. Criminal prosecutions are the sole responsibility of the authorities and may or may not be pursued at their discretion. Any issues regarding the interpretation of this policy shall be resolved by BHHC at their sole discretion. Program subject to change or termination without prior notice.



Berkshire Hathaway
HOMESTATE COMPANIES

\$1000 RECOMPENSA!

INFORMACIÓN QUE LLEVA AL ARRESTO Y A LA CONDENA DE CUALQUIER COMPAÑERO DE TRABAJO, PROFESIONAL DE CUIDADO MEDICO, O ABOGADO QUE REPRESENTA UN RECLAMO FRAUDULENTO EN CONTRA DE BERKSHIRE HATHAWAY HOMESTATE COMPANIES*

En la mayoría de los estados es un delito grave hacer que haga una declaración de material fraudulento para obtener beneficios de Compensación al Trabajador. Berkshire Hathaway Homestate Companies cree que cualquier persona que se involucre en tal fraude debe ser procesado con todo el rigor de la ley, incluyendo SER SENTENCIADO A LA CARCEL.

Ayúdenos de su parte. El poner a estos delincuentes fuera de operaciones nos beneficia a todos, incluso esto ayuda a mantener los réditos bajos de la aseguranza de su empleador.

Si usted tiene información sobre un reclamo fraudulento por favor llame de inmediato a nuestra LINEA GRATUITA DE FRAUDE.



(800) 300-JAIL



BHHC Workers Compensation Division • Representing Financial Strength & Integrity

*La recompensa máxima es de \$1,000 por convicción. En caso de que más de una persona presente informaciones sobre la misma demanda fraudulenta. Berkshire Hathaway dividirá la recompensa por partes iguales entre aquellas personas que aportaron informaciones para obtener la convicción. Berkshire Hathaway se reserva el derecho de determinar qué información presentará a la agencia judicial correspondiente. El proceso de crímenes es la responsabilidad exclusiva de las autoridades, que pueden decidir si el proceso debe entablarse o no. Cualquier disputa que pudiera surgir en la interpretación de esta oferta será resuelta por la propia Compañía de Seguros Berkshire Hathaway. Este programa está sujeto a cambios o cancelación sin aviso previo.