



Berkshire Hathaway  
HOMESTATE COMPANIES

Workers Compensation Division <sup>TM</sup>

# Workers Compensation State Claim Kit

*California*



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P.O. Box 881236 San Francisco, CA 94188  
(888) 495-8949  
[bhhc.com](http://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. State law 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 or 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 with superior customer service and compassionate care for your injured workers.

**BERKSHIRE HATHAWAY HOMESTATE COMPANIES**






# Contact Information

## Report a New Claim of Work Injury or Illness

 [bhhcpolicyholder.bhhc.com/Client/External/Claims](https://bhhcpolicyholder.bhhc.com/Client/External/Claims)

 (800) 661-6029

 (800) 661-6984

 [newclaim@bhhc.com](mailto:newclaim@bhhc.com)

## MPN (Medical Provider Network)

 (888) 495-8949

 (415) 675-5499

 [mpn@bhhc.com](mailto:mpn@bhhc.com)

You can also navigate to [bhhc.com](https://bhhc.com) and go to the CA MPN section. For thorough instructions, please reference our "Search for an In-Network MPN" how-to. If you are unable to access this, please reach out to a Client Services representative.

## Medical Access Assistant

 (855) 924-4272

 [mpn@bhhc.com](mailto:mpn@bhhc.com)

## Information on Existing Claims:

Contact your adjuster directly by calling (800) 661-6029.

## Policy(s), Loss History, and Experience Mod Information

Contact your insurance broker directly.

# Posting and Other Requirements

## Form DWC-7 – Notice To Employees Injuries Caused By Work

### Posting Requirements

- Post in one or more conspicuous places readily accessible to all employees at all business locations
- If there are Spanish-speaking employees, both English and Spanish versions must be posted

### Required Information

- Enter your policy inception date into the MPN Effective Date field
- Enter the MPN Identification Number that corresponds with Berkshire Hathaway Homestate Company - 0145
- Enter the name of your designated workers compensation insurer

- Enter the address of the nearest Division of Workers Compensation Information & Assistance Unit

### Poster Disclaimer

For your convenience, the Medical Provider Network (MPN) information and our other contact information has been entered on the Poster. Please note, pursuant to California Labor Code § 3550(e), the failure to provide this notice allows an injured worker to seek treatment from their personal physician for a work injury sustained.

(California Labor Code § 3550 and 8 California Code of Regulation § 9881 and § 9883)

## Time of Hire Pamphlet

### Requirements

- Must be provided to all new employees at time of hire or by end of first pay period
- Must be provided to any employee that is victim of a crime that occurred at the employee's place of employment within one working day of the date that the employer reasonably should have known of the crime
- If there are Spanish-speaking employees, both English and Spanish versions must be provided

### Required Information

- Name of your designated workers compensation insurance company
- Name and address of a local network medical provider
- Address and phone number of the nearest Division of Workers' Compensation Information & Assistance Unit

(California Labor Code § 3551 and § 3553, 8 California Code of Regulation § 9880 and § 9883)



## Notice to Employees--Injuries Caused By Work

You may be entitled to workers' compensation benefits if you are injured or become ill because of your job. Workers' compensation covers most work-related physical or mental injuries and illnesses. An injury or illness can be caused by one event (such as hurting your back in a fall) or by repeated exposures (such as hurting your wrist from doing the same motion over and over).

**Benefits.** Workers' compensation benefits include:

- **Medical Care:** Doctor visits, hospital services, physical therapy, lab tests, x-rays, medicines, medical equipment and travel costs that are reasonably necessary to treat your injury. You should never see a bill. There are limits on chiropractic, physical therapy and occupational therapy visits.
- **Temporary Disability (TD) Benefits:** Payments if you lose wages while recovering. For most injuries, TD benefits may not be paid for more than 104 weeks within five years from the date of injury.
- **Permanent Disability (PD) Benefits:** Payments if you do not recover completely and your injury causes a permanent loss of physical or mental function that a doctor can measure.
- **Supplemental Job Displacement Benefit:** A nontransferable voucher, if you are injured on or after 1/1/2004, your injury causes permanent disability, and your employer does not offer you regular, modified, or alternative work.
- **Death Benefits:** Paid to your dependents if you die from a work-related injury or illness.

**Naming Your Own Physician Before Injury or Illness (Predesignation).** You may be able to choose the doctor who will treat you for a job injury or illness. If eligible, you must tell your employer, in writing, the name and address of your personal physician or medical group *before* you are injured. You must obtain their agreement to treat you for your work injury. For instructions, see the written information about workers' compensation that your employer is required to give to new employees.

### If You Get Hurt:

1. **Get Medical Care.** If you need emergency care, call 911 for help immediately from the hospital, ambulance, fire department or police department. If you need first aid, contact your employer.
2. **Report Your Injury.** Report the injury immediately to your supervisor or to an employer representative. Don't delay. There are time limits. If you wait too long, you may lose your right to benefits. Your employer is required to provide you with a claim form within one working day after learning about your injury. Within one working day after you file a claim form, your employer or claims administrator must authorize the provision of all treatment, up to ten thousand dollars, consistent with the applicable treatment guidelines, for your alleged injury until the claim is accepted or rejected.
3. **See Your Primary Treating Physician (PTP).** This is the doctor with overall responsibility for treating your injury or illness.
  - If you predesignated your personal physician or a medical group, you may see your personal physician or the medical group after you are injured.
  - If your employer is using a medical provider network (MPN) or a health care organization (HCO), in most cases you will be treated within the MPN or HCO unless you predesignated a personal physician or medical group. An MPN is a group of physicians and health care providers who provide treatment to workers injured on the job. You should receive information from your employer if you are covered by an HCO or a MPN. Contact your employer for more information.
  - If your employer is not using an MPN or HCO, in most cases the claims administrator can choose the doctor who first treats you when you are injured, unless you predesignated a personal physician or medical group.
4. **Medical Provider Networks.** Your employer may be using an MPN, which is a group of health care providers designated to provide treatment to workers injured on the job. If you have predesignated a personal physician or medical group prior to your work injury, then you may go there to receive treatment from your predesignated doctor. If you are treating with a non-MPN doctor for an existing injury, you may be required to change to a doctor within the MPN. For more information, see the MPN contact information below:

MPN website: \_\_\_\_\_

MPN Effective Date: \_\_\_\_\_ MPN Identification number: \_\_\_\_\_

If you need help locating an MPN physician, call your MPN access assistant at: \_\_\_\_\_

If you have questions about the MPN or want to file a complaint against the MPN, call the MPN Contact Person at: \_\_\_\_\_

**Discrimination.** It is illegal for your employer to punish or fire you for having a work injury or illness, for filing a claim, or testifying in another person's workers' compensation case. If proven, you may receive lost wages, job reinstatement, increased benefits, and costs and expenses up to limits set by the state.

**Questions?** Learn more about workers' compensation by reading the information that your employer is required to give you at time of hire. If you have questions, see your employer or the claims administrator (who handles workers' compensation claims for your employer):

Claims Administrator \_\_\_\_\_ Phone \_\_\_\_\_

Workers' compensation insurer \_\_\_\_\_ (Enter "self-insured" if appropriate)

You can also get free information from a State Division of Workers' Compensation Information (DWC) & Assistance Officer. The nearest Information & Assistance Officer can be found at location: \_\_\_\_\_ or by calling toll-free (800) 736-7401. Learn more information about workers' compensation online: [www.dwc.ca.gov](http://www.dwc.ca.gov) and access a useful booklet "Workers' Compensation in California: A Guidebook for Injured Workers."

**False claims and false denials.** Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony and may be fined and imprisoned.

Your employer may not be liable for the payment of workers' compensation benefits for any injury that arises from your voluntary participation in any **off-duty, recreational, social, or athletic activity** that is not part of your work-related duties.



## Aviso a los Empleados—Lesiones Causadas por el Trabajo

Es posible que usted tenga derecho a beneficios de compensación de trabajadores si usted se lesiona o se enferma a causa de su trabajo. La compensación de trabajadores cubre la mayoría de las lesiones y enfermedades físicas o mentales relacionadas con el trabajo. Una lesión o enfermedad puede ser causada por un evento (como por ejemplo lastimarse la espalda en una caída) o por acciones repetidas (como por ejemplo lastimarse la muñeca por hacer el mismo movimiento una y otra vez).

**Beneficios.** Los beneficios de compensación de trabajadores incluyen:

- **Atención Médica:** Consultas médicas, servicios de hospital, terapia física, análisis de laboratorio, radiografías, medicinas, equipo médico y costos de viajar que son razonablemente necesarias para tratar su lesión. Usted nunca deberá ver un cobro. Hay límites para visitas quiroprácticas, de terapia física y de terapia ocupacional.
- **Beneficios por Incapacidad Temporal (TD):** Pagos si usted pierde sueldo mientras se recupera. Para la mayoría de las lesiones, beneficios de TD no se pagarán por más de 104 semanas dentro de cinco años después de la fecha de la lesión.
- **Beneficios por Incapacidad Permanente (PD):** Pagos si usted no se recupera completamente y si su lesión le causa una pérdida permanente de su función física o mental que un médico puede medir.
- **Beneficio Suplementario por Desplazamiento de Trabajo:** Un vale no-transferible si su lesión surge en o después del 1/1/04, y su lesión le ocasiona una incapacidad permanente, y su empleador no le ofrece a usted un trabajo regular, modificado, o alternativo.
- **Beneficios por Muerte:** Pagados a sus dependientes si usted muere a causa de una lesión o enfermedad relacionada con el trabajo.

**Designación de su Propio Médico Antes de una Lesión o Enfermedad (Designación previa).** Es posible que usted pueda elegir al médico que le atenderá en una lesión o enfermedad relacionada con el trabajo. Si elegible, usted debe informarle al empleador, por escrito, el nombre y la dirección de su médico personal o grupo médico, *antes* de que usted se lesione. Usted debe ponerse de acuerdo con su médico para que atienda la lesión causada por el trabajo. Para instrucciones, vea la información escrita sobre la compensación de trabajadores que se le exige a su empleador darle a los empleados nuevos.

**Si Usted se Lastima:**

1. **Obtenga Atención Médica.** Si usted necesita atención de emergencia, llame al 911 para ayuda inmediata de un hospital, una ambulancia, el departamento de bomberos o departamento de policía. Si usted necesita primeros auxilios, comuníquese con su empleador.
2. **Reporte su Lesión.** Reporte la lesión inmediatamente a su supervisor(a) o a un representante del empleador. No se demore. Hay límites de tiempo. Si usted espera demasiado, es posible que usted pierda su derecho a beneficios. Su empleador está obligado a proporcionarle un formulario de reclamo dentro de un día laboral después de saber de su lesión. Dentro de un día después de que usted presente un formulario de reclamo, el empleador o administrador de reclamos debe autorizar todo tratamiento médico, hasta diez mil dólares, de acuerdo con las pautas de tratamiento aplicables a su presunta lesión, hasta que el reclamo sea aceptado o rechazado.
3. **Consulte al Médico que le está Atendiendo (PTP).** Este es el médico con la responsabilidad total de tratar su lesión o enfermedad.
  - Si usted designó previamente a su médico personal o grupo médico, usted puede consultar a su médico personal o grupo médico después de lesionarse.
  - Si su empleador está utilizando una Red de Proveedores Médicos (MPN) o una Organización de Cuidado Médico (HCO), en la mayoría de los casos usted será tratado dentro de la MPN o la HCO a menos que usted designó previamente un médico personal o grupo médico. Una MPN es un grupo de médicos y proveedores de atención médica que proporcionan tratamiento a trabajadores lesionados en el trabajo. Usted debe recibir información de su empleador si está cubierto por una HCO o una MPN. Hable con su empleador para más información.
  - Si su empleador no está utilizando una MPN o HCO, en la mayoría de los casos el administrador de reclamos puede escoger el médico que lo atiende primero, cuando usted se lesiona, a menos que usted designó previamente a un médico personal o grupo médico.
4. **Red de Proveedores Médicos (MPN):** Es posible que su empleador use una MPN, lo cual es un grupo de proveedores de asistencia médica designados para dar tratamiento a los trabajadores lesionados en el trabajo. **Si usted ha hecho una designación previa de un médico personal antes de lesionarse en el trabajo, entonces usted puede recibir tratamiento de su médico previamente designado.** Si usted está recibiendo tratamiento de parte de un médico que no pertenece a la MPN para una lesión existente, puede requerirse que usted se cambie a un médico dentro de la MPN. Para más información, vea la siguiente información de contacto de la MPN :

Página web de la MPN: \_\_\_\_\_

Fecha de vigencia de la MPN: \_\_\_\_\_ Número de identificación de la MPN: \_\_\_\_\_

Si usted necesita ayuda en localizar un médico de una MPN, llame a su asistente de acceso de la MPN al: \_\_\_\_\_

Si usted tiene preguntas sobre la MPN o quiere presentar una queja en contra de la MPN, llame a la Persona de Contacto de la MPN al: \_\_\_\_\_

**Discriminación.** Es ilegal que su empleador le castigue o despida por sufrir una lesión o enfermedad en el trabajo, por presentar un reclamo o por testificar en el caso de compensación de trabajadores de otra persona. De ser probado, usted puede recibir pagos por pérdida de sueldos, reposición del trabajo, aumento de beneficios y gastos hasta los límites establecidos por el estado.

**¿Preguntas?** Aprenda más sobre la compensación de trabajadores leyendo la información que se requiere que su empleador le dé cuando es contratado. Si usted tiene preguntas, vea a su empleador o al administrador de reclamos (que se encarga de los reclamos de compensación de trabajadores de su empleador):

Administrador de Reclamos \_\_\_\_\_ Teléfono \_\_\_\_\_

Asegurador del Seguro de Compensación de trabajador \_\_\_\_\_ (Anoté "autoasegurado" si es apropiado)

Usted también puede obtener información gratuita de un Oficial de Información y Asistencia de la División Estatal de Compensación de Trabajadores. El Oficial de Información y Asistencia más cercano se localiza en: \_\_\_\_\_ o llamando al número gratuito (800) 736-7401. Usted puede obtener más información sobre la compensación del trabajador en el Internet en: [www.dwc.ca.gov](http://www.dwc.ca.gov) y acceder a una guía útil "Compensación del Trabajador de California Una Guía para Trabajadores Lesionados."

**Los reclamos falsos y rechazos falsos del reclamo.** Cualquier persona que haga o que ocasione que se haga una declaración o una representación material intencionalmente falsa o fraudulenta, con el fin de obtener o negar beneficios o pagos de compensación de trabajadores, es culpable de un delito grave y puede ser multado y encarcelado.

Es posible que su empleador no sea responsable por el pago de beneficios de compensación de trabajadores para ninguna lesión que proviene de su participación voluntaria en cualquier **actividad fuera del trabajo, recreativa, social, o atlética** que no sea parte de sus deberes laborales.

## Time of Hire Notice

This notice, or a similar one that has been approved by the Administrative Director, must be given to all newly hired employees in the State of California. Employers and claims administrators may use the content of this document and put their logos and additional information on it. The content of this notice applies to all industrial injuries that occur on or after January 1, 2013.

### 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 your back in a fall, getting burned by a chemical that splashes on your skin or getting hurt in a car accident while making deliveries.

—or—

Repeated exposures at work. Examples: hurting your hand, back, or other part of your body from doing the same repeated motion or 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, and 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 and occupational therapy and chiropractic care.



- **Temporary Disability (TD) 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.
- **Permanent Disability (PD) benefits:** Payments if you don't recover completely. You will be paid every two weeks if you are eligible. There are minimum and maximum weekly payment rates established by state law. The amount of payment is based on:
  - Your doctor's medical reports
  - Your age
  - Your occupation
- **Supplemental Job Displacement Benefits (SJDB):** This is a voucher for up to \$6,000 that you can use for retraining or skill enhancement at an approved school, books, tools, licenses or certification fees, or other resources to help you find a new job. You are eligible for this voucher if:
  - You have a permanent disability.
  - Your employer does not offer regular, modified, or alternative work, **within 60 days** after the claims administrator receives a doctor's report saying you have made a maximum medical recovery.
- **Return-to-Work Supplemental Program (RTWSP):** For dates of injury after 1/1/2013, you may qualify for additional money from the Division of Workers' compensation program known as the Return-to-Work Supplement Program (RTWSP) if you received the Supplemental Job Displacement Voucher (SJDB). If you have questions or think you qualify, contact the Information & Assistance Unit by calling 1-800-736-7401 or visit website: <https://www.dir.ca.gov/RTWSP/RTWSP.html>
- **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.





## OTHER BENEFITS

You may file a claim with the Employment Development Department (EDD) to get state disability benefits when workers' compensation benefits are delayed, denied, or have ended. There are time restrictions so for more information contact the local office of EDD or go to their web site [www.edd.ca.gov](http://www.edd.ca.gov).

### **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. If you cannot report to the employer or don't hear from the claims administrator after you have reported your injury, contact the claims administrator yourself.

**Workers' compensation insurance company or if employer is self-insured, person responsible for handling the claim is:**

\_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

You may be able to find the name of your employer's workers' compensation insurer at [www.caworkcompcoverage.com](http://www.caworkcompcoverage.com). If no coverage exists or coverage has expired, contact the Division of Labor Standards Enforcement at [www.dir.ca.gov/DLSE](http://www.dir.ca.gov/DLSE) as all employees must be covered by law.

### **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 treatment.







### 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 **1-415-538-2120** or go visit their website at [www.californiaspecialist.org](http://www.californiaspecialist.org). You may also get a list of attorneys from your local I&A Unit by calling **1-800-736-7401**.

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.

You may also have other rights under the Americans with Disabilities Act (ADA) or the California Fair Employment and Housing Act (FEHA). For additional information, contact California Civil Rights Department (CRD) at 1-800-884-1684 or the Equal Employment Opportunity Commission (EEOC) at 1-800-669-4000.

The information contained in this notice 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.

Please visit the Division of Workers' Compensation website at: [www.dwc.ca.gov](http://www.dwc.ca.gov) or call 1-800-736-7401

Department of Industrial Relations  
1515 Clay Street, 17th Floor  
Oakland, CA 94612



**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:

- on the date of your work injury you have health care coverage for injuries or illnesses that are not work related;
- 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 nonoccupational 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: \_\_\_\_\_

Name of Insurance Company, Plan, or Fund providing health coverage for nonoccupational injuries or illnesses: \_\_\_\_\_

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.

## 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.

**NOTE:** If your date of injury is January 1, 2004 or later, a chiropractor cannot be your treating physician after you have received 24 chiropractic visits unless your employer has authorized additional visits in writing. The term "chiropractic visit" means any chiropractic office visit, regardless of whether the services performed involve chiropractic manipulation or are limited to evaluation and management. Once you have received 24 chiropractic visits, if you still require medical treatment, you will have to select a new physician who is not a chiropractor. This prohibition shall not apply to visits for postsurgical physical medicine visits prescribed by the surgeon, or physician designated by the surgeon, under the postsurgical component of the Division of Workers' Compensation's Medical Treatment Utilization Schedule.

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): \_\_\_\_\_

Employee's Address:

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

Title 8, California Code of Regulations, section 9783.1.  
(Optional DWC Form 9783.1 Effective date July 1, 2014)



## Aviso para el nuevo empleado

Este aviso, o uno similar que haya sido aprobado por el Director Administrativo, deben entregarse a todos los empleados recién contratados en el estado de California. Los empleadores y administradores de reclamos pueden utilizar el contenido de este documento y colocar en él sus logotipos e información adicional. El contenido de este folleto se aplica a todos los accidentes de trabajo ocurridos a partir del 1 de enero de 2013.

### ¿QUÉ ES LA COMPENSACIÓN DE TRABAJADORES?

Si se lesiona en el trabajo, su empleador está obligado por ley a pagarle beneficios de compensación de trabajadores. Podría resultar herido por:

Un suceso en el trabajo. Ejemplos: hacerse daño en la espalda en una caída, quemarse con un producto químico que le salpique la piel o lesionarse en un accidente de automóvil mientras hace repartos.

—o—

Exposiciones repetidas en el trabajo. Ejemplos: lastimarse la mano, la espalda u otra parte del cuerpo por hacer el mismo movimiento repetido o perder la audición por ruidos fuertes y constantes.

—o—

Delitos en el lugar de trabajo. Ejemplos: resulta herido en un atraco a una tienda, es agredido físicamente por un cliente descontento.

### La discriminación es ilegal

Según la sección 132a del Código Laboral, es ilegal que su empleador lo castigue o despida porque usted:

- Presenta un reclamo de compensación de trabajadores
- Tiene intención de presentar un reclamo de compensación de trabajadores
- Concilia un reclamo de compensación de trabajadores
- Testifica o tiene intención de testificar por otro trabajador lesionado

Si se determina que su empleador lo ha discriminado, puede ordenársele que lo reincorpore a su puesto de trabajo; su empleador también puede verse obligado a pagar los salarios perdidos, el aumento de los beneficios de compensación por accidentes laborales y los costos y gastos establecidos por la legislación estatal.



## ¿CUÁLES SON LOS BENEFICIOS?

- **Atención médica:** pagada por su empleador para ayudarlo a recuperarse de una lesión o enfermedad causada por el trabajo. Las visitas al médico, los servicios hospitalarios, la fisioterapia, las pruebas de laboratorio y las radiografías son algunos de los servicios médicos que pueden prestarse; estos servicios deben ser necesarios para tratar su lesión. Existen límites para algunos servicios, como la fisioterapia, la terapia ocupacional y la quiropráctica.
- **Beneficios por discapacidad temporal (Temporary Disability, TD):** pagos si pierde salario porque su lesión le impide realizar su trabajo habitual mientras se recupera. El monto que puede recibir es de hasta dos tercios de su salario. Existen límites mínimos y máximos de pago establecidos por la legislación estatal; se le pagará cada dos semanas si es elegible. Para la mayoría de las lesiones, los pagos no pueden superar las 104 semanas en un plazo de cinco años a partir de la fecha de la lesión. La discapacidad temporal (TD) finaliza cuando vuelve al trabajo, o cuando el médico le da el alta para trabajar o dice que su lesión ha mejorado todo lo que va a mejorar.
- **Beneficios por discapacidad permanente (Permanent Disability, PD):** pagos si no se recupera del todo. se le pagará cada dos semanas si es elegible. Existen tasas de pago semanales mínimos y máximos establecidos por la legislación estatal; el monto del pago se basa en:
  - Los informes médicos de su doctor.
  - Su edad.
  - Su profesión.
- **Beneficio suplementario por el desplazamiento de trabajo (Supplemental Job Displacement Benefits, SJDB):** se trata de un vale de hasta \$6,000 que puede utilizar para volver a capacitarse o mejorar sus conocimientos en una escuela aprobada, para libros, herramientas, licencias o tarifas de certificación, u otros recursos que lo ayuden a encontrar un nuevo empleo; Es elegible a este vale si:
  - Tiene una discapacidad permanente.
  - Su empleador no le ofrece un trabajo regular, modificado o alternativo, **dentro de los 60 días** posteriores a que el administrador de reclamos reciba un informe médico que indique que usted ha logrado una recuperación médica máxima.
- **Programa Suplementario de Regreso al Trabajo (Return-to-Work Supplemental Program, RTWSP):** para las fechas de lesión después del 1 de enero de 2013, usted puede calificar para dinero adicional del programa de la División de Compensación de Trabajadores conocido como el Programa Suplementario de Regreso al Trabajo (RTWSP) si usted recibió el vale de los Beneficios Suplementarios por el Desplazamiento de Trabajo (SJDB). Si tiene alguna pregunta o cree que reúne los requisitos, póngase en contacto con la Unidad de Información y Asistencia llamando al 1-800-736-7401 o visite el sitio web: <https://www.dir.ca.gov/RTWSP/RTWSP.html>



- **Beneficios por muerte:** pagos a su cónyuge, hijos u otras personas a su cargo si fallece a causa de una lesión o enfermedad laboral. El monto del pago depende del número de personas a cargo. El beneficio se paga cada dos semanas a una tasa de, como mínimo, **\$224 semanales**; además, la compensación de trabajadores prevé un subsidio de sepelio.

### OTROS BENEFICIOS

Puede presentar un reclamo ante el Departamento de Desarrollo del Empleo (Employment Development Department, EDD) para obtener beneficios estatales por discapacidad cuando los beneficios de compensación de trabajadores se retrasen, denieguen o hayan finalizado. Hay restricciones de tiempo, así que para más información póngase en contacto con la oficina local del EDD o visite su sitio web: [www.edd.ca.gov](http://www.edd.ca.gov).

#### **El fraude en la compensación de trabajadores es delito**

Toda persona que realice o haga realizar cualquier declaración deliberadamente falsa con el fin de obtener o denegar beneficios o pagos de compensación de trabajadores es culpable de un delito grave; si es declarada culpable, la persona tendrá que pagar multas de hasta \$150,000 o cumplir hasta cinco años de cárcel.

### **¿QUÉ DEBO HACER SI TENGO UNA LESIÓN?**

#### **Informe la lesión a su empleador**

Informe inmediatamente a su supervisor, por leve que sea la lesión; no se demore, hay plazos. Puede perder el derecho a los beneficios si su empleador no se entera de su lesión en un plazo de 30 días. Si su lesión o enfermedad se desarrolla con el tiempo, notifíquelo en cuanto sepa que ha sido causada por su trabajo. Si no puede informar al empleador o no tiene noticias del administrador de reclamos después de haber informado sobre su lesión, comuníquese usted mismo con el administrador de reclamos.

**La persona responsable de tramitar la reclamos de la compañía de seguros de compensación por accidentes laborales, o si el empleador está autoasegurado, es:**

\_\_\_\_\_  
Dirección:

Teléfono:



Puede encontrar el nombre de la compañía de seguros de compensación de trabajadores de su empleador en [www.caworkcompcoverage.com](http://www.caworkcompcoverage.com). Si no existe cobertura o ésta ha expirado, póngase en contacto con la División de Cumplimiento de las Normas Laborales en [www.dir.ca.gov/DLSE](http://www.dir.ca.gov/DLSE) ya que todos los empleados deben tener cobertura por ley.

### **Reciba tratamiento de urgencia si es necesario**

Si se trata de una urgencia médica, acuda de inmediato a urgencias. Informe al proveedor médico que lo atiende de que su lesión está relacionada con el trabajo. Su empleador puede indicarle dónde acudir para recibir tratamiento

Número de teléfono de urgencias: llame al 911 para pedir una ambulancia, a los bomberos o a la policía. Para recibir atención médica no urgente, póngase en contacto con su empleador, con el administrador de reclamos de compensación por accidentes laborales o acuda a este centro: \_\_\_\_\_

### **Rellene el formulario de reclamos DWC 1 y entrégueselo a su empleador**

Su empleador debe entregarle un [Formulario de reclamos DWC 1](#) en el plazo de un día hábil tras conocer su lesión o enfermedad. Rellene la parte correspondiente al empleado, firmela y devuélvala a su empleador. A continuación, su empleador presentará el reclamo al administrador de reclamos. Su empleador debe autorizar el tratamiento en el plazo de un día hábil a partir de la recepción del **formulario de reclamos DWC 1**. Si la lesión se debe a exposiciones repetidas, dispone **de un año** desde el momento en que se dio cuenta de que su lesión estaba relacionada con el trabajo para presentar un reclamo.

En ambos casos, puede recibir hasta \$10,000 en concepto de atención médica pagada por el empleador hasta que se acepte o deniegue su reclamo. El administrador de reclamos tiene hasta 90 días para decidir si acepta o rechaza su reclamo; de lo contrario, su caso se presume pagadero. Su empleador o el administrador de reclamos le enviarán "avisos de beneficios" que le informarán de la situación de su reclamo.

## **MÁS SOBRE LA ATENCIÓN MÉDICA**

### **¿Qué es un médico tratante principal (Primary Treating Physician, PTP)?**

Es el médico responsable del tratamiento de su lesión o enfermedad. Él o ella pueden ser:

- El médico que nombra por escrito antes de lesionarse en el trabajo.
- Un médico de la red de proveedores médicos (Medical Provider Network, MPN).
- El médico elegido por su empleador durante los 30 primeros días de la lesión si su empleador no dispone de una MPN.
- El médico que haya elegido después de los primeros 30 días si su empleador no dispone de una MPN.



### **¿Qué es una red de proveedores médicos (MPN)?**

Una MPN es un grupo selecto de proveedores de atención médica que tratan a trabajadores lesionados. Consulte a su empresa si utiliza una MPN. Si no ha nombrado a un médico antes de lesionarse y su empleador utiliza una MPN, acudirá a un médico de la MPN; después de su primera visita, es libre de elegir otro médico de la lista de la MPN.

### **¿Qué es la designación previa?**

La designación previa es cuando nombra a su médico habitual para que lo trate si se lesiona en el trabajo. El médico debe ser doctor en medicina (Medical Doctor, MD), doctor en medicina osteopática (Doctor of Osteopathic Medicine, DO) o un grupo médico con un MD o DO. Debe nombrar a su médico por escrito antes de lesionarse o enfermarse; puede designar previamente a un médico si tiene cobertura de atención médica para lesiones y enfermedades no laborales. El médico debe:

- Haberlo tratado.
- Haber mantenido su historial y expedientes médicos antes de la lesión.
- Haber acordado tratarlo por una lesión o enfermedad relacionada con el trabajo antes de que se lesionara o enfermara.

Puede utilizar el formulario de "designación previa de médico personal" incluido en este folleto. Después de rellenar el formulario, no olvide entregárselo a su empleador; si su empleador no tiene una MPN aprobada, puede nombrar a su quiropráctico o acupunturista para que le trate las lesiones relacionadas con el trabajo. El aviso del quiropráctico o acupunturista personal debe hacerse por escrito antes de que se lesione. Puede utilizar el formulario incluido en este folleto; Después de rellenar el formulario, no olvide entregárselo a su empleador;

Con algunas excepciones, la ley estatal no permite que un quiropráctico siga siendo su médico tratante después de **24 consultas**. Una vez que haya recibido 24 consultas quiroprácticas, si sigue necesitando tratamiento médico, tendrá que elegir un nuevo médico que no sea quiropráctico. Por "consulta quiropráctica" se entiende cualquier visita a un consultorio quiropráctico, independientemente de que los servicios prestados impliquen manipulación quiropráctica o se limiten a evaluación y gestión.

Las excepciones a las 24 consultas incluyen las consultas de medicina física posquirúrgicas prescritas por el cirujano, o el médico designado por el cirujano, en virtud del componente posquirúrgico del Programa de Utilización de Tratamientos Médicos de la División de Compensación por Accidentes Laborales, o si su empleador ha autorizado consultas adicionales por escrito.

### **¿Y SI HAY ALGÚN PROBLEMA?**

Si tiene alguna preocupación, dígalos. Hable con su empleador o con el administrador de reclamos que tramita su reclamo e intente resolver el problema; si esto no funciona, pida ayuda probando lo siguiente:



Póngase en contacto con la Unidad de Información y Asistencia (Information and Assistance, I&A) de la División de Compensación de Trabajadores: Division of Workers' Compensation, DWC). Las 24 oficinas de la DWC repartidas por todo el estado ofrecen información y asistencia sobre derechos, beneficios y obligaciones en virtud de las leyes de compensación por accidentes laborales de California. Los funcionarios de la I&A ayudan a resolver conflictos sin procedimientos formales. Su meta es conseguirle beneficios completos y a tiempo; sus servicios son gratuitos. Para ponerse en contacto con la Unidad de I&A más cercana, visite [www.dir.ca.gov/dwc/ianda.html](http://www.dir.ca.gov/dwc/ianda.html) o llame al 1-800-736-7401.

La Unidad de I&A más cercana se encuentra en:

Dirección: \_\_\_\_\_

Número de teléfono: \_\_\_\_\_

### Consulte con un abogado

La mayoría de los abogados ofrecen una consulta gratuita. Si decide contratar a un abogado, sus honorarios pueden deducirse de algunos de sus beneficios. Para obtener los nombres de los abogados de compensación por accidentes laborales, llame al Colegio de Abogados del Estado de California al 1-415-538-2120 o visite su sitio web en [www.californiaspecialist.org](http://www.californiaspecialist.org). También puede obtener una lista de abogados en la Unidad de I&A local llamando al 1-800-736-7401.

### Advertencia

Es posible que su empleador no le pague la compensación de trabajadores si se lesiona en una actividad recreativa, social o deportiva voluntaria fuera del trabajo que no forme parte de sus obligaciones laborales.

### Derechos adicionales

También puede tener otros derechos en virtud de la Ley federal de Americanos con Discapacidades (Americans with Disabilities Act, ADA) o la Ley de Justicia en el Empleo y la Vivienda (Fair Employment and Housing Act, FEHA) de California. Para obtener más información, póngase en contacto con el Departamento de Derechos Civiles (Civil Rights Department, CRD) de California, llamando al 1-800-884-1684, o con la Comisión para la Igualdad de Oportunidades en el Empleo (Equal Employment Opportunity Commission, EEOC), llamando al 1-800-669-4000.

La información contenida en este folleto se ajusta a los requisitos informativos que figuran en las secciones 3551 y 3553 del Código Laboral y en las secciones 9880 y 9883 del título 8 del Código de Reglamentos de California. Este documento ha sido aprobado por el director administrativo de la División de Compensación de Trabajadores.

Visite el sitio web de la División de Compensación de Trabajadores

[www.dwc.ca.gov](http://www.dwc.ca.gov) o llame al 1-800-736-7401

Departamento de Relaciones Industriales

1515 Clay Street, 17th Floor

Oakland, CA 94612



*En vigor para las fechas de lesiones a partir del 1 de enero de 2013  
– Revisado el 1 de febrero de 2024*



## DESIGNACIÓN PREVIA DE MÉDICO PERSONAL

En caso de que usted sufra una lesión o enfermedad relacionada a su empleo, usted puede recibir tratamiento médico por esa lesión o enfermedad de su médico personal (M.D.), médico osteópata (D.O.) o grupo médico si:

- En la fecha de su lesión laboral usted tiene cobertura de atención médica para lesiones o enfermedades no laborales;
- el médico es su médico regular, que será o un médico que ha limitado su práctica médica a medicina general o un internista certificado o elegible para serlo, pediatra, gineco-obstetra, o médico de medicina familiar y que previamente ha estado a cargo de su tratamiento médico y tiene su expediente médico;
- su "médico personal" puede ser un grupo médico si es una corporación o sociedad o asociación compuesta de doctores certificados en medicina u osteopatía, que opera un grupo médico multidisciplinario integrado que predominantemente proporciona amplios servicios médicos para lesiones y enfermedades no laborales;
- antes de la lesión su médico está de acuerdo a proporcionarle tratamiento médico para su lesión o enfermedad de trabajo;
- antes de la lesión usted le proporcionó a su empleador por escrito lo siguiente:  
(1) notificación de que quiere que su médico personal lo trate para una lesión o enfermedad laboral y (2) el nombre y dirección comercial de su médico personal.

Puede usar este formulario para notificarle a su empleador si usted desea que su médico personal o médico osteópata lo trate para una lesión o enfermedad de trabajo y que los requisitos mencionados arriba se cumplan.

## AVISO DE DESIGNACIÓN PREVIA DE MÉDICOPERSONAL

**Empleado: Rellene esta sección.**

A: \_\_\_\_\_ (nombre del empleador) Si sufro una lesión o enfermedad laboral, yo elijo recibir tratamiento médico de:

\_\_\_\_\_  
(nombre del médico)(M.D., D.O., o grupo médico)

\_\_\_\_\_  
(dirección, ciudad, estado, código postal)

\_\_\_\_\_  
(número de teléfono)

Nombre del Empleado (en letras de molde, por favor):

\_\_\_\_\_  
Dirección del Empleado:

\_\_\_\_\_  
Nombre de Compañía de Seguros, Plan o Fondo proporcionando cobertura médica para lesiones o enfermedades no laborales:

\_\_\_\_\_  
Firma del Empleado

\_\_\_\_\_  
Fecha:

**Médico: Estoy de acuerdo con esta Designación Previa:**

Firma: \_\_\_\_\_ Fecha: \_\_\_\_\_

(Médico o Empleado designado por el Médico o Grupo Médico)

El médico no está obligado a firmar este formulario, sin embargo, si el médico o empleado designado por el médico o grupo médico no firma, será necesario presentar documentación sobre el consentimiento del médico a ser designado previamente de acuerdo al Código de Reglamentos de California, Título 8, sección 9780.1(a) (3).

Título 8, Código de Reglamentos de California, sección 9783.

**NOTICIA DE QUIROPRÁCTICO PERSONAL O ACUPUNTOR PERSONAL**

Si su empleador o la compañía de seguros de su empleador no tiene una Red de Proveedores Médicos establecida, es posible que pueda cambiar su médico que lo atiende a su quiropráctico o acupuntor personal después de una lesión o enfermedad laboral. Para tener derecho a hacer este cambio, usted debe antes de la lesión o enfermedad darle por escrito a su empleador el nombre y la dirección comercial de un quiropráctico o acupuntor personal. Generalmente, su administrador de reclamos tiene el derecho de elegir al médico que le proporcionará el tratamiento dentro de los primeros 30 días después de que su empleador sabe de su lesión o enfermedad. Después de que su administrador de reclamos haya iniciado su tratamiento con otro médico durante este tiempo, usted puede, bajo petición, transferir su tratamiento a su quiropráctico o acupuntor personal.

AVISO: Si la fecha de su lesión es durante o después del 1 de enero, 2004, un quiropráctico no puede ser su médico que lo atiende después de que haya recibido 24 consultas quiroprácticas a no ser que su empleador ha autorizado consultas adicionales por escrito. El término “consulta quiropráctica” significa cualquier consulta en un consultorio quiropráctica, sin importar si los servicios cumplidos conllevan manipulación quiropráctica o se limitan a evaluación y manejo. Una vez que haya recibido 24 consultas quiroprácticas, si aún necesita tratamiento médico, usted tendrá que escoger un nuevo médico que no sea quiropráctico. Esta prohibición no se aplicará a consultas por medicina física pos-quirúrgica prescrita por el cirujano o médico designado por el cirujano, bajo el componente pos-quirúrgico del Catálogo de Utilización de Tratamientos Médicos o MTUS de la División de Compensación de Trabajadores.

Puede usar este formulario para notificarle a su empleador sobre su quiropráctico o acupuntor personal.

**Información sobre su Quiropráctico o Acupuntor:**

\_\_\_\_\_  
(Nombre del quiropráctico o acupuntor)

\_\_\_\_\_  
(Dirección, ciudad, estado, código postal)

\_\_\_\_\_  
(Número de teléfono)

\_\_\_\_\_  
Nombre del Empleado (en letras de molde, por favor):

\_\_\_\_\_  
Dirección del Empleado:

Firma del  
Empleado \_\_\_\_\_

Fecha: \_\_\_\_\_

Título 8, Código de Reglamentos de California, sección 9783.1. (Formulario 9783.1 Opcional de la DWC Vigente a partir del 1 de julio, 2014)

# CAL-OSHA Reporting Requirement

## Serious Injury

Employers must report, orally or in writing, to the nearest CAL-OSHA office within eight hours, any case involving serious injury or death from an accident or health hazard that results in one or more fatalities or hospitalization. The minimum fine for reporting more than eight hours after the injury or for failure to contact CAL-OSHA is \$5000. They answer phone calls 24 hours a day, seven days a week.

Whenever medical, fire or police agencies are called to an accident involving an employee serious injury, illness, or death, they are also to report the incident to the nearest office of the Division of Occupational Safety and Health as do emergency personnel, hospitals, and doctors. However, their report does not relieve the employer of their reporting responsibilities.

A serious injury is defined as "any injury or illness occurring in a place of employment or in connection with any employment which requires inpatient hospitalization for a period in excess of 24 hours for other than medical observation or in which an employee suffers a loss of any member of the body or suffers any serious degree of permanent disfigurement but does not include any injury or illness or death caused by the commission of a Penal Code violation".

## The Standard

- Chapter 3.2. California Occupational Safety and Health Regulations (CAL/OSHA)
  - Subchapter 2. Regulations of the Division of Occupational Safety and Health
  - Article 3. Reporting Work-Connected Injuries

### Additional Information:

- CAL-OSHA website [dir.ca.gov](http://dir.ca.gov)
- Serious Reporting Regulation [dir.ca.gov/title8/ch3\\_2sb2a3.html](http://dir.ca.gov/title8/ch3_2sb2a3.html)
- Find a CAL-OSHA office by zip code. Call office closest to the workplace where the accident occurred:
  - [dir.ca.gov/asp/DoshZipSearch.html](http://dir.ca.gov/asp/DoshZipSearch.html)



## §342. Reporting Work-Connected Fatalities and Serious Injuries

- (a) Every employer shall report immediately by telephone or telegraph to the nearest District Office of the Division of Occupational Safety and Health any serious injury or illness, or death, of an employee occurring in a place of employment or in connection with any employment. Immediately means as soon as practically possible but not longer than eight hours after the employer knows or with diligent inquiry would have known of the death or serious injury or illness. If the employer can demonstrate that exigent circumstances exist, the time frame for the report may be made no longer than 24 hours after the incident.

### Serious injury or illness is defined in section 330(h), Title 8, California Administrative Code.

- (b) Whenever a state, county, or local fire or police agency is called to an accident involving an employee covered by this part in which a serious injury, or illness, or death occurs, the nearest office of the Division of Occupational Safety and Health shall be notified by telephone immediately by the responding agency.
- (c) When making such report, whether by telephone or telegraph, the reporting party shall include the following information, if available:
- (1) Time and date of accident.
  - (2) Employer's name, address and telephone number.
  - (3) Name and job title, or badge number of person reporting the accident.
  - (4) Address of site of accident or event.
  - (5) Name of person to contact at site of accident.
  - (6) Name and address of injured employee(s).
  - (7) Nature of injury.
  - (8) Location where injured employee(s) was (were) moved to.
  - (9) List and identity of other law enforcement agencies present at the site of accident.
  - (10) Description of accident and whether the accident scene or instrumentality has been altered.
- (d) The reporting in (a) and (b) above, is in addition to any other reports required by law and may be made by any person authorized by the employers, state, county, or local agencies to make such reports.



## BHHC First Aid Information

From time to time an injury occurs which requires no more than “first aid” treatment. For workers compensation purposes, First Aid is defined as:

**Any one-time treatment, and any follow-up visit for the purpose of observation of minor scratches, cuts, burns, splinters, etc., which do not ordinarily require medical care. Such one-time treatment, and follow-up visit for the purposes of observation, is considered first aid, even though provided by a physician or registered professional personnel.**

Although such an incident does not result in any lost time, residual disability, or significant medical treatment, these First Aid injuries must also be reported to BHHC. Occasionally these First Aid injuries grow to be more serious than originally determined and BHHC must be aware of the incident to effectively manage any potential additional medical treatment or benefits.

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# WCIRB Bulletin

Bulletin No. 2016-25

November 10, 2016

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## Reporting of Small Medical Only or First Aid Claims

The Insurance Commissioner recently approved amendments to the *California Workers' Compensation Uniform Statistical Reporting Plan—1995* (USRP) effective January 1, 2017, to clarify the reporting requirements for small medical only or “first aid” claims. The Insurance Commissioner’s Decision (CDI File No. REG-2016-00018), dated October 14, 2016, approved amendments that specifically reference first aid as defined in California Labor Code Section 5401(a), to clarify that insurers must report the cost of all claims for which any medical care is provided and medical costs are incurred, including those involving first aid treatment, even if the insurer did not make the payment. These changes can be found at Section II, *Definitions*, Rule 24, *Medical Only or Medical Claims Only*, and Section V, *Loss Information*, Subsection A, *General Loss Reporting Instructions*, Rule 1, *Reporting Losses*, of the USRP and are provided below for your reference.

As indicated in the Insurance Commissioner’s Decision, the reporting of first aid claims has been an enduring concern. It has been the long-standing position of the CDI and the WCIRB, as communicated in several prior WCIRB Bulletins, that insurers are required to report the medical costs incurred on first aid claims, even if paid by the employer, as any other medical loss. By explicitly citing first aid in the definition of medical claims and the reporting of losses, the amendments clarify the intent of the regulations and what has been communicated in prior WCIRB Bulletins.

There are no special or unique coding requirements related to the reporting of claims meeting the Labor Code Section 5401(a) definition of first aid. The reporting requirements in Part 4 of the USRP applicable to the reporting of medical costs incurred on any other medical only claim also apply to the medical costs incurred on claims meeting the first aid definition.





**Part 4, Unit Statistical Report Filing Requirements, Section II, Definitions:**

**24. Medical Only or Medical Claims Only**

A claim or injury for which no indemnity is incurred, but for which medical treatment costs are incurred is a “medical only” claim or injury, regardless of whether the cost of medical treatment, including first aid, is paid by an employer or insurer, or regardless of whether a Workers’ Compensation Claim Form (DWC 1) is filed. “Medical Only” claims or injuries include but are not limited to all compensable injuries in which the disability does not extend beyond the waiting period specified in the workers’ compensation laws of California, or injuries for which immediate medical treatment has been provided prior to a determination of compensability pursuant to Labor Code Section 5402(c).

**Part 4, Unit Statistical Report Filing Requirements, Section V, Loss Information, Subsection A, General Loss Reporting Instructions:**

**1. Reporting Losses**

Any and all claims, including those involving first aid as defined in California Labor Code Section 5401(a), in which Indemnity Losses or Medical Losses are incurred or Allocated Loss Adjustment Expenses are paid must be reported individually.

All loss amounts are on a direct basis (excluding reinsurance assumed and adjustment for reinsurance ceded) and must be reported on a gross basis prior to the application of any deductibles.

|  |  |   |  |   |  |   |
|--|--|---|--|---|--|---|
| State of California<br><b>EMPLOYER'S REPORT OF OCCUPATIONAL INJURY OR ILLNESS</b>  |  | Please complete in triplicate (type if possible) Mail two copies to:  |  | OSHA CASE NO.   |  |   |
|  |  |   |  | FATALITY <input type="checkbox"/>                                     |  |   |
| Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers compensation benefits or payments is guilty of a felony.   |  | California law requires employers to report within <b>five days</b> of knowledge every occupational injury or illness which results in lost time beyond the date of the incident <b>OR</b> requires medical treatment beyond first aid. If an employee subsequently dies as a result of a previously reported injury or illness, the employer must file within <b>five days</b> of knowledge an amended report indicating death. In addition, every serious injury, illness, or death must be <b>reported immediately</b> by telephone or telegraph to the nearest office of the California Division of Occupational Safety and Health. |  |   |  |   |
| EMPLOYER   | 1. FIRM NAME   |   |  | 1a. Policy Number   |  | Please do not use this column<br>CASE NUMBER<br>OWNERSHIP |
|  | 2. MAILING ADDRESS: (Number, Street, City, Zip)  |   |  | 2a. Phone Number  |  |   |
|  | 3. LOCATION if different from Mailing Address (Number, Street, City and Zip)             |   |  | 3a. Location Code   |  |   |
|  | 4. NATURE OF BUSINESS; e.g.. Painting contractor, wholesale grocer, sawmill, hotel, etc. |   |  | 5. State unemployment insurance acct.no                               |  |   |
| 6. TYPE OF EMPLOYER: Private State County City School District <input type="checkbox"/> Other Gov't, Specify: _____  |  |   |  |   |  | INDUSTRY  |
| 7. DATE OF INJURY / ONSET OF ILLNESS (mm/dd/yy)  |  | 8. TIME INJURY/ILLNESS OCCURRED _____ AM _____ PM   |  | 9. TIME EMPLOYEE BEGAN WORK _____ AM _____ PM                         |  | 10. IF EMPLOYEE DIED, DATE OF DEATH (mm/dd/yy)            |
| 11. UNABLE TO WORK FOR AT LEAST ONE FULL DAY AFTER DATE OF INJURY?<br>Yes No   |  | 12. DATE LAST WORKED (mm/dd/yy)   |  | 13. DATE RETURNED TO WORK (mm/dd/yy)                                  |  | 14. IF STILL OFF WORK, CHECK THIS BOX:                    |
| 15. PAID FULL DAYS WAGES FOR DATE OF INJURY OR LAST DAY WORKED? Yes No   |  | 16. SALARY BEING CONTINUED? Yes No  |  | 17. DATE OF EMPLOYER'S KNOWLEDGE /NOTICE OF INJURY/ILLNESS (mm/dd/yy) |  | 18. DATE EMPLOYEE WAS PROVIDED CLAIM FORM FORM (mm/dd/yy) |
| 19. SPECIFIC INJURY/ILLNESS AND PART OF BODY AFFECTED, MEDICAL DIAGNOSIS if available, e.g.. Second degree burns on right arm, tendonitis on left elbow, lead poisoning  |  |   |  |   |  | AGE   |
| 20. LOCATION WHERE EVENT OR EXPOSURE OCCURRED (Number, Street, City, Zip)  |  |   | 20a. COUNTY  |   | 21. ON EMPLOYER'S PREMISES?<br>Yes No                          |   |
| 22. DEPARTMENT WHERE EVENT OR EXPOSURE OCCURRED, e.g.. Shipping department, machine shop.  |  |   |  | 23. Other Workers injured or ill in this event?<br>Yes No             |  |   |
| 24. EQUIPMENT, MATERIALS AND CHEMICALS THE EMPLOYEE WAS USING WHEN EVENT OR EXPOSURE OCCURRED, e.g.. Acetylene, welding torch, farm tractor, scaffold  |  |   |  |   |  | DAILY HOURS   |
| 25. SPECIFIC ACTIVITY THE EMPLOYEE WAS PERFORMING WHEN EVENT OR EXPOSURE OCCURRED, e.g.. Welding seams of metal forms, loading boxes onto truck.   |  |   |  |   |  | DAYS PER WEEK   |
| 26. HOW INJURY/ILLNESS OCCURRED. DESCRIBE SEQUENCE OF EVENTS. SPECIFY OBJECT OR EXPOSURE WHICH DIRECTLY PRODUCED THE INJURY/ILLNESS, e.g.. Worker stepped back to inspect work and slipped on scrap material. As he fell, he brushed against fresh weld, and burned right hand. USE SEPARATE SHEET IF NECESSARY  |  |   |  |   |  | WEEKLY HOURS  |
|  |  |   |  |   |  | WEEKLY WAGE   |
|  |  |   |  |   |  | COUNTY  |
|  |  |   |  |   |  | NATURE OF INJURY  |
|  |  |   |  |   |  | PART OF BODY  |
| ATTENTION This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes. See CCR Title 8 14300.29 (b)(6)-(10) & 14300.35(b)(2)(E)2.<br>Note: Shaded boxes indicate confidential employee information as listed in CCR Title 8 14300.35(b)(2)(E)2*.   |  |   |  |   |  | SOURCE  |
|  |  |   |  |   |  | EVENT   |
|  |  |   |  |   |  | SECONDARY SOURCE  |
| 35. OCCUPATION (Regular job title, NO initials, abbreviations or numbers)  |  |   |  |   |  |   |
| 37. EMPLOYEE USUALLY WORKS<br>_____ hours per day, _____ days per week, _____ total weekly hours   |  |   | 37a. EMPLOYMENT STATUS<br>regular, full-time part-time<br>temporary seasonal |   | 37b. UNDER WHAT CLASS CODE OF YOUR POLICY WHERE WAGES ASSIGNED |   |
| 38. GROSS WAGES/SALARY \$ _____ per _____  |  |   |  |   |  | EXTENT OF INJURY  |
| 39. OTHER PAYMENTS NOT REPORTED AS WAGES/SALARY (e.g. tips, meals, overtime, bonuses, etc.)?<br>Yes No   |  |   |  |   |  |   |
| Completed By (type or print)   |  |   | Signature & Title  |   |  | Date (mm/dd/yy)   |
| * Confidential information may be disclosed only to the employee, former employee, or their personal representative (CCR Title 8 14300.35), to others for the purpose of processing a workers' compensation or other insurance claim; and under certain circumstances to a public health or law enforcement agency or to a consultant hired by the employer (CCR Title 8 14300.30). CCR Title 8 14300.40 requires provision upon request to certain state and federal workplace safety agencies. |  |   |  |   |  |   |



# Employee Death

## Reporting Requirements

If an industrial injury or illness results in the death of an employee, The State of California requires California employers (or employers with operations in California) to report the death of any current employee, regardless of cause, when there is no surviving minor child. This is accomplished by utilizing form DIA 510.

A copy of the completed form DIA 510 is to be provided to BHHC with the initial report of injury, when the claim is reported. Copies of this form have been included in the claims kit

The law requires completion of form DIA 510 for any deceased current employee regardless of the cause of death, unless the employer has actual knowledge of a surviving minor child. In the case of non-industrial death, the employer must file this DIA 510 with the state of California as directed on the form

The intent and purpose for the enactment of this law is to channel certain no-dependency death benefits into the state of California's subsequent injuries fund. This fund, also sponsored by appropriations from the general tax fund, is used to augment benefits to previously disabled workers who suffer subsequent specified disabling injuries

Should an employer have more than one operating location in California, each location should be provided with one or more of these forms. In the alternative, each operating location should be notified of this state reporting requirement.

**If you have any questions regarding this reporting requirement, or if additional forms are needed, please contact BHHC.**

**ADDRESS**

Berkshire Hathaway Homestate  
Companies  
P.O. Box 881716  
San Francisco, CA 94188

**PHONE**

(800) 661-6029

**FAX**

(800) 661-6984

STATE OF CALIFORNIA  
DEPARTMENT OF INDUSTRIAL RELATIONS  
DIVISION OF WORKERS' COMPENSATION

FORWARD TO

P.O. BOX 422400  
SAN FRANCISCO CA 94142

NOTICE OF EMPLOYEE DEATH

EACH EMPLOYER SHALL NOTIFY THE ADMINISTRATIVE DIRECTOR OF THE DEATH OF EVERY EMPLOYEE REGARDLESS OF THE CAUSE OF DEATH EXCEPT WHERE THE EMPLOYER HAS ACTUAL KNOWLEDGE OR NOTICE THAT THE DECEASED EMPLOYEE LEFT A SURVIVING MINOR CHILD (TITLE 8, CHAPTER 4.5, SECTION 9900).

DECEASED EMPLOYEE:

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

LAST KNOWN ADDRESS: \_\_\_\_\_

NAME, RELATIONSHIP AND LAST KNOWN ADDRESS OF NEXT OF KIN: \_\_\_\_\_

JOB TITLE AND NATURE OF DUTIES: \_\_\_\_\_

DATE, TIME AND PLACE OF ACCIDENT: \_\_\_\_\_

DATE, TIME AND PLACE OF DEATH: \_\_\_\_\_

CIRCUMSTANCES OF DEATH (DESCRIBE FULLY THE EVENTS WHICH RESULTED IN DEATH. TELL WHAT HAPPENED. USE ADDITIONAL SHEET IF NECESSARY):

CAUSE OF DEATH (ATTACH COPY OF DEATH CERTIFICATE OR CORONER'S REPORT):

HAVE ANY WORKERS' COMPENSATION DEATH BENEFITS BEEN PROVIDED IN CONNECTION WITH THIS DEATH? \_\_\_\_ YES \_\_\_\_ NO

IF YES, TO WHOM: \_\_\_\_\_

ATTACH A COPY OF THE FORM 5020, "EMPLOYER'S REPORT OF OCCUPATIONAL INJURY OR ILLNESS," IF ONE WAS FILED.

PLEASE NOTE:

IF THE DEATH IS WORK-RELATED, THE EMPLOYER ALSO IS REQUIRED TO REPORT THE DEATH TO HIS OR HER WORKERS' COMPENSATION INSURANCE CARRIER AND TO THE NEAREST OFFICE OF THE DIVISION OF INDUSTRIAL SAFETY IMMEDIATELY BY TELEPHONE OR TELEGRAPH. AN EMPLOYER'S REPORT OF OCCUPATIONAL INJURY OR ILLNESS SHOULD ALSO BE FILED WITH THE WORKERS' COMPENSATION INSURANCE CARRIER.

( ) INSURED ( ) SELF-INSURED ( ) LEGALLY UNINSURED

EMPLOYER: \_\_\_\_\_ INSURANCE CARRIER  
OR ADJUSTING AGENT: \_\_\_\_\_

STREET: \_\_\_\_\_ STREET: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
(INCLUDE AREA CODE) (INCLUDE AREA CODE)

BY: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_



## Workers' Compensation Claim Form (DWC 1) & Notice of Potential Eligibility Formulario de Reclamo de Compensación de Trabajadores (DWC 1) y Notificación de Posible Elegibilidad

If you are injured or become ill, either physically or mentally, because of your job, including injuries resulting from a workplace crime, you may be entitled to workers' compensation benefits. Use the attached form to file a workers' compensation claim with your employer. **You should read all of the information below.** Keep this sheet and all other papers for your records. You may be eligible for some or all of the benefits listed depending on the nature of your claim. If you file a claim, the claims administrator, who is responsible for handling your claim, must notify you within 14 days whether your claim is accepted or whether additional investigation is needed.

To file a claim, complete the "Employee" section of the form, keep one copy and give the rest to your employer. Do this right away to avoid problems with your claim. In some cases, benefits will not start until you inform your employer about your injury by filing a claim form. Describe your injury completely. Include every part of your body affected by the injury. If you mail the form to your employer, use first-class or certified mail. If you buy a return receipt, you will be able to prove that the claim form was mailed and when it was delivered. Within one working day after you file the claim form, your employer must complete the "Employer" section, give you a dated copy, keep one copy, and send one to the claims administrator.

**Medical Care:** Your claims administrator will pay for all reasonable and necessary medical care for your work injury or illness. Medical benefits are subject to approval and may include treatment by a doctor, hospital services, physical therapy, lab tests, x-rays, medicines, equipment and travel costs. Your claims administrator will pay the costs of approved medical services directly so you should never see a bill. There are limits on chiropractic, physical therapy, and other occupational therapy visits.

**The Primary Treating Physician (PTP)** is the doctor with the overall responsibility for treatment of your injury or illness.

- If you previously designated your personal physician or a medical group, you may see your personal physician or the medical group after you are injured.
- If your employer is using a medical provider network (MPN) or Health Care Organization (HCO), in most cases, you will be treated in the MPN or HCO unless you predesignated your personal physician or a medical group. An MPN is a group of health care providers who provide treatment to workers injured on the job. You should receive information from your employer if you are covered by an HCO or a MPN. Contact your employer for more information.
- If your employer is not using an MPN or HCO, in most cases, the claims administrator can choose the doctor who first treats you unless you predesignated your personal physician or a medical group.
- If your employer has not put up a poster describing your rights to workers' compensation, you may be able to be treated by your personal physician right after you are injured.

Within one working day after you file a claim form, your employer or the claims administrator must authorize up to \$10,000 in treatment for your injury, consistent with the applicable treating guidelines until the claim is accepted or rejected. If the employer or claims administrator does not authorize treatment right away, talk to your supervisor, someone else in management, or the claims administrator. Ask for treatment to be authorized right now, while waiting for a decision on your claim. If the employer or claims administrator will not authorize treatment, use your own health insurance to get medical care. Your health insurer will seek reimbursement from the claims administrator. If you do not have health insurance, there are doctors, clinics or hospitals that will treat you without immediate payment. They will seek reimbursement from the claims administrator.

### **Switching to a Different Doctor as Your PTP:**

- If you are being treated in a Medical Provider Network (MPN), you may switch to other doctors within the MPN after the first visit.
- If you are being treated in a Health Care Organization (HCO), you may switch at least one time to another doctor within the HCO. You may switch to a doctor outside the HCO 90 or 180 days after your injury is reported to your employer (depending on whether you are covered by employer-provided health insurance).
- If you are not being treated in an MPN or HCO and did not predesignate, you may switch to a new doctor one time during the first 30 days after your injury is reported to your employer. Contact the claims administrator to switch doctors. After 30 days, you may switch to a doctor of your choice if

Si Ud. se lesiona o se enferma, ya sea físicamente o mentalmente, debido a su trabajo, incluyendo lesiones que resulten de un crimen en el lugar de trabajo, es posible que Ud. tenga derecho a beneficios de compensación de trabajadores. Utilice el formulario adjunto para presentar un reclamo de compensación de trabajadores con su empleador. **Ud. debe leer toda la información a continuación.** Guarde esta hoja y todos los demás documentos para sus archivos. Es posible que usted reúna los requisitos para todos los beneficios, o parte de éstos, que se enumeran dependiendo de la índole de su reclamo. Si usted presenta un reclamo, el administrador de reclamos, quien es responsable por el manejo de su reclamo, debe notificarle dentro de 14 días si se acepta su reclamo o si se necesita investigación adicional.

Para presentar un reclamo, llene la sección del formulario designada para el "Empleado," guarde una copia, y déle el resto a su empleador. Haga esto de inmediato para evitar problemas con su reclamo. En algunos casos, los beneficios no se iniciarán hasta que usted le informe a su empleador acerca de su lesión mediante la presentación de un formulario de reclamo. Describa su lesión por completo. Incluya cada parte de su cuerpo afectada por la lesión. Si usted le envía por correo el formulario a su empleador, utilice primera clase o correo certificado. Si usted compra un acuse de recibo, usted podrá demostrar que el formulario de reclamo fue enviado por correo y cuando fue entregado. Dentro de un día laboral después de presentar el formulario de reclamo, su empleador debe completar la sección designada para el "Empleador," le dará a Ud. una copia fechada, guardará una copia, y enviará una al administrador de reclamos.

**Atención Médica:** Su administrador de reclamos pagará por toda la atención médica razonable y necesaria para su lesión o enfermedad relacionada con el trabajo. Los beneficios médicos están sujetos a la aprobación y pueden incluir tratamiento por parte de un médico, los servicios de hospital, la terapia física, los análisis de laboratorio, las medicinas, equipos y gastos de viaje. Su administrador de reclamos pagará directamente los costos de los servicios médicos aprobados de manera que usted nunca verá una factura. Hay límites en terapia quiropráctica, física y otras visitas de terapia ocupacional.

**El Médico Primario que le Atiende (Primary Treating Physician- PTP)** es el médico con la responsabilidad total para tratar su lesión o enfermedad.

- Si usted designó previamente a su médico personal o a un grupo médico, usted podrá ver a su médico personal o grupo médico después de lesionarse.
- Si su empleador está utilizando una red de proveedores médicos (*Medical Provider Network- MPN*) o una Organización de Cuidado Médico (*Health Care Organization- HCO*), en la mayoría de los casos, usted será tratado en la *MPN* o *HCO* a menos que usted hizo una designación previa de su médico personal o grupo médico. Una *MPN* es un grupo de proveedores de asistencia médica quien da tratamiento a los trabajadores lesionados en el trabajo. Usted debe recibir información de su empleador si su tratamiento es cubierto por una *HCO* o una *MPN*. Hable con su empleador para más información.
- Si su empleador no está utilizando una *MPN* o *HCO*, en la mayoría de los casos, el administrador de reclamos puede elegir el médico que lo atiende primero a menos de que usted hizo una designación previa de su médico personal o grupo médico.
- Si su empleador no ha colocado un cartel describiendo sus derechos para la compensación de trabajadores, Ud. puede ser tratado por su médico personal inmediatamente después de lesionarse.

Dentro de un día laboral después de que Ud. Presente un formulario de reclamo, su empleador o el administrador de reclamos debe autorizar hasta \$10000 en tratamiento para su lesión, de acuerdo con las pautas de tratamiento aplicables, hasta que el reclamo sea aceptado o rechazado. Si el empleador o administrador de reclamos no autoriza el tratamiento de inmediato, hable con su supervisor, alguien más en la gerencia, o con el administrador de reclamos. Pida que el tratamiento sea autorizado ya mismo, mientras espera una decisión sobre su reclamo. Si el empleador o administrador de reclamos no autoriza el tratamiento, utilice su propio seguro médico para recibir atención médica. Su compañía de seguro médico buscará reembolso del administrador de reclamos. Si usted no tiene seguro médico, hay médicos, clínicas u hospitales que lo tratarán sin pago inmediato. Ellos buscarán reembolso del administrador de reclamos.

### **Cambiando a otro Médico Primario o PTP:**

- Si usted está recibiendo tratamiento en una Red de Proveedores Médicos

your employer or the claims administrator has not created or selected an MPN.

**Disclosure of Medical Records:** After you make a claim for workers' compensation benefits, your medical records will not have the same level of privacy that you usually expect. If you don't agree to voluntarily release medical records, a workers' compensation judge may decide what records will be released. If you request privacy, the judge may "seal" (keep private) certain medical records.

**Problems with Medical Care and Medical Reports:** At some point during your claim, you might disagree with your PTP about what treatment is necessary. If this happens, you can switch to other doctors as described above. If you cannot reach agreement with another doctor, the steps to take depend on whether you are receiving care in an MPN, HCO, or neither. For more information, see "Learn More About Workers' Compensation," below.

If the claims administrator denies treatment recommended by your PTP, you may request independent medical review (IMR) using the request form included with the claims administrator's written decision to deny treatment. The IMR process is similar to the group health IMR process, and takes approximately 40 (or fewer) days to arrive at a determination so that appropriate treatment can be given. Your attorney or your physician may assist you in the IMR process. IMR is not available to resolve disputes over matters other than the medical necessity of a particular treatment requested by your physician.

If you disagree with your PTP on matters other than treatment, such as the cause of your injury or how severe the injury is, you can switch to other doctors as described above. If you cannot reach agreement with another doctor, notify the claims administrator in writing as soon as possible. In some cases, you risk losing the right to challenge your PTP's opinion unless you do this promptly. If you do not have an attorney, the claims administrator must send you instructions on how to be seen by a doctor called a qualified medical evaluator (QME) to help resolve the dispute. If you have an attorney, the claims administrator may try to reach agreement with your attorney on a doctor called an agreed medical evaluator (AME). If the claims administrator disagrees with your PTP on matters other than treatment, the claims administrator can require you to be seen by a QME or AME.

**Payment for Temporary Disability (Lost Wages):** If you can't work while you are recovering from a job injury or illness, you may receive temporary disability payments for a limited period. These payments may change or stop when your doctor says you are able to return to work. These benefits are tax-free. Temporary disability payments are two-thirds of your average weekly pay, within minimums and maximums set by state law. Payments are not made for the first three days you are off the job unless you are hospitalized overnight or cannot work for more than 14 days.

**Stay at Work or Return to Work:** Being injured does not mean you must stop working. If you can continue working, you should. If not, it is important to go back to work with your current employer as soon as you are medically able. Studies show that the longer you are off work, the harder it is to get back to your original job and wages. While you are recovering, your PTP, your employer (supervisors or others in management), the claims administrator, and your attorney (if you have one) will work with you to decide how you will stay at work or return to work and what work you will do. Actively communicate with your PTP, your employer, and the claims administrator about the work you did before you were injured, your medical condition and the kinds of work you can do now, and the kinds of work that your employer could make available to you.

**Payment for Permanent Disability:** If a doctor says you have not recovered completely from your injury and you will always be limited in the work you can do, you may receive additional payments. The amount will depend on the type of injury, extent of impairment, your age, occupation, date of injury, and your wages before you were injured.

**Supplemental Job Displacement Benefit (SJDB):** If you were injured on or after 1/1/04, and your injury results in a permanent disability and your employer does not offer regular, modified, or alternative work, you may qualify for a nontransferable voucher payable for retraining and/or skill enhancement. If you qualify, the claims administrator will pay the costs up to the maximum set by state law.

**Death Benefits:** If the injury or illness causes death, payments may be made to a

(Medical Provider Network- MPN), usted puede cambiar a otros médicos dentro de la MPN después de la primera visita.

- Si usted está recibiendo tratamiento en un Organización de Cuidado Médico (Healthcare Organization- HCO), es posible cambiar al menos una vez a otro médico dentro de la HCO. Usted puede cambiar a un médico fuera de la HCO 90 o 180 días después de que su lesión es reportada a su empleador (dependiendo de si usted está cubierto por un seguro médico proporcionado por su empleador).
- Si usted no está recibiendo tratamiento en una MPN o HCO y no hizo una designación previa, usted puede cambiar a un nuevo médico una vez durante los primeros 30 días después de que su lesión es reportada a su empleador. Póngase en contacto con el administrador de reclamos para cambiar de médico. Después de 30 días, puede cambiar a un médico de su elección si su empleador o el administrador de reclamos no ha creado o seleccionado una MPN.

**Divulgación de Expedientes Médicos:** Después de que Ud. presente un reclamo para beneficios de compensación de trabajadores, sus expedientes médicos no tendrán el mismo nivel de privacidad que usted normalmente espera. Si Ud. no está de acuerdo en divulgar voluntariamente los expedientes médicos, un juez de compensación de trabajadores posiblemente decida qué expedientes serán revelados. Si usted solicita privacidad, es posible que el juez "selle" (mantenga privados) ciertos expedientes médicos.

**Problemas con la Atención Médica y los Informes Médicos:** En algún momento durante su reclamo, podría estar en desacuerdo con su PTP sobre qué tratamiento es necesario. Si esto sucede, usted puede cambiar a otros médicos como se describe anteriormente. Si no puede llegar a un acuerdo con otro médico, los pasos a seguir dependen de si usted está recibiendo atención en una MPN, HCO o ninguna de las dos. Para más información, consulte la sección "Aprenda Más Sobre la Compensación de Trabajadores," a continuación.

Si el administrador de reclamos niega el tratamiento recomendado por su PTP, puede solicitar una revisión médica independiente (*Independent Medical Review-IMR*), utilizando el formulario de solicitud que se incluye con la decisión por escrito del administrador de reclamos negando el tratamiento. El proceso de la IMR es parecido al proceso de la IMR de un seguro médico colectivo, y tarda aproximadamente 40 (o menos) días para llegar a una determinación de manera que se pueda dar un tratamiento apropiado. Su abogado o su médico le pueden ayudar en el proceso de la IMR. La IMR no está disponible para resolver disputas sobre cuestiones aparte de la necesidad médica de un tratamiento particular solicitado por su médico.

Si no está de acuerdo con su PTP en cuestiones aparte del tratamiento, como la causa de su lesión o la gravedad de la lesión, usted puede cambiar a otros médicos como se describe anteriormente. Si no puede llegar a un acuerdo con otro médico, notifique al administrador de reclamos por escrito tan pronto como sea posible. En algunos casos, usted arriesga perder el derecho a objetar a la opinión de su PTP a menos que hace esto de inmediato. Si usted no tiene un abogado, el administrador de reclamos debe enviarle instrucciones para ser evaluado por un médico llamado un evaluador médico calificado (*Qualified Medical Evaluator-QME*) para ayudar a resolver la disputa. Si usted tiene un abogado, el administrador de reclamos puede tratar de llegar a un acuerdo con su abogado sobre un médico llamado un evaluador médico acordado (*Agreed Medical Evaluator- AME*). Si el administrador de reclamos no está de acuerdo con su PTP sobre asuntos aparte del tratamiento, el administrador de reclamos puede exigirle que sea atendido por un QME o AME.

**Pago por Incapacidad Temporal (Sueldos Perdidos):** Si Ud. no puede trabajar, mientras se está recuperando de una lesión o enfermedad relacionada con el trabajo, Ud. puede recibir pagos por incapacidad temporal por un periodo limitado. Estos pagos pueden cambiar o parar cuando su médico diga que Ud. está en condiciones de regresar a trabajar. Estos beneficios son libres de impuestos. Los pagos por incapacidad temporal son dos tercios de su pago semanal promedio, con cantidades mínimas y máximas establecidas por las leyes estatales. Los pagos no se hacen durante los primeros tres días en que Ud. no trabaje, a menos que Ud. sea hospitalizado una noche o no puede trabajar durante más de 14 días.

**Permanezca en el Trabajo o Regreso al Trabajo:** Estar lesionado no significa que usted debe dejar de trabajar. Si usted puede seguir trabajando, usted debe hacerlo. Si no es así, es importante regresar a trabajar con su empleador actual tan

spouse and other relatives or household members who were financially dependent on the deceased worker.

**It is illegal for your employer** to punish or fire you for having a job injury or illness, for filing a claim, or testifying in another person's workers' compensation case (Labor Code 132a). If proven, you may receive lost wages, job reinstatement, increased benefits, and costs and expenses up to limits set by the state.

**Resolving Problems or Disputes:** You have the right to disagree with decisions affecting your claim. If you have a disagreement, contact your employer or claims administrator first to see if you can resolve it. If you are not receiving benefits, you may be able to get State Disability Insurance (SDI) or unemployment insurance (UI) benefits. Call the state Employment Development Department at (800) 480-3287 or (866) 333-4606, or go to their website at [www.edd.ca.gov](http://www.edd.ca.gov).

**You Can Contact an Information & Assistance (I&A) Officer:** State I&A officers answer questions, help injured workers, provide forms, and help resolve problems. Some I&A officers hold workshops for injured workers. To obtain important information about the workers' compensation claims process and your rights and obligations, go to [www.dwc.ca.gov](http://www.dwc.ca.gov) or contact an I&A officer of the state Division of Workers' Compensation. You can also hear recorded information and a list of local I&A offices by calling (800) 736-7401.

**You can consult with an attorney.** Most attorneys offer one free consultation. If you decide to hire an attorney, his or her fee will 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 website at [www.californiaspecialist.org](http://www.californiaspecialist.org).

**Learn More About Workers' Compensation:** For more information about the workers' compensation claims process, go to [www.dwc.ca.gov](http://www.dwc.ca.gov). At the website, you can access a useful booklet, "Workers' Compensation in California: A Guidebook for Injured Workers." You can also contact an Information & Assistance Officer (above), or hear recorded information by calling 1-800-736-7401.

pronto como usted pueda medicamente hacerlo. Los estudios demuestran que entre más tiempo esté fuera del trabajo, más difícil es regresar a su trabajo original y a sus salarios. Mientras se está recuperando, su *PTP*, su empleador (supervisores u otras personas en la gerencia), el administrador de reclamos, y su abogado (si tiene uno) trabajarán con usted para decidir cómo va a permanecer en el trabajo o regresar al trabajo y qué trabajo hará. Comuníquese de manera activa con su *PTP*, su empleador y el administrador de reclamos sobre el trabajo que hizo antes de lesionarse, su condición médica y los tipos de trabajo que usted puede hacer ahora y los tipos de trabajo que su empleador podría poner a su disposición.

**Pago por Incapacidad Permanente:** Si un médico dice que no se ha recuperado completamente de su lesión y siempre será limitado en el trabajo que puede hacer, es posible que Ud. reciba pagos adicionales. La cantidad dependerá de la clase de lesión, grado de deterioro, su edad, ocupación, fecha de la lesión y sus salarios antes de lesionarse.

**Beneficio Suplementario por Desplazamiento de Trabajo (Supplemental Job Displacement Benefit- SJDDB):** Si Ud. se lesionó en o después del 1/1/04, y su lesión resulta en una incapacidad permanente y su empleador no ofrece un trabajo regular, modificado, o alternativo, usted podría cumplir los requisitos para recibir un vale no-transferible pagadero a una escuela para recibir un nuevo curso de reentrenamiento y/o mejorar su habilidad. Si Ud. cumple los requisitos, el administrador de reclamos pagará los gastos hasta un máximo establecido por las leyes estatales.

**Beneficios por Muerte:** Si la lesión o enfermedad causa la muerte, es posible que los pagos se hagan a un cónyuge y otros parientes o a las personas que viven en el hogar que dependían económicamente del trabajador difunto.

**Es ilegal que su empleador** le castigue o despida por sufrir una lesión o enfermedad laboral, por presentar un reclamo o por testificar en el caso de compensación de trabajadores de otra persona. (Código Laboral, sección 132a.) De ser probado, usted puede recibir pagos por pérdida de sueldos, reposición del trabajo, aumento de beneficios y gastos hasta los límites establecidos por el estado.

**Resolviendo problemas o disputas:** Ud. tiene derecho a no estar de acuerdo con las decisiones que afecten su reclamo. Si Ud. tiene un desacuerdo, primero comuníquese con su empleador o administrador de reclamos para ver si usted puede resolverlo. Si usted no está recibiendo beneficios, es posible que Ud. pueda obtener beneficios del Seguro Estatal de Incapacidad (*State Disability Insurance-SDI*) o beneficios del desempleo (*Unemployment Insurance- UI*). Llame al Departamento del Desarrollo del Empleo estatal al (800) 480-3287 o (866) 333-4606, o visite su página Web en [www.edd.ca.gov](http://www.edd.ca.gov).

**Puede Contactar a un Oficial de Información y Asistencia (Information & Assistance- I&A):** Los Oficiales de Información y Asistencia (*I&A*) estatal contestan preguntas, ayudan a los trabajadores lesionados, proporcionan formularios y ayudan a resolver problemas. Algunos oficiales de *I&A* tienen talleres para trabajadores lesionados. Para obtener información importante sobre el proceso de la compensación de trabajadores y sus derechos y obligaciones, vaya a [www.dwc.ca.gov](http://www.dwc.ca.gov) o comuníquese con un oficial de información y asistencia de la División Estatal de Compensación de Trabajadores. También puede escuchar información grabada y una lista de las oficinas de *I&A* locales llamando al (800) 736-7401.

**Ud. puede consultar con un abogado.** La mayoría de los abogados ofrecen una consulta gratis. Si Ud. decide contratar a un abogado, los honorarios serán tomados de algunos de sus beneficios. Para obtener nombres de abogados de compensación de trabajadores, llame a la Asociación Estatal de Abogados de California (*State Bar*) al (415) 538-2120, o consulte su página Web en [www.californiaspecialist.org](http://www.californiaspecialist.org).

**Aprenda Más Sobre la Compensación de Trabajadores:** Para obtener más información sobre el proceso de reclamos del programa de compensación de trabajadores, vaya a [www.dwc.ca.gov](http://www.dwc.ca.gov). En la página Web, podrá acceder a un folleto útil, "Compensación del Trabajador de California: Una Guía para Trabajadores Lesionados." También puede contactar a un oficial de Información y Asistencia (arriba), o escuchar información grabada llamando al 1-800-736-7401.



**WORKERS' COMPENSATION CLAIM FORM (DWC 1)**

**PETITION DEL EMPLEADO PARA DE COMPENSACIÓN DEL TRABAJADOR (DWC 1)**

**Employee:** Complete the "Employee" section and give the form to your employer. Keep a copy and mark it "Employee's Temporary Receipt" until you receive the signed and dated copy from your employer. You may call the Division of Workers' Compensation and hear recorded information at (800) 736-7401. An explanation of workers' compensation benefits is included in the Notice of Potential Eligibility, which is the cover sheet of this form. Detach and save this notice for future reference.

You should also have received a pamphlet from your employer describing workers' compensation benefits and the procedures to obtain them. You may receive written notices from your employer or its claims administrator about your claim. If your claims administrator offers to send you notices electronically, and you agree to receive these notices only by email, please provide your email address below and check the appropriate box. If you later decide you want to receive the notices by mail, you must inform your employer in writing.

**Empleado:** Complete la sección "Empleado" y entregue la forma a su empleador. Quédese con la copia designada "Recibo Temporal del Empleado" hasta que Ud. reciba la copia firmada y fechada de su empleador. Ud. puede llamar a la División de Compensación al Trabajador al (800) 736-7401 para oír información gravada. Una explicación de los beneficios de compensación de trabajadores está incluido en la Notificación de Posible Elegibilidad, que es la hoja de portada de esta forma. Separe y guarde esta notificación como referencia para el futuro.

Ud. también debería haber recibido de su empleador un folleto describiendo los beneficios de compensación al trabajador lesionado y los procedimientos para obtenerlos. Es posible que reciba notificaciones escritas de su empleador o de su administrador de reclamos sobre su reclamo. Si su administrador de reclamos ofrece enviarle notificaciones electrónicamente, y usted acepta recibir estas notificaciones solo por correo electrónico, por favor proporcione su dirección de correo electrónico abajo y marque la caja apropiada. Si usted decide después que quiere recibir las notificaciones por correo, usted debe de informar a su empleador por escrito.

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.

Toda aquella persona que a propósito haga o cause que se produzca cualquier declaración o representación material falsa o fraudulenta con el fin de obtener o negar beneficios o pagos de compensación a trabajadores lesionados es culpable de un crimen mayor "felonia".

**Employee—complete this section and see note above**

**Empleado—complete esta sección y note la notación arriba.**

1. Name. *Nombre.* \_\_\_\_\_ Today's Date. *Fecha de Hoy.* \_\_\_\_\_
  2. Home Address. *Dirección Residencial.* \_\_\_\_\_
  3. City. *Ciudad.* \_\_\_\_\_ State. *Estado.* \_\_\_\_\_ Zip. *Código Postal.* \_\_\_\_\_
  4. Date of Injury. *Fecha de la lesión (accidente).* \_\_\_\_\_ Time of Injury. *Hora en que ocurrió.* \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.
  5. Address and description of where injury happened. *Dirección/lugar dónde ocurrió el accidente.* \_\_\_\_\_
  6. Describe injury and part of body affected. *Describe la lesión y parte del cuerpo afectada.* \_\_\_\_\_
  7. Social Security Number. *Número de Seguro Social del Empleado.* \_\_\_\_\_
  8.  Check if you agree to receive notices about your claim by email only.  *Marque si usted acepta recibir notificaciones sobre su reclamo solo por correo electrónico.* Employee's e-mail. \_\_\_\_\_ *Correo electrónico del empleado.* \_\_\_\_\_
- You will receive benefit notices by regular mail if you do not choose, or your claims administrator does not offer, an electronic service option. *Usted recibirá notificaciones de beneficios por correo ordinario si usted no escoge, o su administrador de reclamos no le ofrece, una opción de servicio electrónico.*
9. Signature of employee. *Firma del empleado.* \_\_\_\_\_

**Employer—complete this section and see note below. Empleador—complete esta sección y note la notación abajo.**

10. Name of employer. *Nombre del empleador.* \_\_\_\_\_
11. Address. *Dirección.* \_\_\_\_\_
12. Date employer first knew of injury. *Fecha en que el empleador supo por primera vez de la lesión o accidente.* \_\_\_\_\_
13. Date claim form was provided to employee. *Fecha en que se le entregó al empleado la petición.* \_\_\_\_\_
14. Date employer received claim form. *Fecha en que el empleado devolvió la petición al empleador.* \_\_\_\_\_
15. Name and address of insurance carrier or adjusting agency. *Nombre y dirección de la compañía de seguros o agencia administradora de seguros.* \_\_\_\_\_
16. Insurance Policy Number. *El número de la póliza de Seguro.* \_\_\_\_\_
17. Signature of employer representative. *Firma del representante del empleador.* \_\_\_\_\_
18. Title. *Título.* \_\_\_\_\_
19. Telephone. *Teléfono.* \_\_\_\_\_

**Employer:** You are required to date this form and provide copies to your insurer or claims administrator and to the employee, dependent or representative who filed the claim within one working day of receipt of the form from the employee.

**Empleador:** Se requiere que Ud. feche esta forma y que provéa copias a su compañía de seguros, administrador de reclamos, o dependiente/representante de reclamos y al empleado que hayan presentado esta petición dentro del plazo de un día hábil desde el momento de haber sido recibida la forma del empleado.

SIGNING THIS FORM IS NOT AN ADMISSION OF LIABILITY

EL FIRMAR ESTA FORMA NO SIGNIFICA ADMISION DE RESPONSABILIDAD

Employer copy/Copia del Empleador  Employee copy/Copia del Empleado  Claims Administrator/Administrador de Reclamos  Temporary Receipt/Recibo del Empleado





## Workers' Compensation Claim Form (DWC 1) & Notice of Potential Eligibility

### Claim Form para sa Bayad-pinsala sa Mga Manggagawa (DWC 1) at Paunawa sa Posibleng Pagiging Karapat-dapat

If you are injured or become ill, either physically or mentally, because of your job, including injuries resulting from a workplace crime, you may be entitled to workers' compensation benefits. Use the attached form to file a workers' compensation claim with your employer. **You should read all of the information below.** Keep this sheet and all other papers for your records. You may be eligible for some or all of the benefits listed depending on the nature of your claim. If you file a claim, the claims administrator, who is responsible for handling your claim, must notify you within 14 days whether your claim is accepted or whether additional investigation is needed.

To file a claim, complete the "Employee" section of the form, keep one copy and give the rest to your employer. Do this right away to avoid problems with your claim. In some cases, benefits will not start until you inform your employer about your injury by filing a claim form. Describe your injury completely. Include every part of your body affected by the injury. If you mail the form to your employer, use first-class or certified mail. If you buy a return receipt, you will be able to prove that the claim form was mailed and when it was delivered. Within one working day after you file the claim form, your employer must complete the "Employer" section, give you a dated copy, keep one copy, and send one to the claims administrator.

**Medical Care:** Your claims administrator will pay for all reasonable and necessary medical care for your work injury or illness. Medical benefits are subject to approval and may include treatment by a doctor, hospital services, physical therapy, lab tests, x-rays, medicines, equipment and travel costs. Your claims administrator will pay the costs of approved medical services directly so you should never see a bill. There are limits on chiropractic, physical therapy, and other occupational therapy visits.

**The Primary Treating Physician (PTP)** is the doctor with the overall responsibility for treatment of your injury or illness.

- If you previously designated your personal physician or a medical group, you may see your personal physician or the medical group after you are injured.
- If your employer is using a medical provider network (MPN) or Health Care Organization (HCO), in most cases, you will be treated in the MPN or HCO unless you pre-designated your personal physician or a medical group. An MPN is a group of health care providers who provide treatment to workers injured on the job. You should receive information from your employer if you are covered by an HCO or a MPN. Contact your employer for more information.
- If your employer is not using an MPN or HCO, in most cases, the claims administrator can choose the doctor who first treats you unless you pre-designated your personal physician or a medical group.
- If your employer has not put up a poster describing your rights to workers' compensation, you may be able to be treated by your personal physician right after you are injured.

Within one working day after you file a claim form, your employer or the claims administrator must authorize up to \$10,000 in treatment for your injury, consistent with the applicable treating guidelines until the claim is accepted or rejected. If the employer or claims administrator does not authorize treatment right away, talk to your supervisor, someone else in management, or the claims administrator. Ask for treatment to be authorized right now, while waiting for a decision on your claim. If the employer or claims administrator will not authorize treatment, use your own health insurance to get medical care. Your health insurer will seek reimbursement from the claims administrator. If you do not have health insurance, there are doctors, clinics or hospitals that will treat you without immediate payment. They will seek reimbursement from the claims administrator.

#### Switching to a Different Doctor as Your PTP:

- If you are being treated in a Medical Provider Network (MPN), you may switch to other doctors within the MPN after the first visit.
- If you are being treated in a Health Care Organization (HCO), you may switch at least one time to another doctor within the HCO. You may switch to a doctor outside the HCO 90 or 180 days after your injury is reported to your employer (depending on whether you are covered by employer-provided health insurance).
- If you are not being treated in an MPN or HCO and did not pre-designate, you may switch to a new doctor one time during the first 30 days after your injury is reported to your employer. Contact the claims administrator to switch doctors. After 30 days, you may switch to a doctor of your choice if

Kung ikaw ay magtamo ng pinsala o nagkasakit, sa katawan o pag-iisip, dahil sa iyong trabaho, kabilang ang mga pinsalang dulot ng krimen sa lugar ng pinagtatrabahuhan, maaaring karapat-dapat ka sa mga benepisyo na bayad-pinsala sa mga manggagawa. Gamitin ang nakalakip na form para mag-file sa iyong pinagtatrabahuhan ng claim para sa bayad-pinsala sa mga manggagawa. **Dapat mong basahin ang lahat ng impormasyon sa ibaba.** Itago ang dokumentong ito at lahat ng mga iba pang papeles para sa iyong mga record. Maaaring karapat-dapat ka para sa ilan o lahat ng mga nakalistang benepisyo depende sa uri ng iyong claim. Kung magsusumite ka ng claim, dapat kang abisuhan ng tagapangasiwa ng mga claim na responsable sa pagproseso ng iyong claim sa loob ng 14 na araw kung ang claim ay tinanggap o kung nangangailangan ng karagdagang imbestigasyon.

Para magsumite ng claim, sagutan ang seksyon ng form na "Empleyado", magtago ng isang kopya at ibigay ang iba sa iyong pinagtatrabahuhan. Gawin ito kaagad upang maiwasan ang mga problema sa claim mo. Sa ilang mga kaso, hindi magsisimula ang mga benepisyo hangga't ipinagbigay-alam mo sa iyong pinagtatrabahuhan ang tungkol sa tinamo mong pinsala sa pamamagitan ng pagsusumite ng claim form. Ilarawang mabuti ang tinamo mong pinsala. Isama ang bawat bahagi ng iyong katawan na naapektuhan ng pinsala. Kung ipapadala mo ang form sa iyong pinagtatrabahuhan sa pamamagitan ng koreo, gumamit ng first-class o certified na koreo. Kung bibili ka ng return receipt, mapapatunayan mong naipadala sa koreo ang claim form at ito'y naihatid. Sa loob ng isang araw ng trabaho matapos mong isumite ang claim form, dapat na sagutan ng iyong pinagtatrabahuhan ang seksyon na "Pinagtatrabahuhan", bibigyan ka ng nalagay ng petsa na kopya, magtabi ng isa, at ipadala ang isa pang kopya sa tagapangasiwa ng mga claim.

**Medikal na Pangangalaga:** Babayaran ng tagapangasiwa ng mga claim ang lahat ng makatwiran at kinakailangang medikal na pangangalaga para sa tinamo mong pinsala o karamdaman. Ang mga benepisyong medikal ay napapasailalim sa pag-aproba at maaaring kabilangan ng paggamot ng isang doktor, mga serbisyo ng ospital, physical therapy, mga pagpapasuri sa laboratoriyong mga x-ray, gamot, mga kasangkapan at gastos sa pagbibiyaha. Direktang babayaran ng iyong tagapangasiwa ng mga claim ang mga gastos ng mga naaprubahan serbisyong medikal para hindi ka kailanman makatanggap ng bill. May mga limitasyon sa mga pagbisita sa chiropractor, physical therapy, at mga iba pang pagbisita para sa occupational therapy.

**Ang Pangunahing Gumagamot na Doktor (PTP)** ay ang doktor na may pangkalahatang responsibilidad para sa paggamot sa pinsala o karamdaman mo.

- Kung nagtalaga ka noon ng iyong personal na doktor o medikal na grupo, maaari kang magpatingin sa iyong personal na doktor o sa medikal na grupo pagkaraan ng pagtamo mo ng pinsala.
- Kung gumagamit ang pinagtatrabahuhan mo ng isang network ng tagapagdulong serbisyong medikal (medical provider network - MPN) o Organisasyon ng Pangangalagang Pangkalusugan (Health Care Organization - HCO), sa kadalasan, gagamutin ka sa MPN o HCO maliban kung nauna mong itinalaga ang iyong personal na doktor o medikal na grupo. Ang MPN ay isang grupo ng mga tagapagdulong pangangalagang pangkalusugan na nagdudulong paggamot sa mga manggagawang nagtamo ng pinsala sa trabaho. Dapat kang makatanggap ng mga impormasyon mula sa iyong pinagtatrabahuhan kung sakop ka ng isang HCO o MPN. Makipag-ugnayan sa iyong pinagtatrabahuhan para sa mga karagdagang impormasyon.
- Kung hindi gumagamit ang pinagtatrabahuhan mo ng MPN o HCO, sa kadalasan, maaaring pumili ang tagapangasiwa ng mga claim ng doktor na unang gagamot sa iyo maliban kung nauna kang nagtalaga ng iyong personal na doktor o medikal na grupo.
- Kung hindi nagpaskil ang pinagtatrabahuhan mo ng isang poster na naglalarawan sa iyong mga karapatan sa bayad-pinsala sa mga manggagawa, maaari kang gamutin kaagad ng iyong personal na doktor matapos mong magtamo ng pinsala.

Sa loob ng isang araw ng trabaho matapos mong magsumite ng claim form, dapat na pahintulutan ng iyong pinagtatrabahuhan o ng tagapangasiwa ng mga claim ang hanggang \$10,000 sa paggamot para sa iyong pinsala, nang naaayon sa mga naaangkop na alituntunin sa paggamot hangga't tanggapin o tanggihan ang claim. Kung hindi kaagad pahihintulutan ng pinagtatrabahuhan o ng tagapangasiwa ng mga claim ang paggamot, makipag-usap sa iyong superbisor, isang tao sa pangasiwaan, o sa tagapangasiwa ng mga claim. Humingi ng paggamot para mapahintulutan ngayon, habang naghihintay ng desisyon sa iyong claim. Kung hindi pahihintulutan ng pinagtatrabahuhan o ng tagapangasiwa ng mga claim ang paggamot, gamitin ang iyong sariling segurong pangkalusugan upang madulutan ng pangangalagang medikal. Ipapabayad ang ginastos ng tagapagseguro ng iyong kalusugan sa tagapangasiwa ng mga claim. Kung wala kang segurong pangkalusugan, may mga doktor, klinika o ospital na gagamot sa iyo nang hindi kinakailangang magbayad kaagad. Ipapabayad nila ang mga gastos sa tagapangasiwa ng mga claim.

#### Paglipat sa Ibang Doktor Bilang Iyong PTP:

- Kung ginagamot ka sa isang Network ng Tagapagdulong Serbisyong Medikal (Medical Provider Network - MPN), maaari kang lumipat sa mga ibang doktor sa loob ng MPN matapos ang unang pagbisita.
- Kung ginagamot ka sa isang Organisasyon ng Pangangalagang Pangkalusugan (HCO), maaari kang lumipat nang hindi bababa sa isang beses sa ibang doktor sa loob ng HCO. Maaari kang lumipat sa ibang doktor sa labas ng HCO sa 90 o 180 araw matapos mailulat ang iyong pinsala sa pinagtatrabahuhan mo (depende kung sakop ka o hindi ng segurong pangkalusugan na ipinagkakaloob ng pinagtatrabahuhan).

your employer or the claims administrator has not created or selected an MPN.

**Disclosure of Medical Records:** After you make a claim for workers' compensation benefits, your medical records will not have the same level of privacy that you usually expect. If you don't agree to voluntarily release medical records, a workers' compensation judge may decide what records will be released. If you request privacy, the judge may "seal" (keep private) certain medical records.

**Problems with Medical Care and Medical Reports:** At some point during your claim, you might disagree with your PTP about what treatment is necessary. If this happens, you can switch to other doctors as described above. If you cannot reach agreement with another doctor, the steps to take depend on whether you are receiving care in an MPN, HCO, or neither. For more information, see "Learn More About Workers' Compensation," below.

If the claims administrator denies treatment recommended by your PTP, you may request independent medical review (IMR) using the request form included with the claims administrator's written decision to deny treatment. The IMR process is similar to the group health IMR process, and takes approximately 40 (or fewer) days to arrive at a determination so that appropriate treatment can be given. Your attorney or your physician may assist you in the IMR process. IMR is not available to resolve disputes over matters other than the medical necessity of a particular treatment requested by your physician.

If you disagree with your PTP on matters other than treatment, such as the cause of your injury or how severe the injury is, you can switch to other doctors as described above. If you cannot reach agreement with another doctor, notify the claims administrator in writing as soon as possible. In some cases, you risk losing the right to challenge your PTP's opinion unless you do this promptly. If you do not have an attorney, the claims administrator must send you instructions on how to be seen by a doctor called a qualified medical evaluator (QME) to help resolve the dispute. If you have an attorney, the claims administrator may try to reach agreement with your attorney on a doctor called an agreed medical evaluator (AME). If the claims administrator disagrees with your PTP on matters other than treatment, the claims administrator can require you to be seen by a QME or AME.

**Payment for Temporary Disability (Lost Wages):** If you can't work while you are recovering from a job injury or illness, you may receive temporary disability payments for a limited period. These payments may change or stop when your doctor says you are able to return to work. These benefits are tax-free. Temporary disability payments are two-thirds of your average weekly pay, within minimums and maximums set by state law. Payments are not made for the first three days you are off the job unless you are hospitalized overnight or cannot work for more than 14 days.

**Stay at Work or Return to Work:** Being injured does not mean you must stop working. If you can continue working, you should. If not, it is important to go back to work with your current employer as soon as you are medically able. Studies show that the longer you are off work, the harder it is to get back to your original job and wages. While you are recovering, your PTP, your employer (supervisors or others in management), the claims administrator, and your attorney (if you have one) will work with you to decide how you will stay at work or return to work and what work you will do. Actively communicate with your PTP, your employer, and the claims administrator about the work you did before you were injured, your medical condition and the kinds of work you can do now, and the kinds of work that your employer could make available to you.

**Payment for Permanent Disability:** If a doctor says you have not recovered completely from your injury and you will always be limited in the work you can do, you may receive additional payments. The amount will depend on the type of injury, extent of impairment, your age, occupation, date of injury, and your wages before you were injured.

**Supplemental Job Displacement Benefit (SJDB):** If you were injured on or after 1/1/04, and your injury results in a permanent disability and your employer does not offer regular, modified, or alternative work, you may qualify for a nontransferable voucher payable for retraining and/or skill enhancement. If you qualify, the claims administrator will pay the costs up to the maximum set by state law.

**Death Benefits:** If the injury or illness causes death, payments may be made to a

- Kung hindi ka ginagamot sa isang MPN o HCO at hindi ka nagtalananoon, maaari kang lumipat sa isang bagong doktor nang minsan sa loob ng unang 30 araw matapos na maiulat ang iyong pinsala sa pinagtatrabuhan mo. Makipag-ugnayan sa tagapangasiwa ng mga claim upang lumipat ng doktor. Makalipas ang 30 araw, maaari kang lumipat ng doktor na pipiliin mo kung hindi gumawa o pumili ng isang MPN ang iyong pinagtatrabuhan o ang tagapangasiwa ng mga claim.

**Pagsawalat ng Mga Medikal na Rekord:** Matapos mong gumawa ng claim para sa mga benepisyo ng bayad-pinsala sa mga manggagawa, hindi na magiging kasingpribado ang iyong mga medikal na rekord na dati mong inaasahan. Kung hindi ka sumasang-ayon sa boluntaryong paglalabas ng mga medikal na rekord, maaaring magdesisyon ang isang hukom ng bayad-pinsala sa mga manggagawa kung aling mga rekord ang ilalabas. Kung hihilingin ang pagiging pribado mo, maaaring "selyaduhan" (panatilihin pribado) ng hukom ang mga partikular na medikal na rekord.

**Mga Problema sa Medikal na Pangangalaga at Mga Medikal na Report:** Sa ilang pagkakataon sa panahon ng iyong claim, maaaring hindi ka sumang-ayon sa iyong PTP tungkol sa kung aling paggamot ang kinakailangan. Kung mangyayari ito, maaari kang lumipat sa mga ibang doktor tulad ng inilalarawan sa itaas. Kung hindi kayo magkasundo ng isa pang doktor, ang mga hakbang na gagawin ay nakasalalay sa kung dinudulutan ka ng pangangalaga ng isang MPN, HCO, o wala sa mga ito. Para sa mga karagdagang impormasyon, tingnan ang "Alamin pa ang Tungkol sa Bayad-pinsala sa Mga Manggagawa," sa ibaba.

Kung ipagkakait ng tagapangasiwa ng mga claim ang paggamot na inirekomenda ng iyong PTP, maaari kang humiling ng independiyenteng medikal na pagsusuri (independent medical review - IMR) gamit ang form sa paghiling na kasama ng nakasulat na desisyon ng tagapangasiwa ng mga claim na ipagkait ang paggamot. Ang proseso ng IMR ay katulad ng proseso ng IMR ng panggrupong kalusugan, at nagtatagal nang humigit-kumulang 40 (o mas kaunti) araw para magdesisyunan ang pagtukoy nang sa gayo'y maibigay ang naaangkop na paggamot. Maaari kang tulungan ng abogado o ng doktor mo sa proseso ng IMR. Hindi magagamit ang IMR sa paglutas ng mga hindi pagkakaintindihan sa mga bagay bukod sa medikal na pangangailangan ng partikular na paggamot na hinihiling ng doktor mo.

Kung hindi ka sumasang-ayon sa iyong PTP sa mga bagay bukod sa paggamot, tulad ng dahilan ng pinsala mo o kung gaano kalala ang pinsala, maaari kang lumipat sa mga ibang doktor tulad ng inilalarawan sa itaas. Kung hindi kayo magkasundo ng ibang doktor, abisuhan ang tagapangasiwa ng mga claim sa pamamagitan ng sulat sa lalong madaling panahon. Sa kadalasan, malamang na mawawala sa iyo ang karapatang salungatin ang opinyon ng iyong PTP maliban kung gawin mo kaagad ito. Kung wala kang abogado, dapat kang padalhan ng tagapangasiwa ng mga claim ng mga tagubilin sa pagpapatingin sa isang doktor na tinatawag na kwalipikadong medikal na tagasuri (qualified medical evaluator - QME) upang tumulong sa paglutas ng di pagkakaintindihan. Kung may abogado ka, maaaring subukan ng tagapangasiwa ng mga claim na makipagkasundo sa iyong abogado tungkol sa isang doktor na tinatawag na pinagkasunduang medikal na tagasuri (agreed medical evaluator - AME). Kung hindi sumasang-ayon ang tagapangasiwa ng mga claim sa iyong PTP sa mga bagay-bagay bukod sa paggamot, maaaring ibilin ng tagapangasiwa ng mga claim sa iyong magpatingin sa isang QME o AME.

**Bayad para sa Pansamantalang Kapansanan (Mga Nawalang Sahod):** Kung hindi ka makapagtrabaho habang nagpapagaling ka sa isang pinsala o karamdaman na nauugnay sa trabaho, maaari kang makatanggap ng mga bayad para sa pansamantalang kapansanan sa limitadong panahon. Maaaring magbago o mahinto ang mga bayad na ito kapag sasabihin ng iyong doktor na kaya mo nang bumalik sa trabaho. Ang mga benepisyong ito ay hindi pinapatawan ng buwis. Ang mga bayad para sa pansamantalang kapansanan ay dalawa ng tatlong bahagi (two-thirds) ng iyong karaniwang lingguhang bayad, na nasa pagitan ng mga pinakamababa hanggang sa pinakamataas na itinatakda ng batas ng estado. Hindi ibinibigay ang bayad para sa unang tatlong araw na wala ka sa trabaho maliban kung maospital ka nang magdamag o hindi ka makapagtrabaho nang mahigit 14 na araw.

**Manatili o Bumalik sa Trabaho:** Ang pagtamo ng pinsala ay hindi nangangahulugang dapat ka nang huminto sa pagtatrabaho. Kung maaari mong ipagpatuloy ang pagtatrabaho, dapat mong gawin ito. Kung hindi, mahalagang bumalik sa trabaho sa iyong kasalukuyang pinagtatrabuhan sa sandaling kaya na mo batay sa iyong medikal na kondisyon. Ipinapakita ng mga pag-aaral na habang mas matagal kang wala sa trabaho, mas mahirap bumalik sa iyong orihinal na trabaho at mga sahod. Habang ikaw ay nagpapagaling, makikipagtulungan sa iyo ang iyong PTP, ang iyong pinagtatrabuhan (mga superbisor o iba pa sa pangasiwaan), ang tagapangasiwa ng mga claim, at ang abogado mo (kung mayroon ka man) upang magdesisyon kung paano ka mananatili sa trabaho o bumalik sa trabaho at kung anong trabaho ang gagawin mo. Aktibong makipag-usap sa iyong PTP, pinagtatrabuhan, at sa tagapangasiwa ng mga claim tungkol sa trabahong ginawa mo noon bago ka nagkapinsala, iyong medikal na kondisyon at sa mga uri ng trabaho na kaya mong gawin ngayon, at sa mga uri ng trabaho na maaaring ibigay sa iyo ng pinagtatrabuhan mo.

spouse and other relatives or household members who were financially dependent on the deceased worker.

**It is illegal for your employer** to punish or fire you for having a job injury or illness, for filing a claim, or testifying in another person's workers' compensation case (Labor Code 132a). If proven, you may receive lost wages, job reinstatement, increased benefits, and costs and expenses up to limits set by the state.

**Resolving Problems or Disputes:** You have the right to disagree with decisions affecting your claim. If you have a disagreement, contact your employer or claims administrator first to see if you can resolve it. If you are not receiving benefits, you may be able to get State Disability Insurance (SDI) or unemployment insurance (UI) benefits. Call the state Employment Development Department at (800) 480-3287 or (866) 333-4606, or go to their website at [www.edd.ca.gov](http://www.edd.ca.gov).

**You Can Contact an Information & Assistance (I&A) Officer:** State I&A officers answer questions, help injured workers, provide forms, and help resolve problems. Some I&A officers hold workshops for injured workers. To obtain important information about the workers' compensation claims process and your rights and obligations, go to [www.dwc.ca.gov](http://www.dwc.ca.gov) or contact an I&A officer of the state Division of Workers' Compensation. You can also hear recorded information and a list of local I&A offices by calling (800) 736-7401.

**You can consult with an attorney.** Most attorneys offer one free consultation. If you decide to hire an attorney, his or her fee will 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 website at [www.californiaspecialist.org](http://www.californiaspecialist.org).

**Learn More About Workers' Compensation:** For more information about the workers' compensation claims process, go to [www.dwc.ca.gov](http://www.dwc.ca.gov). At the website, you can access a useful booklet, "Workers' Compensation in California: A Guidebook for Injured Workers." You can also contact an Information & Assistance Officer (above), or hear recorded information by calling 1-800-736-7401.

**Bayad para sa Permanenteng Kapansanan:** Kung sasabihin ng doktor na hindi pa ka ganap na gumaling sa iyong pinsala at palagi kang malilimitahan sa trabahong magagawa mo, maaari kang makatanggap ng mga karagdagang bayad. Ang halaga ay depende sa uri ng pinsala, sa hangganan ng kapansanan, sa iyong edad, hanapbuhay, petsa ng pinsala, at sa mga sahod mo bago ka nagtamo ng pinsala.

**Karagdagang Benepisyo sa Pagbago ng Trabaho (Supplemental Job Displacement Benefit - SJDB):** Kung nagtamo ka ng pinsala sa o makalipas ang 1/1/04, at ang pinsala mo ay magreresulta sa isang permanenteng kapansanan at hindi mag-aalok ang iyong pinagtatrabahuhan ng regular, binago, o alternatibong trabaho, maaaring maging kwalipikado ka para sa isang di naililipat na voucher na babayaran para sa muling pagsasanay at/o pagpapahusay ng kakayahan. Kung kwalipikado ka, babayaran ng tagapangasiwa ng mga claim ang mga halagang hanggang sa pinakamataas na itinatakda ng batas ng estado.

**Mga Benepisyo sa Pagkamatay:** Kung ang pinsala o karamdaman ay magiging sanhi ng pagkamatay, ang mga bayad ay maaaring ibigay sa asawa at mga iba pang kamag-anak o mga miyembro ng sambahayan na umaasa sa namatay na manggagawa para sa pinansiyal na suportang.

**Labag sa batas para sa iyong pinagtatrabahuhan** na parusahan o sisantehin ka sa pagkakaroon ng pinsala o karamdaman na nauugnay sa trabaho, para sa pagpagsusumite ng claim, o pagtetestigo sa kaso ng ibang tao para sa bayad-pinsala sa mga manggagawa (Labor Code 132a). Kung mapatunayan, maaari kang makatanggap ng mga nawalang sahod, maitalagang muli sa trabaho, tumaas na mga benepisyo, at mga ipinambayad at ipinangastos hanggang sa mga limitasyong itinatakda ng estado.

**Paglutas sa mga Problema o Hindi Pagkakaintindihan:** May karapatan kang hindi sumang-ayon sa mga desisyong nakakaapekto sa iyong claim. Kung mayroon kayong hindi pagkakaintindihan, makipag-ugnayan muna ka sa iyong pinagtatrabahuhan o tagapangasiwa ng mga claim upang alamin kung malulutas ninyo ito. Kung hindi ka nakakatanggap ng mga benepisyo, maaaring makakakuha ka ng Seguro sa Kapansanan ng Estado (State Disability Insurance - SDI) o mga benepisyo ng seguro sa kawalan ng trabaho (unemployment insurance - UI). Tawagan ang Employment Development Department ng estado sa (800) 480-3287 o (866) 333-4606, o pumunta sa kanilang website sa [www.edd.ca.gov](http://www.edd.ca.gov).

**Maaari kang Makipag-Ugnayan sa isang Opisyal ng Information & Assistance (I&A):** Sinasagot ng mga opisyal ng I&A ng estado ang mga tanong, tumutulong sa mga napinsalang manggagawa, nagbibigay ng mga form, at tumutulong sa paglutas ng mga problema. Ang ilang mga opisyal ng I&A ay nagdarao ng mga workshop para sa mga napinsalang manggagawa. Upang kumuha ng importanteng impormasyon tungkol sa mga claim para sa bayad-pinsala sa mga manggagawa at sa iyong mga karapatan at obligasyon, pumunta sa [www.dwc.ca.gov](http://www.dwc.ca.gov) o makipag-ugnayan sa isang opisyal ng I&A ng Division of Workers' Compensation. Maaari din mong pakinggan ang mga nakarekord na impormasyon at listahan ng mga lokal na opisina ng I&A sa pamamagitan ng pagtawag sa (800) 736-7401.

**Maaari kang kumonsulta sa isang abogado.** Karamihan ng mga abogado ay nag-aalok ng libreng konsultasyon. Kung magdesisyon kang kumuha ng isang abogado, ang kanyang bayad ay ikakaltas sa ilan sa iyong mga benepisyo. Para sa mga pangalan ng mga abogado ng bayad-pinsala sa mga manggagawa, tawagan ang State Bar of California sa (415) 538-2120 o pumunta sa kanilang website sa [www.californiaspecialist.org](http://www.californiaspecialist.org).

**Alamin pa ang Tungkol sa Bayad-pinsala sa Mga Manggagawa:** Para sa mga karagdagang impormasyon tungkol sa proseso ng mga claim sa bayad-pinsala sa mga manggagawa, pumunta sa [www.dwc.ca.gov](http://www.dwc.ca.gov). Sa website, maaari mong i-access ang isang makakatulong na libreto, ang "Workers' Compensation in California: A Guidebook for Injured Workers." Maaari ka ring makipag-ugnayan sa isang Opisyal ng Information & Assistance (sa itaas), o pakinggan ang mga nakarekord na impormasyon sa pamamagitan ng pagtawag sa 1-800-736-7401.



**WORKERS' COMPENSATION CLAIM FORM (DWC 1)**

**CLAIM FORM PARA SA BAYAD-PINSALA SA MGA MANGGAGAWA (DWC 1)**

**Employee:** Complete the "Employee" section and give the form to your employer. Keep a copy and mark it "Employee's Temporary Receipt" until you receive the signed and dated copy from your employer. You may call the Division of Workers' Compensation and hear recorded information at (800) 736-7401. An explanation of workers' compensation benefits is included in the Notice of Potential Eligibility, which is the cover sheet of this form. Detach and save this notice for future reference.

You should also have received a pamphlet from your employer describing workers' compensation benefits and the procedures to obtain them. You may receive written notices from your employer or its claims administrator about your claim. If your claims administrator offers to send you notices electronically, and you agree to receive these notices only by email, please provide your email address below and check the appropriate box. If you later decide you want to receive the notices by mail, you must inform your employer in writing.

**Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.**

**Empleyado:** Sagutan ang seksyon ng "Empleyado" at ibigay ang form sa iyong pinagtatrabahuhan. Magtago ng isang kopya at markahan itong "Pansamantalang Resibo ng Empleyado" hanggang matanggap mo ang nalagdaan at napetsahang kopya mula sa iyong pinagtatrabahuhan. Maaari kang tumawag sa Division of Workers' Compensation at pakinggan ang nakarekord na mga impormasyon sa (800) 736-7401. Kasama ang isang pagpapaliwanag tsa mga benepisyo sa bayad-pinsala sa mga manggagawa sa Paunawa Tungkol sa Posibleng Pagiging Karapat-dapat, na siyang pabalat na papel ng form na ito. Tanggalin at itago ang paunawang ito bilang sanggunian sa hinaharap.

Natanggap mo na rin dapat ang isang pulyeto mula sa iyong pinagtatrabahuhan na naglalarawan sa mga benepisyo ng bayad-pinsala sa mga manggagawa at ang mga proseso para makuha ang mga ito. Maaari kang makatangap ng mga nakasulat na paunawa mula sa iyong pinagtatrabahuhan o sa tagapangasiwa ng mga claim nito tungkol sa iyong claim. Kung iaalok ng iyong tagapangasiwa ng mga claim na padalhan ka ng mga paunawa sa elektronikong paraan, at sumang-ayon kang tatanggapin ang mga paunawa sa pamamagitan lamang ng email, mangyaring ibigay ang iyong email address sa ibaba at tsekan ang naaangkop na kahon. Kung paglaon ay magdesisyon kang gusto tumanggap ng mga paunawa sa pamamagitan ng koreo, dapat mong ipagbigay-alam sa iyong pinagtatrabahuhan sa pamamagitan ng sulat.

**Sinumang tao na gagawa o magiging dahilan ng anumang sinasadyang hindi totoo o mapanlinlang na materyal na pahayag o materyal na representasyon para sa layuning pagkuha o pagkakait ng mga benepisyo o pagbabayad sa bayad-pinsala sa mga manggagawa ay gumagawa ng isang krimen.**

**Employee—complete this section and see note above      Empleyado—sagutan ang seksyon na ito at tingnan ang paunawa sa itaas**

- 1. Name. *Pangalan.* \_\_\_\_\_ Today's Date. *Petsa Ngayon.* \_\_\_\_\_
- 2. Home Address. *Address ng Tirahan.* \_\_\_\_\_
- 3. City. *Lungsod.* \_\_\_\_\_ State. *Estado.* \_\_\_\_\_ Zip. *Zip.* \_\_\_\_\_
- 4. Date of Injury. *Petsa ng Pagkapinsala.* \_\_\_\_\_ Time of Injury. *Oras ng Pagkapinsala.* \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.
- 5. Address and description of where injury happened. *Address at paglalarawan ng lugar na pinangyarihan ng pinsala.* \_\_\_\_\_
- 6. Describe injury and part of body affected. *Ilarawan ang pinsala at apektadong bahagi ng katawan.* \_\_\_\_\_
- 7. Social Security Number. *Social Security Number.* \_\_\_\_\_
- 8.  Check if you agree to receive notices about your claim by email only.       Tsekan kung sumasang-ayon kang tumanggap ng mga paunawa tungkol sa iyong claim sa pamamagitan ng email lamang.      Employee's e-mail. *E-mail ng Empleyado.* \_\_\_\_\_  
You will receive benefit notices by regular mail if you do not choose, or your claims administrator does not offer, an electronic service option. *Makakatanggap ka ng mga paunawa tungkol sa benepisyo sa pamamagitan ng regular na sulat kung hindi ka pipili, o kung hindi mag-aalok ang iyong tagapangasiwa ng mga claim ng opsyon na elektronikong serbisyo.*
- 9. Signature of employee. *Lagda ng empleyado.* \_\_\_\_\_

**Employer—complete this section and see note below.      Pinagtatrabahuhan—sagutan ang seksyon na ito at tingnan ang paunawa sa ibaba.**

- 10. Name of employer. *Pangalan ng pinagtatrabahuhan.* \_\_\_\_\_
- 11. Address. *Address.* \_\_\_\_\_
- 12. Date employer first knew of injury. *Petsang unang malaman ng pinagtatrabahuhan ang tungkol sa pinsala.* \_\_\_\_\_
- 13. Date claim form was provided to employee. *Petsang ibinigay ang claim form sa empleyado.* \_\_\_\_\_
- 14. Date employer received claim form. *Petsang natanggap ng pinagtatrabahuhan ang claim form.* \_\_\_\_\_
- 15. Name and address of insurance carrier or adjusting agency. *Pangalan at address ng tagapagdulot ng seguro o ahensiyang nagsasaayos.* \_\_\_\_\_
- 16. Insurance Policy Number. *Insurance Policy Number.* \_\_\_\_\_
- 17. Signature of employer representative. *Lagda ng kinatawan ng pinagtatrabahuhan.* \_\_\_\_\_
- 18. Title. *Titulo.* \_\_\_\_\_ 19. Telephone. *Telepono.* \_\_\_\_\_

**Employer:** You are required to date this form and provide copies to your insurer or claims administrator and to the employee, dependent or representative who filed the claim within **one working day** of receipt of the form from the employee.

**Pinagtatrabahuhan:** Kailangan mong lagyan ng petsa ang form na ito at magbigay ng mga kopya sa iyong tagapagseguro o tagapangasiwa ng mga claim at sa empleyado, dependent o kinatawan na nagsusumite ng claim sa loob ng **isang araw ng trabaho** pagkatanggap sa form mula sa empleyado.

SIGNING THIS FORM IS NOT AN ADMISSION OF LIABILITY

ANG PAGLAGDA SA FORM NA ITO AY HINDI PAG-AKO NG PANANAGUTAN

Employer copy/ Kopya ng pinagtatrabahuhan     Employee copy/ Kopya ng empleyado     Claims Administrator/ Tagapangasiwa ng mga Claim     Temporary Receipt/ Pansamantalang Resibo



## Workers' Compensation Claim Form (DWC 1) & Notice of Potential Eligibility Mẫu Đơn Yêu Cầu Bồi Thường Bảo Hiểm Tai Nạn Lao Động (DWC 1) & Thông Báo về Khả Năng Đủ Điều Kiện

If you are injured or become ill, either physically or mentally, because of your job, including injuries resulting from a workplace crime, you may be entitled to workers' compensation benefits. Use the attached form to file a workers' compensation claim with your employer. **You should read all of the information below.** Keep this sheet and all other papers for your records. You may be eligible for some or all of the benefits listed depending on the nature of your claim. If you file a claim, the claims administrator, who is responsible for handling your claim, must notify you within 14 days whether your claim is accepted or whether additional investigation is needed.

To file a claim, complete the "Employee" section of the form, keep one copy and give the rest to your employer. Do this right away to avoid problems with your claim. In some cases, benefits will not start until you inform your employer about your injury by filing a claim form. Describe your injury completely. Include every part of your body affected by the injury. If you mail the form to your employer, use first-class or certified mail. If you buy a return receipt, you will be able to prove that the claim form was mailed and when it was delivered. Within one working day after you file the claim form, your employer must complete the "Employer" section, give you a dated copy, keep one copy, and send one to the claims administrator.

**Medical Care:** Your claims administrator will pay for all reasonable and necessary medical care for your work injury or illness. Medical benefits are subject to approval and may include treatment by a doctor, hospital services, physical therapy, lab tests, x-rays, medicines, equipment and travel costs. Your claims administrator will pay the costs of approved medical services directly so you should never see a bill. There are limits on chiropractic, physical therapy, and other occupational therapy visits.

**The Primary Treating Physician (PTP)** is the doctor with the overall responsibility for treatment of your injury or illness.

- If you previously designated your personal physician or a medical group, you may see your personal physician or the medical group after you are injured.
- If your employer is using a medical provider network (MPN) or Health Care Organization (HCO), in most cases, you will be treated in the MPN or HCO unless you predesignated your personal physician or a medical group. An MPN is a group of health care providers who provide treatment to workers injured on the job. You should receive information from your employer if you are covered by an HCO or a MPN. Contact your employer for more information.
- If your employer is not using an MPN or HCO, in most cases, the claims administrator can choose the doctor who first treats you unless you predesignated your personal physician or a medical group.
- If your employer has not put up a poster describing your rights to workers' compensation, you may be able to be treated by your personal physician right after you are injured.

Within one working day after you file a claim form, your employer or the claims administrator must authorize up to \$10,000 in treatment for your injury, consistent with the applicable treating guidelines until the claim is accepted or rejected. If the employer or claims administrator does not authorize treatment right away, talk to your supervisor, someone else in management, or the claims administrator. Ask for treatment to be authorized right now, while waiting for a decision on your claim. If the employer or claims administrator will not authorize treatment, use your own health insurance to get medical care. Your health insurer will seek reimbursement from the claims administrator. If you do not have health insurance, there are doctors, clinics or hospitals that will treat you without immediate payment. They will seek reimbursement from the claims administrator.

### **Switching to a Different Doctor as Your PTP:**

- If you are being treated in a Medical Provider Network (MPN), you may switch to other doctors within the MPN after the first visit.
- If you are being treated in a Health Care Organization (HCO), you may switch at least one time to another doctor within the HCO. You may switch to a doctor outside the HCO 90 or 180 days after your injury is reported to your employer (depending on whether you are covered by employer-provided health insurance).
- If you are not being treated in an MPN or HCO and did not predesignate, you may switch to a new doctor one time during the first 30 days after your injury is reported to your employer. Contact the claims administrator to switch doctors. After 30 days, you may switch to a doctor of your choice if

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Nếu bạn bị thương hoặc bị bệnh, thể chất hoặc tâm thần, do công việc, bao gồm bị thương do tội ác trong môi trường làm việc, bạn có thể được hưởng các quyền lợi bồi thường tai nạn lao động. Sử dụng mẫu đơn đính kèm để nộp yêu cầu bồi thường bảo hiểm tai nạn lao động cho chủ lao động của bạn. **Bạn nên đọc tất cả thông tin bên dưới.** Giữ lại tờ này và tất cả các giấy tờ khác để lưu. Bạn có thể đủ điều kiện nhận một số hoặc tất cả các quyền lợi trong danh sách tùy vào bản chất của yêu cầu bồi thường bảo hiểm của bạn. Nếu bạn nộp yêu cầu bồi thường bảo hiểm, đơn vị quản lý yêu cầu bồi thường bảo hiểm, có trách nhiệm giải quyết yêu cầu bồi thường bảo hiểm của bạn, phải thông báo cho bạn trong vòng 14 ngày về việc yêu cầu của bạn được chấp nhận hay không hoặc có cần điều tra thêm hay không.

Để nộp yêu cầu bồi thường bảo hiểm, hãy điền vào phần "Nhân Viên" của mẫu đơn, giữ lại một bản sao và đưa phần còn lại cho chủ lao động của bạn. Hãy thực hiện việc này ngay để tránh các vấn đề với yêu cầu bồi thường bảo hiểm của bạn. Trong một số trường hợp, bạn sẽ không bắt đầu nhận được quyền lợi cho đến khi bạn thông báo cho chủ lao động của mình về việc bạn bị thương bằng cách nộp mẫu đơn yêu cầu bồi thường bảo hiểm. Mô tả đầy đủ thương tật của bạn. Bao gồm mọi bộ phận cơ thể bị ảnh hưởng bởi thương tật. Nếu bạn gửi mẫu đơn cho chủ lao động của mình qua đường bưu điện, hãy sử dụng thư hạng nhất hoặc thư đảm bảo. Nếu bạn mua dịch vụ biên nhận gửi lại, bạn sẽ có thể chứng minh rằng đã gửi mẫu đơn yêu cầu bồi thường bảo hiểm và mẫu đơn được giao khi nào. Trong vòng một ngày làm việc sau khi bạn nộp mẫu đơn yêu cầu bồi thường bảo hiểm, chủ lao động của bạn phải điền vào phần "Chủ Lao Động", cung cấp cho bạn một bản sao có đề ngày, giữ lại một bản sao, và gửi một bản cho đơn vị quản lý yêu cầu bồi thường bảo hiểm.

**Chăm Sóc Y Tế:** Đơn vị quản lý yêu cầu bồi thường bảo hiểm của bạn sẽ thanh toán mọi chi phí chăm sóc y tế hợp lý và cần thiết đối với thương tật hoặc bệnh tật của bạn liên quan đến công việc. Các quyền lợi y tế cần có sự phê duyệt và có thể gồm có sự điều trị của bác sĩ, dịch vụ của bệnh viện, vật lý trị liệu, xét nghiệm, X quang, thuốc, trang thiết bị và chi phí đi lại. Đơn vị quản lý yêu cầu bồi thường bảo hiểm của bạn sẽ trực tiếp thanh toán chi phí các dịch vụ y tế đã duyệt do đó bạn sẽ không bao giờ nhận được hóa đơn. Có những giới hạn về thăm khám xoa nắn khớp, vật lý trị liệu, và hoạt động trị liệu khác.

**Bác Sĩ Điều Trị Chính (PTP)** là bác sĩ có trách nhiệm điều trị thương tật hoặc bệnh tật của bạn.

- Nếu trước đây bạn đã chỉ định bác sĩ riêng của mình hoặc một nhóm y tế, bạn có thể gặp bác sĩ riêng hoặc nhóm y tế đó sau khi bị thương.
- Nếu chủ lao động của bạn sử dụng một mạng lưới các nhà cung cấp dịch vụ y tế (MPN) hoặc Tổ Chức Chăm Sóc Sức Khỏe (Health Care Organization, HCO), trong hầu hết các trường hợp, bạn sẽ được điều trị trong MPN hoặc HCO trừ phi bạn chỉ định trước bác sĩ riêng hoặc một nhóm y tế. MPN là một nhóm các nhà cung cấp dịch vụ chăm sóc sức khỏe điều trị cho người lao động bị thương trong công việc. Bạn sẽ nhận được thông tin từ chủ lao động của mình nếu bạn được bảo hiểm bởi một HCO hoặc MPN. Hãy liên lạc với chủ lao động của bạn để biết thêm thông tin.
- Nếu chủ lao động của bạn không sử dụng MPN hoặc HCO, trong hầu hết các trường hợp, đơn vị quản lý yêu cầu bồi thường bảo hiểm có thể chọn bác sĩ ban đầu điều trị cho bạn trừ phi bạn chỉ định trước bác sĩ riêng hoặc nhóm y tế.
- Nếu chủ lao động của bạn chưa đăng thông tin mô tả các quyền nhận bồi thường tai nạn lao động của bạn, bạn có thể được điều trị bởi bác sĩ riêng của mình ngay sau khi bị thương.

Trong vòng một ngày làm việc sau khi bạn nộp mẫu đơn yêu cầu bồi thường bảo hiểm, chủ lao động của bạn hoặc đơn vị quản lý yêu cầu bồi thường bảo hiểm phải cho phép tối đa \$10,000 chi phí điều trị thương tật của bạn, phù hợp với các quy định điều trị hiện hành cho đến khi yêu cầu bồi thường bảo hiểm được chấp nhận hoặc bị từ chối. Nếu chủ lao động hoặc đơn vị quản lý yêu cầu bồi thường bảo hiểm không cho phép điều trị ngay lập tức, hãy trao đổi với cấp trên của bạn, một người khác thuộc ban quản lý, hoặc đơn vị quản lý yêu cầu bồi thường bảo hiểm. Yêu cầu cho phép điều trị ngay lúc này trong khi chờ quyết định về yêu cầu bồi thường bảo hiểm của bạn. Nếu chủ lao động hoặc đơn vị quản lý yêu cầu bồi thường bảo hiểm sẽ không cho phép điều trị, hãy sử dụng bảo hiểm sức khỏe của bạn để được chăm sóc y tế. Công ty bảo hiểm sức khỏe của bạn sẽ yêu cầu đơn vị quản lý yêu cầu bồi thường bảo hiểm hoàn tiền. Nếu bạn không có bảo hiểm sức khỏe, có các bác sĩ, phòng khám hoặc bệnh viện sẽ điều trị cho bạn mà không thanh toán ngay. Họ sẽ yêu cầu đơn vị quản lý yêu cầu bồi thường bảo hiểm hoàn tiền.

### **Chuyển Sang một Bác Sĩ Khác làm PTP của Bạn:**

- Nếu bạn đang được điều trị bởi một Mạng Lưới Các Nhà Cung Cấp Dịch Vụ Y

your employer or the claims administrator has not created or selected an MPN.

**Disclosure of Medical Records:** After you make a claim for workers' compensation benefits, your medical records will not have the same level of privacy that you usually expect. If you don't agree to voluntarily release medical records, a workers' compensation judge may decide what records will be released. If you request privacy, the judge may "seal" (keep private) certain medical records.

**Problems with Medical Care and Medical Reports:** At some point during your claim, you might disagree with your PTP about what treatment is necessary. If this happens, you can switch to other doctors as described above. If you cannot reach agreement with another doctor, the steps to take depend on whether you are receiving care in an MPN, HCO, or neither. For more information, see "Learn More About Workers' Compensation," below.

If the claims administrator denies treatment recommended by your PTP, you may request independent medical review (IMR) using the request form included with the claims administrator's written decision to deny treatment. The IMR process is similar to the group health IMR process, and takes approximately 40 (or fewer) days to arrive at a determination so that appropriate treatment can be given. Your attorney or your physician may assist you in the IMR process. IMR is not available to resolve disputes over matters other than the medical necessity of a particular treatment requested by your physician.

If you disagree with your PTP on matters other than treatment, such as the cause of your injury or how severe the injury is, you can switch to other doctors as described above. If you cannot reach agreement with another doctor, notify the claims administrator in writing as soon as possible. In some cases, you risk losing the right to challenge your PTP's opinion unless you do this promptly. If you do not have an attorney, the claims administrator must send you instructions on how to be seen by a doctor called a qualified medical evaluator (QME) to help resolve the dispute. If you have an attorney, the claims administrator may try to reach agreement with your attorney on a doctor called an agreed medical evaluator (AME). If the claims administrator disagrees with your PTP on matters other than treatment, the claims administrator can require you to be seen by a QME or AME.

**Payment for Temporary Disability (Lost Wages):** If you can't work while you are recovering from a job injury or illness, you may receive temporary disability payments for a limited period. These payments may change or stop when your doctor says you are able to return to work. These benefits are tax-free. Temporary disability payments are two-thirds of your average weekly pay, within minimums and maximums set by state law. Payments are not made for the first three days you are off the job unless you are hospitalized overnight or cannot work for more than 14 days.

**Stay at Work or Return to Work:** Being injured does not mean you must stop working. If you can continue working, you should. If not, it is important to go back to work with your current employer as soon as you are medically able. Studies show that the longer you are off work, the harder it is to get back to your original job and wages. While you are recovering, your PTP, your employer (supervisors or others in management), the claims administrator, and your attorney (if you have one) will work with you to decide how you will stay at work or return to work and what work you will do. Actively communicate with your PTP, your employer, and the claims administrator about the work you did before you were injured, your medical condition and the kinds of work you can do now, and the kinds of work that your employer could make available to you.

**Payment for Permanent Disability:** If a doctor says you have not recovered completely from your injury and you will always be limited in the work you can do, you may receive additional payments. The amount will depend on the type of injury, extent of impairment, your age, occupation, date of injury, and your wages before you were injured.

**Supplemental Job Displacement Benefit (SJDB):** If you were injured on or after 1/1/04, and your injury results in a permanent disability and your employer does not offer regular, modified, or alternative work, you may qualify for a nontransferable voucher payable for retraining and/or skill enhancement. If you qualify, the claims administrator will pay the costs up to the maximum set by state law.

**Death Benefits:** If the injury or illness causes death, payments may be made to a

Tế (MPN), bạn có thể chuyển sang các bác sĩ khác trong MPN đó sau lần thăm khám đầu tiên.

- Nếu bạn đang được điều trị trong một Tổ Chức Chăm Sóc Sức Khỏe (HCO), bạn có thể chuyển sang một bác sĩ khác trong HCO đó ít nhất một lần. Bạn có thể chuyển sang một bác sĩ bên ngoài HCO 90 hoặc 180 ngày sau báo cáo thương tật của bạn cho chủ lao động của bạn (tùy vào việc bạn có được bảo hiểm bởi bảo hiểm sức khỏe do chủ lao động của bạn cung cấp hay không).
- Nếu bạn hiện không được điều trị trong MPN hoặc HCO và chưa chỉ định trước, bạn có thể chuyển sang một bác sĩ mới một lần trong 30 ngày đầu sau khi báo cáo thương tật cho chủ lao động của bạn. Hãy liên lạc với đơn vị quản lý yêu cầu bồi thường bảo hiểm để thay đổi bác sĩ. Sau 30 ngày, bạn có thể chuyển sang một bác sĩ mình chọn nếu chủ lao động của bạn hoặc đơn vị quản lý yêu cầu bồi thường bảo hiểm chưa lập hoặc chọn một MPN.

**Tiết Lộ Hồ Sơ Y Tế:** Sau khi bạn lập yêu cầu bồi thường tai nạn lao động, hồ sơ y tế của bạn sẽ không có cùng mức bảo mật như bạn thường kỳ vọng. Nếu bạn không đồng ý tự nguyện tiết lộ hồ sơ y tế, thẩm phán phụ trách bồi thường tai nạn lao động có thể quyết định hồ sơ nào sẽ được tiết lộ. Nếu bạn yêu cầu bảo mật, thẩm phán có thể niêm phong các hồ sơ y tế nhất định.

**Các Vấn Đề với Chăm Sóc Y Tế và Báo Cáo Y Khoa:** Tại thời điểm nào đó trong quá trình yêu cầu bồi thường bảo hiểm, bạn có thể không đồng ý với PTP của mình về phương pháp điều trị gì là cần thiết. Nếu xảy ra trường hợp này, bạn có thể chuyển sang các bác sĩ khác như mô tả bên trên. Nếu bạn không thể đạt được thỏa thuận với một bác sĩ khác, các bước cần thực hiện sẽ tùy thuộc vào việc bạn đang được chăm sóc trong MPN, HCO hoặc không có trường hợp nào. Để biết thêm thông tin, hãy xem phần "Tìm Hiểu Thêm Về Bồi Thường Tai Nạn Lao Động" ở bên dưới.

Nếu đơn vị quản lý yêu cầu bồi thường bảo hiểm từ chối phương pháp điều trị mà PTP của bạn đề nghị, bạn có thể yêu cầu xét duyệt y khoa độc lập (IMR) dùng mẫu đơn yêu cầu kèm theo quyết định văn bản từ chối điều trị của đơn vị quản lý yêu cầu bồi thường bảo hiểm. Quy trình IMR này tương tự như quy trình IMR bảo hiểm sức khỏe nhóm, và mất khoảng 40 ngày (trở xuống) để đi đến quyết định để có thể cung cấp phương pháp điều trị thích hợp. Luật sư hoặc bác sĩ của bạn có thể hỗ trợ bạn trong quy trình IMR. IMR không dùng để giải quyết các bất đồng về những vấn đề ngoài vấn đề tính cần thiết về mặt y tế của một phương pháp điều trị cụ thể mà bác sĩ của bạn yêu cầu.

Nếu bạn không đồng ý với PTP của bạn về các vấn đề không phải phương pháp điều trị, chẳng hạn như nguyên nhân thương tật của bạn hoặc mức độ nghiêm trọng của thương tật, bạn có thể chuyển sang các bác sĩ khác như mô tả bên trên. Nếu bạn không thể đạt được thỏa thuận với một bác sĩ khác, hãy thông báo cho đơn vị quản lý yêu cầu bồi thường bảo hiểm bằng văn bản càng sớm càng tốt. Trong một số trường hợp, bạn có nguy cơ mất quyền phản đối ý kiến của PTP từ phi bạn phản đối nhanh chóng. Nếu bạn không có luật sư, đơn vị quản lý yêu cầu bồi thường bảo hiểm phải gửi cho bạn hướng dẫn cách yêu cầu một bác sĩ được gọi là thẩm định viên y khoa đủ năng lực (QME) khám để giải quyết bất đồng. Nếu bạn có luật sư, đơn vị quản lý yêu cầu bồi thường bảo hiểm có thể cố đạt được thỏa thuận với luật sư của bạn về một bác sĩ được gọi là thẩm định viên y khoa theo thỏa thuận (AME). Nếu đơn vị quản lý yêu cầu bồi thường bảo hiểm không đồng ý với PTP của bạn về các vấn đề không phải phương pháp điều trị, đơn vị quản lý yêu cầu bồi thường bảo hiểm có thể yêu cầu một QME hoặc AME khám cho bạn.

**Bồi Thường Thương Tật Tạm Thời (Mất Thu Nhập):** Nếu bạn không thể đi làm trong thời gian hồi phục sau khi bị thương hoặc bị bệnh trong lao động, bạn có thể nhận được bồi thường thương tật tạm thời trong một khoảng thời gian hạn chế. Các khoản thanh toán này có thể thay đổi hoặc ngưng khi bác sĩ của bạn cho biết bạn không thể đi làm lại. Các quyền lợi này không bị đánh thuế. Bồi thường thương tật tạm thời bằng hai phần ba lương trung bình hàng tuần của bạn, trong các giới hạn tối thiểu và tối đa theo quy định của luật pháp tiểu bang. Các khoản thanh toán này không được thực hiện cho ba ngày đầu tiên bạn nghỉ làm trừ phi bạn nhập viện qua đêm và không thể đi làm trong hơn 14 ngày.

**Duy Trì Công Việc hoặc Đi Làm Lại:** Bị thương không có nghĩa là bạn phải nghỉ làm. Nếu bạn có thể tiếp tục làm việc, bạn nên tiếp tục. Nếu không, điều quan trọng là phải đi làm lại với chủ lao động hiện tại của bạn ngay khi bạn có thể đi làm. Nghiên cứu cho thấy rằng bạn nghỉ làm càng lâu, bạn càng khó trở lại với công việc và lương ban đầu. Trong thời gian bạn phục hồi, PTP của bạn, chủ lao động của bạn (cấp trên và những người khác trong ban quản lý), đơn vị quản lý yêu cầu bồi thường bảo hiểm, và luật sư của bạn (nếu có) sẽ làm việc với bạn để quyết định bạn sẽ duy trì công việc hoặc đi làm lại như thế nào và bạn sẽ làm công

spouse and other relatives or household members who were financially dependent on the deceased worker.

**It is illegal for your employer** to punish or fire you for having a job injury or illness, for filing a claim, or testifying in another person's workers' compensation case (Labor Code 132a). If proven, you may receive lost wages, job reinstatement, increased benefits, and costs and expenses up to limits set by the state.

**Resolving Problems or Disputes:** You have the right to disagree with decisions affecting your claim. If you have a disagreement, contact your employer or claims administrator first to see if you can resolve it. If you are not receiving benefits, you may be able to get State Disability Insurance (SDI) or unemployment insurance (UI) benefits. Call the state Employment Development Department at (800) 480-3287 or (866) 333-4606, or go to their website at [www.edd.ca.gov](http://www.edd.ca.gov).

**You Can Contact an Information & Assistance (I&A) Officer:** State I&A officers answer questions, help injured workers, provide forms, and help resolve problems. Some I&A officers hold workshops for injured workers. To obtain important information about the workers' compensation claims process and your rights and obligations, go to [www.dwc.ca.gov](http://www.dwc.ca.gov) or contact an I&A officer of the state Division of Workers' Compensation. You can also hear recorded information and a list of local I&A offices by calling (800) 736-7401.

**You can consult with an attorney.** Most attorneys offer one free consultation. If you decide to hire an attorney, his or her fee will 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 website at [www.californiaspecialist.org](http://www.californiaspecialist.org).

**Learn More About Workers' Compensation:** For more information about the workers' compensation claims process, go to [www.dwc.ca.gov](http://www.dwc.ca.gov). At the website, you can access a useful booklet, "Workers' Compensation in California: A Guidebook for Injured Workers." You can also contact an Information & Assistance Officer (above), or hear recorded information by calling 1-800-736-7401.

việc gì. Hãy chủ động liên lạc PTP của bạn, chủ lao động của bạn và đơn vị quản lý yêu cầu bồi thường bảo hiểm về công việc bạn đã làm trước khi bị thương, bệnh trạng của bạn và các dạng công việc bạn có thể làm vào lúc này, và các dạng công việc mà chủ lao động của bạn có thể dành cho bạn.

**Bồi Thường Thương Tật Dài Hạn:** Nếu bác sĩ của bạn cho biết rằng bạn chưa hồi phục hoàn toàn sau khi bị thương và bạn sẽ luôn bị hạn chế về công việc mình có thể làm, bạn có thể nhận được thêm tiền bồi thường. Số tiền này sẽ phụ thuộc vào dạng thương tật, mức độ suy giảm chức năng, độ tuổi, nghề nghiệp, ngày bị thương và tiền lương của bạn trước khi bị thương.

**Quyền Lợi Bảo Hiểm Thay Đổi Việc Làm (SJDB):** Nếu bạn bị thương sau ngày 01/01/04, và thương tật của bạn dẫn đến thương tật dài hạn và chủ lao động của bạn không đề nghị công việc bình thường, điều chỉnh hoặc thay thế, bạn có thể đủ điều kiện nhận voucher không thể chuyển nhượng dùng để thanh toán chi phí đào tạo lại và/hoặc nâng cao tay nghề. Nếu bạn đủ điều kiện, đơn vị quản lý yêu cầu bồi thường bảo hiểm sẽ thanh toán chi phí đến mức tối đa theo quy định của pháp luật.

**Quyền Lợi Bảo Hiểm Nhân Thọ:** Nếu thương tật hoặc bệnh tật dẫn đến tử vong, tiền bồi thường có thể được trả cho vợ/chồng hoặc người thân hay thành viên khác trong hộ gia đình là những người phụ thuộc tài chính vào người lao động qua đời.

**Sẽ là phí pháp nếu chủ lao động của bạn** trừng phạt hoặc sa thải bạn vì bị thương hoặc bị bệnh trong lao động, vì nộp yêu cầu bồi thường bảo hiểm, hoặc làm chứng trong một vụ bồi thường tai nạn lao động của một người khác (Luật Lao Động 132a). Nếu được chứng minh, bạn có thể nhận được bồi thường tiền lương bị mất, phục hồi việc làm, tăng phúc lợi, và chi phí và phí tổn lên đến giới hạn theo quy định của tiểu bang.

**Giải Quyết Vấn Đề và Bất Đồng:** Bạn có quyền không đồng ý với các quyết định ảnh hưởng đến yêu cầu bồi thường bảo hiểm của mình. Nếu bạn không đồng ý, trước tiên hãy liên lạc với chủ lao động của bạn hoặc đơn vị quản lý yêu cầu bồi thường bảo hiểm để xem bạn có thể giải quyết vấn đề đó hay không. Nếu bạn không nhận được quyền lợi, bạn có thể nhận quyền lợi Bảo Hiểm Thương Tật của Tiểu Bang (SDI) hoặc bảo hiểm thất nghiệp (UI). Hãy gọi cho Sở Phát Triển Việc Làm Tiểu Bang theo số (800) 480-3287 hoặc (866) 333-4606, hoặc truy cập trang web của họ tại [www.edd.ca.gov](http://www.edd.ca.gov).

**Bạn Có Thể Liên Lạc với Viên Chức Phòng Thông Tin & Hỗ Trợ (I&A):** Các viên chức I&A của tiểu bang sẽ giải đáp các thắc mắc, giúp người lao động bị thương, cung cấp các mẫu đơn, và giúp giải quyết các vấn đề. Một số viên chức I&A có tổ chức hội thảo dành cho người lao động bị thương. Để biết thông tin quan trọng về quy trình yêu cầu bồi thường tai nạn lao động và các quyền và nghĩa vụ của bạn, hãy truy cập [www.dwc.ca.gov](http://www.dwc.ca.gov) hoặc liên lạc với viên chức I&A của Ban Bồi Thường Tai Nạn Lao Động của tiểu bang. Bạn cũng có thể nghe thông tin ghi âm và một danh sách các văn phòng I&A địa phương bằng cách gọi số (800) 736-7401.

**Bạn có thể tham khảo ý kiến của luật sư.** Hầu hết luật sư đều có dịch vụ tư vấn miễn phí. Nếu bạn quyết định thuê luật sư, phí luật sư sẽ được trừ từ một số quyền lợi của bạn. Để biết tên của các luật sư phụ trách bồi thường tai nạn lao động, hãy gọi cho Luật Sư Đoàn Tiểu Bang California theo số (415) 538-2120 hoặc truy cập trang web của họ tại [www.californiaspecialist.org](http://www.californiaspecialist.org).

**Tìm Hiểu Thêm về Bồi Thường Tai Nạn Lao Động:** Để biết thêm thông tin về quy trình yêu cầu bồi thường tai nạn lao động, hãy truy cập [www.dwc.ca.gov](http://www.dwc.ca.gov). Trên trang web này, bạn có thể truy cập một tập tài liệu có tên là "Bồi Thường Tai Nạn Lao Động tại California: Sổ Tay Hướng Dẫn Dành Cho Người Lao Động Bị Thương." Bạn cũng có thể liên lạc với Viên Chức Phòng Thông Tin & Hỗ Trợ (bên trên), hoặc nghe thông tin ghi âm bằng cách gọi số 1-800-736-7401.





WORKERS' COMPENSATION CLAIM FORM (DWC 1)

MẪU ĐƠN YÊU CẦU BỒI THƯỜNG TAI NẠN LAO ĐỘNG (DWC 1)

**Employee:** Complete the "Employee" section and give the form to your employer. Keep a copy and mark it "Employee's Temporary Receipt" until you receive the signed and dated copy from your employer. You may call the Division of Workers' Compensation and hear recorded information at (800) 736-7401. An explanation of workers' compensation benefits is included in the Notice of Potential Eligibility, which is the cover sheet of this form. Detach and save this notice for future reference.

You should also have received a pamphlet from your employer describing workers' compensation benefits and the procedures to obtain them. You may receive written notices from your employer or its claims administrator about your claim. If your claims administrator offers to send you notices electronically, and you agree to receive these notices only by email, please provide your email address below and check the appropriate box. If you later decide you want to receive the notices by mail, you must inform your employer in writing.

**Nhân viên:** Điền vào phần "Nhân Viên" và cung cấp mẫu đơn cho chủ lao động của bạn. Giữ lại một bản sao và đánh dấu là "Biên Nhận Tạm Thời của Nhân Viên" cho đến khi bạn nhận được bản sao có chữ ký và ghi ngày tháng từ chủ lao động của bạn. Bạn có thể gọi cho Ban Bồi Thường Tàn Nạn Lao Động và nghe thông tin ghi âm theo số (800) 736-7401. Bản giải thích về các quyền lợi bồi thường tai nạn lao động được đưa vào Thông Báo Khả Năng Đủ Điều Kiện, là tờ bìa của mẫu đơn này. Tách ra và lưu lại thông báo này để tham khảo sau.

Bạn cũng hẳn đã nhận được một tập tờ rơi từ chủ lao động của bạn mô tả các quyền lợi bồi thường tai nạn lao động và các thủ tục để nhận quyền lợi đó. Bạn có thể nhận được các thông báo bằng văn bản từ chủ lao động của bạn hoặc đơn vị quản lý yêu cầu bồi thường bảo hiểm của họ về yêu cầu bồi thường bảo hiểm của bạn. Nếu đơn vị quản lý yêu cầu bồi thường bảo hiểm của bạn đề nghị gửi cho bạn thông báo theo phương thức điện tử, và bạn đồng ý chỉ nhận các thông báo này qua email, vui lòng cung cấp địa chỉ email của bạn ở bên dưới và chọn ô thích hợp. Nếu sau này bạn quyết định muốn nhận thông báo qua đường bưu điện, bạn phải thông báo bằng văn bản cho chủ lao động của mình.

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.

Bất kỳ ai khai man hoặc yêu cầu hay cố tình khai man hoặc gian lận nhằm mục đích nhận được hoặc từ chối quyền lợi bồi thường tai nạn lao động hoặc tiền bồi thường là phạm trọng tội.

**Employee—complete this section and see note above** Nhân viên—điền vào phần này và xem lưu ý bên trên  
1. Name. Tên. \_\_\_\_\_ Today's Date. Ngày Hôm Nay. \_\_\_\_\_  
2. Home Address. Địa Chỉ Nhà. \_\_\_\_\_  
3. City. Thành phố. \_\_\_\_\_ State. Tiểu bang. \_\_\_\_\_ Zip. Mã Zip. \_\_\_\_\_  
4. Date of Injury. Ngày Bị Thương. \_\_\_\_\_  
Time of Injury. Giờ Bị Thương. \_\_\_\_\_ a.m. sáng \_\_\_\_\_ p.m. chiều/tối.  
5. Address and description of where injury happened. Địa chỉ và mô tả địa điểm xảy ra thương tật. \_\_\_\_\_  
6. Describe injury and part of body affected. Mô tả thương tật và bộ phận cơ thể bị ảnh hưởng. \_\_\_\_\_  
7. Social Security Number. Số An Sinh Xã Hội. \_\_\_\_\_  
8.  Check if you agree to receive notices about your claim by email only.  Chọn nếu bạn đồng ý chỉ nhận thông báo về yêu cầu bồi thường bảo hiểm của bạn qua email. Employee's e-mail. \_\_\_\_\_ Email của nhân viên. \_\_\_\_\_  
You will receive benefit notices by regular mail if you do not choose, or your claims administrator does not offer, an electronic service option. Bạn sẽ nhận được thông báo về quyền lợi qua thư thường nếu bạn không chọn, hoặc đơn vị quản lý yêu cầu bồi thường bảo hiểm của bạn không đề nghị, lựa chọn dịch vụ điện tử.  
9. Signature of employee. Chữ ký của nhân viên. \_\_\_\_\_

**Employer—complete this section and see note below. Chủ lao động—điền vào phần này và xem lưu ý bên dưới.**  
10. Name of employer. Tên của chủ lao động. \_\_\_\_\_  
11. Address. Địa chỉ. \_\_\_\_\_  
12. Date employer first knew of injury. Ngày chủ lao động lần đầu biết về trường hợp bị thương. \_\_\_\_\_  
13. Date claim form was provided to employee. Ngày cung cấp mẫu đơn yêu cầu bồi thường bảo hiểm cho nhân viên. \_\_\_\_\_  
14. Date employer received claim form. Ngày chủ lao động nhận được mẫu đơn yêu cầu bồi thường bảo hiểm. \_\_\_\_\_  
15. Name and address of insurance carrier or adjusting agency. Tên và địa chỉ của công ty bảo hiểm hoặc cơ quan thẩm định. \_\_\_\_\_  
16. Insurance Policy Number. Số Hợp Đồng Bảo Hiểm. \_\_\_\_\_  
17. Signature of employer representative. Chữ Ký của đại diện của nhân viên. \_\_\_\_\_  
18. Title. Chức danh. \_\_\_\_\_ 19. Telephone. Điện thoại. \_\_\_\_\_

**Employer:** You are required to date this form and provide copies to your insurer or claims administrator and to the employee, dependent or representative who filed the claim within **one working day** of receipt of the form from the employee.

**Chủ lao động:** Bạn phải ghi ngày vào mẫu đơn này và cung cấp các bản sao cho công ty bảo hiểm hoặc đơn vị quản lý yêu cầu bồi thường bảo hiểm của bạn và cho nhân viên, người phụ thuộc hoặc người đại diện nộp yêu cầu bồi thường bảo hiểm trong vòng **một ngày làm việc** sau khi nhận được mẫu đơn từ nhân viên.

SIGNING THIS FORM IS NOT AN ADMISSION OF LIABILITY

VIỆC KÝ TÊN VÀO MẪU ĐƠN NÀY KHÔNG PHẢI LÀ THỪA NHẬN TRÁCH NHIỆM PHÁP LÝ

Employer copy/ Bản dành cho chủ lao động  Employee copy/ Bản dành cho nhân viên  Claims Administrator/ Quản Trị Viên Yêu Cầu Bồi Thường Bảo Hiểm  Temporary Receipt/ Biên Nhận Tạm Thời





## Workers' Compensation Claim Form (DWC 1) & Notice of Potential Eligibility

### 勞工索賠表（勞工補償署表格 1）和潛在合格通知

If you are injured or become ill, either physically or mentally, because of your job, including injuries resulting from a workplace crime, you may be entitled to workers' compensation benefits. Use the attached form to file a workers' compensation claim with your employer. **You should read all of the information below.** Keep this sheet and all other papers for your records. You may be eligible for some or all of the benefits listed depending on the nature of your claim. If you file a claim, the claims administrator, who is responsible for handling your claim, must notify you within 14 days whether your claim is accepted or whether additional investigation is needed.

To file a claim, complete the "Employee" section of the form, keep one copy and give the rest to your employer. Do this right away to avoid problems with your claim. In some cases, benefits will not start until you inform your employer about your injury by filing a claim form. Describe your injury completely. Include every part of your body affected by the injury. If you mail the form to your employer, use first-class or certified mail. If you buy a return receipt, you will be able to prove that the claim form was mailed and when it was delivered. Within one working day after you file the claim form, your employer must complete the "Employer" section, give you a dated copy, keep one copy, and send one to the claims administrator.

**Medical Care:** Your claims administrator will pay for all reasonable and necessary medical care for your work injury or illness. Medical benefits are subject to approval and may include treatment by a doctor, hospital services, physical therapy, lab tests, x-rays, medicines, equipment and travel costs. Your claims administrator will pay the costs of approved medical services directly so you should never see a bill. There are limits on chiropractic, physical therapy, and other occupational therapy visits.

**The Primary Treating Physician (PTP)** is the doctor with the overall responsibility for treatment of your injury or illness.

- If you previously designated your personal physician or a medical group, you may see your personal physician or the medical group after you are injured.
- If your employer is using a medical provider network (MPN) or Health Care Organization (HCO), in most cases, you will be treated in the MPN or HCO unless you pre-designated your personal physician or a medical group. An MPN is a group of health care providers who provide treatment to workers injured on the job. You should receive information from your employer if you are covered by an HCO or a MPN. Contact your employer for more information.
- If your employer is not using an MPN or HCO, in most cases, the claims administrator can choose the doctor who first treats you unless you pre-designated your personal physician or a medical group.
- If your employer has not put up a poster describing your rights to workers' compensation, you may be able to be treated by your personal physician right after you are injured.

Within one working day after you file a claim form, your employer or the claims administrator must authorize up to \$10,000 in treatment for your injury, consistent with the applicable treating guidelines until the claim is accepted or rejected. If the employer or claims administrator does not authorize treatment right away, talk to your supervisor, someone else in management, or the claims administrator. Ask for treatment to be authorized right now, while waiting for a decision on your claim. If the employer or claims administrator will not authorize treatment, use your own health insurance to get medical care. Your health insurer will seek reimbursement from the claims administrator. If you do not have health insurance, there are doctors, clinics or hospitals that will treat you without immediate payment. They will seek reimbursement from the claims administrator.

#### **Switching to a Different Doctor as Your PTP:**

- If you are being treated in a Medical Provider Network (MPN), you may switch to other doctors within the MPN after the first visit.

如果您在工作時遭受到了身體或是精神上的傷害或患上了疾病（這包括因職場犯罪所造成的傷病），那麼您有權申請勞工賠償。使用隨附的表格向您的僱主提出勞工索賠。**您應該閱讀以下全部資訊。**保存此表以及其他所有與您的記錄有關的檔。根據索賠性質的不同您可能有資格獲得列出的某些或全部賠償金。如果您提出了索賠，那麼負責處理此索賠事項的索賠管理人員必須於 14 天內就您的索賠請求是否已被接受或是否需要進一步調查告知您。

要提出索賠申請，您需要填寫表格中“員工”部分的內容，並保存一份影本，然後將表格中的剩餘部分留給您的僱主填寫。您必須立即進行這項工作，以免索賠出現問題。在某些情況下，只有在您提交一份索賠申請表，並將自己的受傷情況告知僱主後，勞工賠償給付才會開始。請完整描述您所受的傷害，包括這些傷害對您身體各部分造成的影響。您需要使用一類郵件或掛號郵件將此表郵寄給您的僱主。如果購買了郵件回執單，那麼您將能夠證明自己已經將索賠表格郵寄出去並且告訴對方什麼時候可以收到。您的僱主必須在您提交索賠申請表後的一個工作日內完成表中關於“僱主”部分的資訊內容並交給您一份注有日期的影本，僱主本人應保存另一份影本，最後再將第三份影本郵寄給您的索賠管理人員。

**醫療護理：**您的索賠管理人員將會為您支付所有必要且合理的因工傷病醫療護理費。醫療費用的給付需要審批，這些費用中可包括醫生的診療、醫療服務、臨床物理治療、實驗室檢查、X 光片、藥物治療、設備治療和轉診費用。由於您的索賠管理人員將直接支付已批准實施的醫療服務的費用，因此您應該無需花一分錢。按摩療法、臨床物理治療以及進行的其他作業療法的費用都有一定的限額。

**主治醫生 (PTP)** 是指對勞工所受傷害或所得疾病的治療負有全部責任的醫生。

- 如果之前指定了私人醫生或醫療小組，那麼您可以在受傷後向您的私人醫生或醫療小組尋求治療。
- 如果您的僱主使用了醫療提供者網路 (MPN) 或醫療保健機構 (HCO)，那麼在大多數情況下，除非您已經預先指定了私人醫生或醫療小組，否則您將會得到來自該醫療提供者網路或醫療保健機構的治療。醫療提供者網路是為受工傷的勞工提供治療的醫療服務人員團體。如果您的治療由一個醫療保健機構或醫療提供者網路負責，那麼您會收到來自僱主的資訊，主動聯繫僱主可以瞭解更多與該機構或網路相關的治療資訊。
- 如果您的僱主沒有使用醫療提供者網路或醫療保健機構，那麼在大多數情況下，除非您預先指定了私人醫生或醫療小組，否則索賠管理人員可以為您選擇主治醫生。
- 如果僱主沒有發佈公告以說明您的工傷賠償權利，那麼您可以在受傷後立即向私人醫生尋求治療。

在您提交索賠申請表之後的一個工作日內，您的僱主或索賠管理人員必須批准最多一萬美元用於治療您的工傷，具體金額與適用的治療指南保持一致，直到您的索賠申請被接受或拒絕。如果您的僱主或索賠管理人員沒有立刻批准此項治療費用，您可與您的主管、其他管理人員或者索賠管理人員溝通協商。在等待公司做出對您的賠償決定的同時，您可以立刻尋求批准治療費用。如果僱主或索賠管理人員未批准治療費用，那麼您可以用自己的醫療保險接受醫療護理。您的醫療保險公司將會向索賠管理人員尋求報銷。如果您沒有醫療保險，那麼在沒有即時支付的情況下也會有醫生、診所或醫院對您進行治療。

#### **更換主治醫生：**

- 如果您接受的是來自醫療提供者網路的治療，您可以在首次接受治療後從該網路中更換一位元醫生。

- If you are being treated in a Health Care Organization (HCO), you may switch at least one time to another doctor within the HCO. You may switch to a doctor outside the HCO 90 or 180 days after your injury is reported to your employer (depending on whether you are covered by employer-provided health insurance).
- If you are not being treated in an MPN or HCO and did not predesignate, you may switch to a new doctor one time during the first 30 days after your injury is reported to your employer. Contact the claims administrator to switch doctors. After 30 days, you may switch to a doctor of your choice if your employer or the claims administrator has not created or selected an MPN.
- 如果您接受的是來自醫療保健機構的治療，那麼您至少有一次機會可以將主治醫生更換為該機構內的另一位醫生。在您將所受傷害上報給僱主後的 90 到 180 天之內（具體天數根據您的醫療費用是否由僱主提供的醫療保險來支付確定），您可以換一位不屬於該機構的醫生。
- 如果您接受的並非來自醫療提供者網路或醫療保健機構的治療，並且沒有預先指定醫生，那麼您在將受傷情況上報給僱主後的 30 天內，將有一次更換醫生的機會，您可以聯繫索賠管理人為您更換一名醫生。30 天之後，如果您的僱主或索賠管理人仍然沒有為您創建或選擇醫療提供者網路，那麼您可以自行換一位醫生。

**Disclosure of Medical Records:** After you make a claim for workers' compensation benefits, your medical records will not have the same level of privacy that you usually expect. If you don't agree to voluntarily release medical records, a workers' compensation judge may decide what records will be released. If you request privacy, the judge may "seal" (keep private) certain medical records.

**Problems with Medical Care and Medical Reports:** At some point during your claim, you might disagree with your PTP about what treatment is necessary. If this happens, you can switch to other doctors as described above. If you cannot reach agreement with another doctor, the steps to take depend on whether you are receiving care in an MPN, HCO, or neither. For more information, see "Learn More About Workers' Compensation," below.

If the claims administrator denies treatment recommended by your PTP, you may request independent medical review (IMR) using the request form included with the claims administrator's written decision to deny treatment. The IMR process is similar to the group health IMR process, and takes approximately 40 (or fewer) days to arrive at a determination so that appropriate treatment can be given. Your attorney or your physician may assist you in the IMR process. IMR is not available to resolve disputes over matters other than the medical necessity of a particular treatment requested by your physician.

If you disagree with your PTP on matters other than treatment, such as the cause of your injury or how severe the injury is, you can switch to other doctors as described above. If you cannot reach agreement with another doctor, notify the claims administrator in writing as soon as possible. In some cases, you risk losing the right to challenge your PTP's opinion unless you do this promptly. If you do not have an attorney, the claims administrator must send you instructions on how to be seen by a doctor called a qualified medical evaluator (QME) to help resolve the dispute. If you have an attorney, the claims administrator may try to reach agreement with your attorney on a doctor called an agreed medical evaluator (AME). If the claims administrator disagrees with your PTP on matters other than treatment, the claims administrator can require you to be seen by a QME or AME.

**Payment for Temporary Disability (Lost Wages):** If you can't work while you are recovering from a job injury or illness, you may receive temporary disability payments for a limited period. These payments may change or stop when your doctor says you are able to return to work. These benefits are tax-free. Temporary disability payments are two-thirds of your average weekly pay, within minimums and maximums set by state law. Payments are not made for the first three days you are off the job unless you are hospitalized overnight or cannot work for more than 14 days.

**Stay at Work or Return to Work:** Being injured does not mean you must stop working. If you can continue working, you should. If not, it is important to go back to work with your current employer as soon as you are medically able. Studies show that the longer you are off work, the harder it is to get back to your original job and wages. While you are recovering, your PTP, your employer (supervisors or others in management), the claims administrator, and your attorney (if you have one) will work with you to decide how you will stay at work or return to work and what work you will do. Actively communicate with your PTP, your employer, and the claims administrator about the work you did before you were injured, your medical condition and the kinds of work you can do now, and the kinds of work that your employer could make available to you.

**Payment for Permanent Disability:** If a doctor says you have not recovered completely from your injury and you will always be limited in the work you can do, you may receive additional payments. The amount will depend on the type of injury, extent of impairment, your age, occupation, date of injury, and your wages before you were injured.

**醫療記錄公開:** 在您提出勞工賠償要求後，您的醫療記錄將不會像您預想的那樣有很高的隱私級別。如果您不同意自願發佈醫療記錄，那麼將由勞工賠償裁定人來決定應該發佈什麼樣的醫療記錄，如果您要求保密，那麼該裁定人可以“密封”（保密）某些醫療記錄。

**與醫療保健和醫療報告相關的問題:** 在索賠過程中，您在某些時候可能會不同意主治醫生關於必要治療的見解，如果出現這種情況，您可以將主治醫生更換為上面提到的網路或機構內的其他醫生。如果您與另一位醫生意見不一致，則應採取什麼措施需要根據您接受的是來自醫療提供者網路、醫療保健機構還是兩者之外的其他組織的治療來確定。欲瞭解更多資訊，請參考下文的“瞭解更多有關勞工賠償的資訊”。

如果索賠管理人拒絕您的主治醫生推薦的治療，您可以利用包含在索賠管理人的書面拒絕治療決議內的申請表申請進行獨立醫療審查（IMR）。獨立醫療審查過程與團體健康獨立醫療審查過程類似，大約需要 40 天（或更短）才能做出決定，以便能為勞工提供適當的治療。您的律師或醫生可以在獨立醫療審查過程中為您提供幫助。除非有必要進行您的醫生所要求的特殊治療，否則獨立醫療審查不能用於解決勞工賠償利益糾紛問題。

如果您在除治療問題之外的其他事務（例如您受傷的原因或是您受傷的嚴重程度）中與主治醫生的意見不一致，則您可以根據上文所述將該主治醫生更換為其他醫生。如果您無法和另一位醫生達成一致意見，那麼您需要儘快以書面形式將這一問題通知索賠管理人。在某些情況下，除非您立刻完成這一點，否則您可能會失去對主治醫生的意見提出反對的權利。如果您沒有聘請律師，索賠管理人必須發給您一份指南，指導您接受一名作為合格醫療評估師（QME）的醫生的治療，進而幫助您解決糾紛。如果您聘請了律師，那麼索賠管理人會力圖與您的律師達成一致，請一位元作為協定醫療評估師（AME）的醫生對您進行診療。如果索賠管理人不同意您的主治醫生提出的建議（這些建議中不包括治療問題），那麼索賠管理人有權要求您接受合格醫療評估師或是協議醫療評估師的治療。

**因暫時性傷殘（沒有薪資）而獲得的賠償:** 如果在傷病恢復期間無法工作，您可以在一段時間內獲得暫時性傷殘賠償。在醫生表示您能夠返回工作崗位後，您獲得的此類賠償金額可能會有所變化，或是不再獲得賠償。這些賠償金無需繳稅。暫時性傷殘賠償金額是您每週平均薪資的三分之二，且必須在各州法規設置的最高和最低薪資範圍內。公司不會在您離崗的前三天支付此項賠償，除非您住院或是無法工作的時間達到了 14 天以上。

**繼續留在原崗位工作還是經治療後重返工作崗位:** 受傷並不意味著您必須停止工作。如果能夠繼續工作，您就應該繼續工作。如果不能，那麼只要在醫學上被認為可以返回到現有工作崗位，您就應該立刻返回工作，這一點很重要。研究表明，勞工離崗的時間越長，其返回到原崗位並得到與原來相同的薪資就越困難。在您恢復期間，您的主治醫生、僱主（主管或其他管理人員）、索賠管理人以及律師（如果已聘請）將會與您一起確定您可以繼續在原崗位工作還是在獲得醫學認可之後再重返工作崗位，並確定您返回之後的工作內容。您應主動與主治醫生、僱主及索賠管理人進行溝通，協商確定您在受傷前所做的工作、您當前的健康狀況和您現在能做的工作，以及您的僱主能為您提供的工作類型。

**因永久性傷殘而獲得的賠償:** 如果醫生認定您尚未完全恢復，且您將永遠無法執行自己能做的工作，那麼您可以得到額外補償。補償金額根據受傷類型、嚴重程度、您的年齡、所從事的工作以及您受傷前的薪資水準來決定。

**Supplemental Job Displacement Benefit (SJDB):** If you were injured on or after 1/1/04, and your injury results in a permanent disability and your employer does not offer regular, modified, or alternative work, you may qualify for a nontransferable voucher payable for retraining and/or skill enhancement.

If you qualify, the claims administrator will pay the costs up to the maximum set by state law.

**Death Benefits:** If the injury or illness causes death, payments may be made to a spouse and other relatives or household members who were financially dependent on the deceased worker

**It is illegal for your employer** to punish or fire you for having a job injury or illness, for filing a claim, or testifying in another person's workers' compensation case (Labor Code 132a). If proven, you may receive lost wages, job reinstatement, increased benefits, and costs and expenses up to limits set by the state.

**Resolving Problems or Disputes:** You have the right to disagree with decisions affecting your claim. If you have a disagreement, contact your employer or claims administrator first to see if you can resolve it. If you are not receiving benefits, you may be able to get State Disability Insurance (SDI) or unemployment insurance (UI) benefits. Call the state Employment Development Department at (800) 480-3287 or (866) 333-4606, or go to their website at [www.edd.ca.gov](http://www.edd.ca.gov).

**You Can Contact an Information & Assistance (I&A) Officer:** State I&A officers answer questions, help injured workers, provide forms, and help resolve problems. Some I&A officers hold workshops for injured workers. To obtain important information about the workers' compensation claims process and your rights and obligations, go to [www.dwc.ca.gov](http://www.dwc.ca.gov) or contact an I&A officer of the state Division of Workers' Compensation. You can also hear recorded information and a list of local I&A offices by calling (800) 736-7401.

**You can consult with an attorney.** Most attorneys offer one free consultation. If you decide to hire an attorney, his or her fee will 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 website at [www.californiaspecialist.org](http://www.californiaspecialist.org).

**Learn More About Workers' Compensation:** For more information about the workers' compensation claims process, go to [www.dwc.ca.gov](http://www.dwc.ca.gov). At the website, you can access a useful booklet, "Workers' Compensation in California: A Guidebook for Injured Workers." You can also contact an Information & Assistance Officer (above), or hear recorded information by calling 1-800-736-7401.

**因工作被替代而產生的補充性福利 (SJDB) :** 如果您的受傷時間在 2004 年 1 月 1 日或之後，您所受的傷導致您永久性傷殘，且您的僱主並沒有為您提供固定工作、經調整的工作或者是備選工作，那麼您有資格申請可用於支付再培訓和/或提高個人技術所需費用的不可轉讓憑證。如果您符合申請資格，索賠管理人支付的費用最多將為州法規設置的最高費用。

**工亡賠償金 :** 如果員工死於工傷或職業病，僱主需要將工亡賠償金支付給死者的配偶和其他經濟上依賴死者的親屬或家庭成員。

**僱主非法行為 :** 僱主因您受工傷或患職業病、提交索賠申請或為他人的勞工索賠案 (《勞工法》132a) 作證而懲罰您或將您開除的行為是非法的。如果此類行為得到證實，您將會獲得補發的薪資、額外賠償金、複職，並獲得本州所設限額內的訴訟費用和其他開銷補償。

**解決問題和爭端 :** 您有權不贊成影響您索賠申請的決定。在這種情況下，您可以第一時間聯繫您的僱主或索賠管理人，以協商解決分歧。如果沒有收到賠償金，您將會收到州傷殘保險 (SDI) 或者失業保險 (UI) 機構提供的保險金。請致電 (800) 480-3287 或 (866) 333-4606，或登錄網站 [www.edd.ca.gov](http://www.edd.ca.gov) 聯繫州就業發展局。

**您可以聯繫資訊和援助 (I&A) 官員 :** 州資訊和援助辦公室的官員可以解答問題、幫助受傷勞工、提供有關表格並幫助解決困難。一些資訊和援助辦公室官員為受傷勞工開辦了講習班。欲瞭解有關勞工賠償索賠申請過程和您權利義務的重要資訊，請登錄網站 [www.dwc.ca.gov](http://www.dwc.ca.gov) 或聯繫州勞工賠償資訊和援助辦公室的官員。您還可以撥打電話 (800) 736-7401 來瞭解資訊記錄和當地資訊和援助辦公室的資訊。

**您可以諮詢律師。** 大部分律師會提供一次免費諮詢。如果您決定聘請一位律師，那麼聘請律師的費用將從您的補償金中扣除。請撥打電話 (415) 538-2120 諮詢加州律師工會，或登錄其網站 [www.californiaspecialist.org](http://www.californiaspecialist.org) 查詢工商賠償律師的姓名。

**瞭解更多有關勞工賠償的資訊 :** 欲瞭解更多有關勞工賠償索賠過程的資訊，請登錄網站 [www.dwc.ca.gov](http://www.dwc.ca.gov)。您可以在該網站上查閱一本實用的小冊子：《加利福尼亞州勞工賠償：受傷勞工指南》。您還可以聯繫一名資訊和援助辦公室官員，或撥打電話 1-800-736-7401 瞭解資訊記錄。

State of California
Department of Industrial Relations
DIVISION OF WORKERS' COMPENSATION



加利福尼亞州
勞資關係部
勞工賠償署
勞工賠償索賠表(勞工補償署表格1)

WORKERS' COMPENSATION CLAIM FORM (DWC 1)

Employee: Complete the "Employee" section and give the form to your employer. Keep a copy and mark it "Employee's Temporary Receipt" until you receive the signed and dated copy from your employer.

員工: 填寫"員工"部分的內容並將表格交給僱主。自留一份影本並將其標記為"員工臨時收據"直到僱主將簽署了姓名和日期的影本交給您。

您還應該從僱主那裏收到一本說明勞工賠償金和獲取步驟的小冊子。您可能會從僱主或其索賠管理人那裏收到關於您的索賠申請的書面通知。

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.

任何以獲取或拒絕支付勞工賠償金為目的而蓄意作出或指使他人作出錯誤或虛假的材料說明或材料表述的行為均屬重大犯罪行為。

Employee—complete this section and see note above 員工——填寫本部分內容並閱讀上述注意事項。

1. Name. 姓名: Today's Date. 當前日期:
2. Home Address. 家庭住址
3. City. 城市: State. 州: Zip. 郵遞區號:
4. Date of Injury. 受傷日期 Time of Injury. 受傷時間: a.m. 上午 p.m. 下午
5. Address and description of where injury happened. 受傷發生的地點及其描述:
6. Describe injury and part of body affected. 傷勢和受到影響的身體部位描述:
7. Social Security Number. 社會保障號碼:
8. Check if you agree to receive notices about your claim by email only. 如您同意僅通過電子郵件接收索賠申請通知, 請勾選本項。
9. Employee's e-mail. 員工電子郵箱位址:
You will receive benefit notices by regular mail if you do not choose, or your claims administrator does not offer, an electronic service option. 如沒有選擇或者索賠管理人沒有提供電子送達服務, 您將會以常規郵寄方式收到賠償通知。

Employer—complete this section and see note below. 僱主——填寫本部分內容並閱讀下面的注意事項。

10. Name of employer. 僱主姓名:
11. Address. 地址:
12. Date employer first knew of injury. 僱主最早知曉員工受傷的日期:
13. Date claim form was provided to employee. 將索賠表格提供給員工的日期:
14. Date employer received claim form. 僱主收到索賠表格的日期:
15. Name and address of insurance carrier or adjusting agency. 保險公司或公估機構名稱和地址:
16. Insurance Policy Number. 保險單號:
17. Signature of employer representative. 僱主代理人簽名:
18. Title. 職務 19. Telephone. 電話:

Employer: You are required to date this form and provide copies to your insurer or claims administrator and to the employee, dependent or representative who filed the claim within one working day of receipt of the form from the employee.

僱主: 您必須在自員工處收到本表格後的一個工作日內在本表格上註明日日期, 並向您的保險公司或索賠管理人和員工、其親屬或提起索賠的代理人各提供一份影本。

SIGNING THIS FORM IS NOT AN ADMISSION OF LIABILITY

簽署該表格並不同於認可相關責任

- Employer copy/僱主影本 Employee copy/員工影本 Claims Administrator/索賠管理人 Temporary Receipt/臨時收據



# Workers' Compensation Claim Form (DWC 1) & Notice of Potential Eligibility

## 근로자 산업재해 보상청구서(DWC 1) 및 잠재적 자격의 통지

If you are injured or become ill, either physically or mentally, because of your job, including injuries resulting from a workplace crime, you may be entitled to workers' compensation benefits. Use the attached form to file a workers' compensation claim with your employer. **You should read all of the information below.** Keep this sheet and all other papers for your records. You may be eligible for some or all of the benefits listed depending on the nature of your claim. If you file a claim, the claims administrator, who is responsible for handling your claim, must notify you within 14 days whether your claim is accepted or whether additional investigation is needed.

To file a claim, complete the "Employee" section of the form, keep one copy and give the rest to your employer. Do this right away to avoid problems with your claim. In some cases, benefits will not start until you inform your employer about your injury by filing a claim form. Describe your injury completely. Include every part of your body affected by the injury. If you mail the form to your employer, use first-class or certified mail. If you buy a return receipt, you will be able to prove that the claim form was mailed and when it was delivered. Within one working day after you file the claim form, your employer must complete the "Employer" section, give you a dated copy, keep one copy, and send one to the claims administrator.

**Medical Care:** Your claims administrator will pay for all reasonable and necessary medical care for your work injury or illness. Medical benefits are subject to approval and may include treatment by a doctor, hospital services, physical therapy, lab tests, x-rays, medicines, equipment and travel costs. Your claims administrator will pay the costs of approved medical services directly so you should never see a bill. There are limits on chiropractic, physical therapy, and other occupational therapy visits.

**The Primary Treating Physician (PTP)** is the doctor with the overall responsibility for treatment of your injury or illness.

- If you previously designated your personal physician or a medical group, you may see your personal physician or the medical group after you are injured.
- If your employer is using a medical provider network (MPN) or Health Care Organization (HCO), in most cases, you will be treated in the MPN or HCO unless you pre-designated your personal physician or a medical group. An MPN is a group of health care providers who provide treatment to workers injured on the job. You should receive information from your employer if you are covered by an HCO or a MPN. Contact your employer for more information.
- If your employer is not using an MPN or HCO, in most cases, the claims administrator can choose the doctor who first treats you unless you pre-designated your personal physician or a medical group.
- If your employer has not put up a poster describing your rights to workers' compensation, you may be able to be treated by your personal physician right after you are injured.

Within one working day after you file a claim form, your employer or the claims administrator must authorize up to \$10,000 in treatment for your injury, consistent with the applicable treating guidelines until the claim is accepted or rejected. If the employer or claims administrator does not authorize treatment right away, talk to your supervisor, someone else in management, or the claims administrator. Ask for treatment to be authorized right now, while waiting for a decision on your claim. If the employer or claims administrator will not authorize treatment, use your own health insurance to get medical care. Your health insurer will seek reimbursement from the claims administrator. If you do not have health insurance, there are doctors, clinics or hospitals that will treat you without immediate payment. They will seek reimbursement from the claims administrator.

### Switching to a Different Doctor as Your PTP:

- If you are being treated in a Medical Provider Network (MPN), you may switch to other doctors within the MPN after the first visit.
- If you are being treated in a Health Care Organization (HCO), you may switch at least one time to another doctor within the HCO. You may switch to a doctor outside the HCO 90 or 180 days after your injury is reported to your employer (depending on whether you are covered by employer-provided health insurance).
- If you are not being treated in an MPN or HCO and did not pre-designate, you may switch to a new doctor one time during the first 30 days after your injury is reported to your employer. Contact the claims administrator to switch doctors. After 30 days, you may switch to a doctor of your choice if

귀하가 직장 범죄로 인한 재해를 포함하여 업무 때문에 신체적으로나 정신적으로 재해를 입거나 질병을 앓게 될 경우, 근로자 산업재해 보상 급여를 받을 수 있습니다. 첨부 서류를 사용하여 고용주에게 근로자 산업재해 보상청구서를 제기하십시오. **아래의 모든 내용을 읽어야 합니다.** 이 종이와 모든 서류를 잘 보관하십시오. 보상청구의 특성에 따라 나열된 급여의 일부 또는 전부를 받을 수 있습니다. 보상청구서를 제기할 경우, 귀하의 보상청구 처리를 담당하는 보상청구 관리자는 14 일 이내에 귀하에게 보상청구가 받아들여졌는지 또는 추가 조사가 필요한지 통지해야 합니다.

보상청구서를 제기하려면 양식의 "고용인" 부분을 작성하여 한 부는 보관하고 나머지는 고용주에게 제출하십시오. 이것은 보상청구에 문제가 생기지 않도록 즉시 하십시오. 어떤 경우에는, 보상청구서를 제출해 고용주에게 귀하의 재해를 알릴 때까지 급여가 시작되지 않습니다. 귀하의 재해를 완벽하게 설명하십시오. 재해로 영향을 받은 신체 부분을 포함하십시오. 신청서를 고용주에 우송할 경우, 제 1 종 또는 등기 우편을 사용하십시오. 배달 증명을 이용하면 보상청구서가 우편으로 발송되었다는 것과 배달된 날짜를 증명할 수 있습니다. 보상청구서를 제출한 후 1 근무일 이내에 고용주는 "고용인" 부분을 작성하여 귀하에게 날짜가 찍힌 사본을 주고, 사본 하나는 보관하고 사본 하나를 보상청구 관리자에게 송부해야 합니다.

**치료:** 보상청구 관리자는 귀하의 재해 또는 질병에 대한 모든 합리적이고 필요한 치료비를 지급할 것입니다. 의료 급여는 승인을 받아야 하며 의사의 치료, 병원 서비스, 물리 치료, 심혈관 검사, 방사선, 의약품, 장비 및 교통비를 포함할 수 있습니다. 보상청구 관리자는 승인된 의료 서비스 비용을 귀하가 볼 수 없도록 직접 지급합니다. 척추 지압, 물리 치료와 기타 작업 치료 방문에 제한이 있습니다.

**주치의(PTP)**는 귀하의 재해 또는 질병을 전반적으로 담당하는 의사입니다.

- 이전에 귀하의 개인 의사나 의료 집단을 지정했을 경우, 재해를 입은 후에 귀하의 개인 의사나 의료 집단을 볼 수 있습니다.
- 고용주가 의료 제공자 네트워크(MPN) 또는 의료 서비스 단체(HCO)를 사용하고 있는 경우, 대부분은 귀하가 개인 의사나 의료 집단을 지정하지 않으면 귀하는 MPN 또는 HCO 에서 치료받습니다. MPN 은 업무상 재해를 입은 근로자를 치료해 주는 의료 서비스 제공자 집단입니다. 귀하가 HCO 또는 MPN 의 보장을 받는지에 대해 고용주에게 정보를 받아야 합니다. 자세한 내용은 고용주에게 문의하십시오.
- 고용주가 MPN 또는 HCO 를 사용하지 않고 있는 경우, 귀하가 개인 의사나 의료 집단을 지정하지 않았으면 대부분은 보상청구 관리자가 우선 귀하를 치료할 의사를 선택할 수 있습니다.
- 고용주가 근로자 산업재해 보상에 대한 귀하의 권리를 설명하는 벽보를 게시하지 않은 경우, 재해를 입은 후 즉시 귀하의 개인 의사에게 치료를 받을 수 있습니다.

귀하가 보상청구서를 제출한 후 1 근무일 이내에 고용주 또는 보상청구 관리자는 보상청구가 승인되거나 거부될 때까지 해당 치료 지침에 일치하여 귀하의 재해 치료에 최대 10,000 달러를 승인해야 합니다. 고용주 또는 보상청구 관리자가 바로 승인하지 않을 경우, 상사, 경영진의 다른 사람 또는 보상청구 관리자에게 말하십시오. 즉시 치료를 승인할 것을 요청하고 귀하의 보상청구에 대한 결정을 기다리십시오. 고용주 또는 보상청구 관리자가 귀하의 치료를 승인하지 않을 경우, 개인 건강보험을 사용하여 치료를 받으십시오. 귀하의 건강보험 회사는 보상청구 관리자에게서 변제받을 것입니다. 건강보험에 들지 않은 경우, 즉시 결제를 안 해도 귀하를 치료해 줄 의사, 의원 또는 병원이 있습니다. 이들은 보상청구 관리자에게서 변제받을 것입니다.

### 주치의를 다른 의사로 변경:

- 의료 제공자 네트워크(MPN)에서 치료를 받는 경우, 첫 내원 후 MPN 내에서 다른 의사로 변경할 수 있습니다.
- 의료 서비스 단체(HCO)에서 치료를 받는 경우, HCO 내에서 한 번 이상 다른 의사로 변경할 수 있습니다. 귀하의 재해가 고용주에게 알려진 후 90 일 또는 180 일 이후 (고용주가 제공한 건강보험의 적용 여부에 따라) HCO 외부의 의사로 변경할 수 있습니다.
- MPN 또는 HCO 에서 치료를 받고 있지 않으며 개인 의사나 의료 집단을 사전 지정하지 않은 경우, 귀하의 재해가 고용주에게 알려진 후 첫 30 일 동안 한 번 새로운 의사로 변경할 수 있습니다. 의사를 변경하려면 보상청구 관리자에게 문의하십시오. 30 일 후에, 고용주 또는 보상청구 관리자가 MPN 을 만들거나 선택하지 않은 경우,

your employer or the claims administrator has not created or selected an MPN.

**Disclosure of Medical Records:** After you make a claim for workers' compensation benefits, your medical records will not have the same level of privacy that you usually expect. If you don't agree to voluntarily release medical records, a workers' compensation judge may decide what records will be released. If you request privacy, the judge may "seal" (keep private) certain medical records.

**Problems with Medical Care and Medical Reports:** At some point during your claim, you might disagree with your PTP about what treatment is necessary. If this happens, you can switch to other doctors as described above. If you cannot reach agreement with another doctor, the steps to take depend on whether you are receiving care in an MPN, HCO, or neither. For more information, see "Learn More About Workers' Compensation," below.

If the claims administrator denies treatment recommended by your PTP, you may request independent medical review (IMR) using the request form included with the claims administrator's written decision to deny treatment. The IMR process is similar to the group health IMR process, and takes approximately 40 (or fewer) days to arrive at a determination so that appropriate treatment can be given. Your attorney or your physician may assist you in the IMR process. IMR is not available to resolve disputes over matters other than the medical necessity of a particular treatment requested by your physician.

If you disagree with your PTP on matters other than treatment, such as the cause of your injury or how severe the injury is, you can switch to other doctors as described above. If you cannot reach agreement with another doctor, notify the claims administrator in writing as soon as possible. In some cases, you risk losing the right to challenge your PTP's opinion unless you do this promptly. If you do not have an attorney, the claims administrator must send you instructions on how to be seen by a doctor called a qualified medical evaluator (QME) to help resolve the dispute. If you have an attorney, the claims administrator may try to reach agreement with your attorney on a doctor called an agreed medical evaluator (AME). If the claims administrator disagrees with your PTP on matters other than treatment, the claims administrator can require you to be seen by a QME or AME.

**Payment for Temporary Disability (Lost Wages):** If you can't work while you are recovering from a job injury or illness, you may receive temporary disability payments for a limited period. These payments may change or stop when your doctor says you are able to return to work. These benefits are tax-free. Temporary disability payments are two-thirds of your average weekly pay, within minimums and maximums set by state law. Payments are not made for the first three days you are off the job unless you are hospitalized overnight or cannot work for more than 14 days.

**Stay at Work or Return to Work:** Being injured does not mean you must stop working. If you can continue working, you should. If not, it is important to go back to work with your current employer as soon as you are medically able. Studies show that the longer you are off work, the harder it is to get back to your original job and wages. While you are recovering, your PTP, your employer (supervisors or others in management), the claims administrator, and your attorney (if you have one) will work with you to decide how you will stay at work or return to work and what work you will do. Actively communicate with your PTP, your employer, and the claims administrator about the work you did before you were injured, your medical condition and the kinds of work you can do now, and the kinds of work that your employer could make available to you.

**Payment for Permanent Disability:** If a doctor says you have not recovered completely from your injury and you will always be limited in the work you can do, you may receive additional payments. The amount will depend on the type of injury, extent of impairment, your age, occupation, date of injury, and your wages before you were injured.

**Supplemental Job Displacement Benefit (SJDB):** If you were injured on or after 1/1/04, and your injury results in a permanent disability and your employer does not offer regular, modified, or alternative work, you may qualify for a nontransferable voucher payable for retraining and/or skill enhancement. If you qualify, the claims administrator will pay the costs up to the maximum set by state law.

**Death Benefits:** If the injury or illness causes death, payments may be made to a

귀하가 선택하는 의사로 변경할 수 있습니다.

**의료 기록의 공개:** 근로자 산업재해 보상 급여 청구를 한 후에 귀하의 의료 기록은 일반적으로 기대하는 같은 수준의 개인 정보 보호가 되지 않습니다. 귀하가 자발적으로 의료 기록을 공개하는 것에 동의하지 않는 경우, 근로자 산업재해 보상 판사는 공개할 기록을 결정할 수 있습니다. 귀하가 개인 정보 보호를 요청할 경우, 판사는 특정 의료 기록을 "밀봉"(비밀 유지)할 수 있습니다.

**치료와 의료 보고서 문제:** 보상청구의 어떤 시점에서, 필요한 치료에 관해 귀하는 주치의에 동의하지 않을 수 있습니다. 이런 경우, 위에 설명한 대로 다른 의사로 변경할 수 있습니다. 다른 의사와 의견 일치가 안 되는 경우, 취할 단계는 귀하가 MPN, HCO 에서 치료를 받고 있는지 아니면 양쪽 다 아닌지에 따라 달라집니다. 자세한 내용은 아래의 "근로자 산업재해 보상에 관해 더 알아보기"를 참조하십시오.

주치의가 권장한 치료를 보상청구 관리자가 거부하는 경우, 귀하는 보상청구 관리자의 치료 거부 결정서에 포함된 요청서를 이용하여 독립적 의료 심사(IMR)를 요청할 수 있습니다. IMR 과정은 집단 건강 IMR 과정과 비슷하며, 적절한 치료가 제공되도록 결정이 이루어지기까지 약 40(또는 그 이하)일이 걸립니다. 귀하의 변호사나 의사는 IMR 과정에서 귀하를 도울 수 있습니다. IMR 은 귀하의 의사가 요청한 특정 치료의 의학적 필요성 이외의 다른 문제에 대한 분쟁을 해결하는 데 이용할 수 없습니다.

귀하가 입은 재해의 원인 또는 재해가 얼마나 중증인지 등 치료 이외의 문제에 대해 주치의에 동의하지 않은 경우, 귀하는 위에 설명한 대로 다른 의사로 변경할 수 있습니다. 다른 의사와 의견 일치가 안 되는 경우, 가능한 한 빨리 보상청구 관리자에게 서면으로 통지하십시오. 어떤 경우에는, 이것을 신속히 하지 않으면 주치의의 소견에 이의를 제기하는 권리를 잃을 위험이 있습니다. 변호사가 없는 경우, 보상청구 관리자는 귀하에게 분쟁 해결에 도움이 되는 유자격 의료 평가자(QME)라고 하는 의사의 진찰을 받는 방법에 대한 설명을 보내야 합니다. 변호사를 선임한 경우, 보상청구 관리자는 변호사와 합의된 의료 평가자(AME)라고 하는 의사에 대해 합의할 수 있습니다. 치료 이외의 문제에 대해 주치의에 동의하지 않은 경우, 보상청구 관리자는 귀하에게 QME 또는 AME 에게 진찰받을 것을 요구할 수 있습니다.

**한시 장애(손실 임금) 지급:** 업무상 재해 또는 질병에서 회복하는 동안 일을 할 수 없는 경우, 제한된 기간 동안 한시 장애 지급금을 받을 수 있습니다. 이러한 지급금은 귀하가 직장으로 복귀할 수 있다고 담당자가 말할 때 변경 또는 중지됩니다. 이러한 급여는 비과세입니다. 한시 장애 지급금은 캘리포니아 주법이 정한 최소 비율 및 최대 비율 내에서 귀하가 받는 평균 주급의 3분의 2입니다. 지급금은 귀하가 병원에 밤새 입원하지 않거나 14 일 이상 일할 수 없지 않은 한 근무하지 않은 첫 3 일 동안은 지급되지 않습니다.

**직장 복귀:** 재해를 입은 것이 일을 중지해야 한다는 것을 의미하는 것은 아닙니다. 계속 일할 수 있으면, 그렇게 해야 합니다. 그렇지 않을 경우, 의학적으로 할 수 있을 때 현재의 고용주에게 복귀해 일하는 것이 중요합니다. 연구에 의하면 일에서 오래 떨어져 있을수록 원래의 일과 임금으로 복귀하는 것이 더 힘든 것으로 나타납니다. 귀하가 회복하는 동안 귀하의 주치의, 고용주(감독자 또는 경영진의 다른 사람), 보상청구 관리자와 변호사(있는 경우)는 귀하가 직장에 복귀할 것인지 그리고 어떤 일을 할 것인지 결정할 것입니다. 귀하가 재해를 입기 전에 하던 일, 귀하의 의학적 상태와 귀하가 지금 할 수 있는 일의 종류 그리고 고용주가 귀하에게 제공할 수 있는 일의 종류에 관해 주치의, 고용주, 보상청구 관리자와 적극적으로 소통하십시오.

**영구 장애 지급:** 귀하가 재해 또는 질병에서 완전히 회복되지 않았으며 귀하가 할 수 있는 일에 항상 제한을 받을 것이라고 의사가 말하면 추가로 지급금을 받을 수 있습니다. 금액은 재해 유형, 손상 정도, 나이, 직업, 재해 입은 날짜와 재해를 입기 전 임금에 따라 달라집니다.

**보충 해직 급여(SJDB):** 2004 년 1 월 1 일 이후에 재해를 입고 재해로 인해 영구 장애가 발생하였고, 고용주가 정기적인 수정된 또는 대체적인 일을 제공하지 않을 경우, 귀하는 재교육 및/또는 기술 향상을 위해 지급 가능한 양도능력 배우처를 받을 자격이 있습니다. 자격이 있는 경우, 보상 소송 관리자는 캘리포니아 주법으로 정한 비용을 최대로 지급할 것입니다.

spouse and other relatives or household members who were financially dependent on the deceased worker.

**It is illegal for your employer** to punish or fire you for having a job injury or illness, for filing a claim, or testifying in another person's workers' compensation case (Labor Code 132a). If proven, you may receive lost wages, job reinstatement, increased benefits, and costs and expenses up to limits set by the state.

**Resolving Problems or Disputes:** You have the right to disagree with decisions affecting your claim. If you have a disagreement, contact your employer or claims administrator first to see if you can resolve it. If you are not receiving benefits, you may be able to get State Disability Insurance (SDI) or unemployment insurance (UI) benefits. Call the state Employment Development Department at (800) 480-3287 or (866) 333-4606, or go to their website at [www.edd.ca.gov](http://www.edd.ca.gov).

**You Can Contact an Information & Assistance (I&A) Officer:** State I&A officers answer questions, help injured workers, provide forms, and help resolve problems. Some I&A officers hold workshops for injured workers. To obtain important information about the workers' compensation claims process and your rights and obligations, go to [www.dwc.ca.gov](http://www.dwc.ca.gov) or contact an I&A officer of the state Division of Workers' Compensation. You can also hear recorded information and a list of local I&A offices by calling (800) 736-7401.

**You can consult with an attorney.** Most attorneys offer one free consultation. If you decide to hire an attorney, his or her fee will 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 website at [www.californiaspecialist.org](http://www.californiaspecialist.org).

**Learn More About Workers' Compensation:** For more information about the workers' compensation claims process, go to [www.dwc.ca.gov](http://www.dwc.ca.gov). At the website, you can access a useful booklet, "Workers' Compensation in California: A Guidebook for Injured Workers." You can also contact an Information & Assistance Officer (above), or hear recorded information by calling 1-800-736-7401.

**사망 급여 :** 재해 또는 질병이 사망을 초래하면, 지급금은 사망한 근로자에게 재정적으로 의존했던 배우자와 다른 친척 또는 가구원에게 지급됩니다.

업무상 재해 또는 질병, 보상청구 제기 또는 다른 사람의 근로자 산업재해 보상 사건에서 한 증언을 이유로 **고용주가 귀하를 처벌하거나 해고하는 것은 불법입니다** (노동법 132a). 입증된 경우, 귀하는 손실 임금, 복직, 인상된 급여 그리고 비용 및 경비를 캘리포니아 주법으로 정한 한계까지 받을 수 있습니다.

**문제 또는 분쟁 해결 :** 귀하는 보상청구에 영향을 미치는 결정에 동의하지 않을 권리가 있습니다. 동의하지 않는 경우, 고용주나 보상청구 관리자에게 먼저 문의하여 해결할 수 있는 지 보십시오. 급여를 받지 않고 있으면, 캘리포니아 주 장애 보험(SDI) 또는 실업 보험(UI)을 받을 수 있습니다. (800) 480-3287 또는 (866) 333-4606 번으로 고용 개발부에 전화하거나 웹사이트 [www.edd.ca.gov](http://www.edd.ca.gov)를 방문하십시오.

**정보 및 지원 담당자에게 문의할 수 있습니다.** 캘리포니아 주 정보 및 지원 담당자는 문의 사항에 답변하고, 재해를 입은 근로자를 도우며, 양식을 제공하고 문제 해결에 도움이 됩니다. 일부 정보 및 지원 담당자는 재해를 입은 근로자를 위해 워크숍을 개최합니다. 근로자 산업재해 보상청구 과정 및 귀하의 권리와 의무에 관한 중요한 정보는 [www.dwc.ca.gov](http://www.dwc.ca.gov)에서 보거나 캘리포니아 주 근로자 산업재해보상국의 정보 및 지원 담당자에게 문의하십시오. 또한, (800) 736-7401로 전화하여 녹음된 정보와 지역의 정보 및 지원 사무소 목록을 들을 수 있습니다.

**변호사와 상담할 수 있습니다.** 대부분 변호사는 한 번의 무료 상담을 제공합니다. 변호사를 고용하기로 결정한 경우, 변호사 수수료는 귀하의 급여 일부에서 제합니다. 근로자 산업재해 보상청구 변호사 이름에 대해서는 (415) 538-2120 번 캘리포니아 주 변호사 협회로 전화하거나 [www.californiaspecialist.org](http://www.californiaspecialist.org)를 방문하십시오.

**근로자 산업재해 보상에 관해 더 알아보십시오.** 근로자 산업재해 보상청구 과정에 대한 자세한 내용은 [www.dwc.ca.gov](http://www.dwc.ca.gov)에서 볼 수 있습니다. 이 웹사이트에서 유용한 책자 "캘리포니아의 근로자 산업재해 보상: 재해를 입은 근로자를 위한 지침서"에 접속할 수 있습니다. 또한, 정보 및 지원 담당자(상기)에게 문의하거나 1-800-736-7401 번으로 전화하여 녹음된 정보를 들을 수 있습니다.





근로자 산업재해 보상청구서 (DWC 1)

**Employee:** Complete the "Employee" section and give the form to your employer. Keep a copy and mark it "Employee's Temporary Receipt" until you receive the signed and dated copy from your employer. You may call the Division of Workers' Compensation and hear recorded information at (800) 736-7401. An explanation of workers' compensation benefits is included in the Notice of Potential Eligibility, which is the cover sheet of this form. Detach and save this notice for future reference.

You should also have received a pamphlet from your employer describing workers' compensation benefits and the procedures to obtain them. You may receive written notices from your employer or its claims administrator about your claim. If your claims administrator offers to send you notices electronically, and you agree to receive these notices only by email, please provide your email address below and check the appropriate box. If you later decide you want to receive the notices by mail, you must inform your employer in writing.

**고용인: "고용인" 부분을 작성하여 고용주에게 신청서를 주십시오. 사본을 보관하고 서명하고 날짜가 기재된 사본을 고용주로부터 받을 때까지 "고용인의 임시 접수"라고 표시하십시오. (800) 736-7401 번으로 근로자 산업재해 보상국에 전화해서 녹음된 정보를 들을 수 있습니다. 이 신청서의 표지인 잠재적 자격의 통지에 근로자 산업재해 보상 급여에 대한 설명이 포함되어 있습니다. 나중에 참조할 수 있도록 이 통지를 떼어 내어 보관하십시오.**

또한, 고용주로부터 근로자 산업재해 보상 급여와 급여를 받는 절차에 관해 설명한 팸플릿을 받으셨을 것입니다. 고용주나 보상청구 관리자로부터 귀하의 보상청구에 대한 서면 통지를 받을 수 있습니다. 보상청구 관리자가 전자적으로 통지를 보내고자 하며 귀하가 전자우편으로만 받으려 할 경우, 아래에 전자우편 주소를 기재하고 해당 체크박스에 표시하십시오. 나중에 통지를 우편으로 받기로 한 경우, 고용주에게 서면으로 알려야 합니다.

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.

근로자 산업 재해 보상 급여를 받을 목적으로 또는 지급을 거부할 목적으로 고의로 허위 또는 사기성의 중요 사실 진술 또는 중요 사실 고지를 하는 사람은 중대한 범죄를 저지르는 것입니다.

Employee—complete this section and see note above 고용인—이 부분을 기재하고 위 참고사항을 참조하십시오.

1. Name. 이름. \_\_\_\_\_ Today's Date. 오늘 날짜. \_\_\_\_\_

2. Home Address. 자택 주소. \_\_\_\_\_

3. City. 도시. \_\_\_\_\_ State. 주. \_\_\_\_\_ Zip. 우편번호. \_\_\_\_\_

4. Date of Injury. 재해 일은 날짜. \_\_\_\_\_ Time of Injury. 재해 일은 시간. \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.

5. Address and description of where injury happened. 재해 발생 장소 주소 및 설명. \_\_\_\_\_

6. Describe injury and part of body affected. 재해와 다친 신체 부분을 설명하십시오. \_\_\_\_\_

7. Social Security Number. 사회 보장 번호. \_\_\_\_\_

8.  Check if you agree to receive notices about your claim by email only.  귀하의 보상청구에 관한 통지를 전자 우편으로만 수신하는 데 동의하는지 확인하십시오. \_\_\_\_\_

Employee's e-mail. \_\_\_\_\_ 고용인 전자우편. \_\_\_\_\_

You will receive benefit notices by regular mail if you do not choose, or your claims administrator does not offer, an electronic service option. 선택하지 않거나 보상청구 관리자가 전자우편 선택을 하지 않는 경우, 귀하는 급여 통지를 보통우편으로 받게 됩니다.

9. Signature of employee. 종업원 서명. \_\_\_\_\_

Employer—complete this section and see note below. 고용주—이 부분을 기재하고 아래 참고사항을 참조하십시오.

10. Name of employer. 고용주 이름. \_\_\_\_\_

11. Address. 주소. \_\_\_\_\_

12. Date employer first knew of injury. 고용주가 재해에 대해 처음 안 날짜. \_\_\_\_\_

13. Date claim form was provided to employee. 고용주에게 보상청구가 제출된 날짜. \_\_\_\_\_

14. Date employer received claim form. 고용주가 보상청구서를 받은 날짜. \_\_\_\_\_

15. Name and address of insurance carrier or adjusting agency. 보험회사 또는 조정기관의 주소. \_\_\_\_\_

16. Insurance Policy Number. 보험증권 번호. \_\_\_\_\_

17. Signature of employer representative. 고용주 대리인의 서명. \_\_\_\_\_

18. Title. 직책. \_\_\_\_\_ 19. Telephone. 전화. \_\_\_\_\_

**Employer:** You are required to date this form and provide copies to your insurer or claims administrator and to the employee, dependent or representative who filed the claim within **one working day** of receipt of the form from the employee.

**고용주:** 사본을 고용인으로부터 받은 후 **1 근무일 이내에** 이 신청서에 날짜를 기재하여 보험회사 또는 보상청구 관리자 그리고 보상청구를 제기한 고용인, 부양가족 또는 대리인에게 제공하십시오. 이 신청서에 서명하는 것이 책임을 인정하는 것은 아닙니다.

SIGNING THIS FORM IS NOT AN ADMISSION OF LIABILITY

- Employer copy/ 고용주 사본
- Employee copy/ 고용인 사본
- Claims Administrator/ 보상청구 관리자
- Temporary Receipt/ 임시 접수



# Employer's Authorization for Medical Care



We recommend that our new policyholders use this form as a tool to formally notify the medical providers that they are now with Berkshire Hathaway Homestate Companies (BHHC) and to provide them with our billing address and contact information. The use of this form is not mandatory.

**INSTRUCTIONS:**

- 1 Employer to complete the form with designated physician's or clinic's information and provide employee original signed form with copy retained.
- 2 Employee to present the signed form to the physician or clinic designated by the employer upon initial evaluation.

Berkshire Hathaway Homestate Companies

P.O. Box 881716  
 San Francisco, CA 94188-1716  
 Facimile: (800) 661 6984

|                           |               |                   |
|---------------------------|---------------|-------------------|
| Date of Injury            | Employee Name | SSN (###-##-####) |
| Name of Medical Provider  |               | Telephone         |
| Address                   | City, State   | Zip               |
| Employer                  | Telephone     |                   |
| Address                   | City, State   | Zip               |
| Authorized Representative | Signature     | Date              |

**Notice to Employee**

Your employer has directed you to the above indicated medical provider for treatment of your reported industrial injury or illness. This provider is a member of your employer's medical provider network and you are required to receive all treatment related to your reported injury or illness within this network. Should you require additional evaluation, consultation, or diagnostic testing from another provider, you will be referred to the appropriate specialist within the medical provider network. Any treatment received outside this medical provider network will be considered self-procured and at your own expense.

**Noticia a Empleado:**

Se empleador se ha mandado al doctor indicado arriba para el tratamiento medico de su injuria or enfermedad industrial, que se ha reportado. Este doctor es un miembro del "medical provider network" de su empleador y se tiene que recibir todo el tratamiento medica para su injuria or enfermedad adentro de este "network". Si se necesita a otra evaluacion o consul con una especialista o pruebas diagnosticas de otro doctor, se referia a una especialista apropiada adentro del "network". Si recibe tratamiento afuera del "network", eso se considera tratamiento sin autorizacion y no lo pagremos. Los gastos sera la responsibilidad de ud.



# Employee Incident Report

This form should be filled out by the injured employee.

Name

Employer Name

Date of Incident

Time of incident

Time you began work on day of incident

Address of Incident

City, State

Zip

Offsite? (Y/N)

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 incident 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 incident occurred?

The above form is true and correct.

Signature

Date Completed

# Informe de Incidente del Empleado

A ser completado por el trabajador lesionado.



Nombre del empleado

Nombre del empleador

Fecha del incidente

Hora del incidente

Hora en que usted empezó a trabajar el día del incidente

Dirección del Incidente

Ciudad, Estado

Código Postal

Fuera del sitio? (S/N)

¿Cómo ocurrió la lesión? ¿Qué deberes del trabajo estaba desempeñando? Por favor, describa en sus propias palabras.

¿Qué parte(s) de su cuerpo resultó(aron) lesionada(s) (indicando derecha y/o izquierda)?

¿Ha buscado algún tratamiento médico para estas lesiones? Si es así, especifique dónde y cuándo.

¿Se ha lesionado anteriormente alguna vez esta parte de su cuerpo (sí o no)? Si es así, por favor, describa cómo y dónde ocurrió(eron) la(s) lesión(es) anterior(es).

¿Qué testigos estuvieron presentes cuando ocurrió el incidente? Por favor, proporcione nombres si es aplicable.

¿A quién informó la lesión? ¿Cuándo fue informada la lesión? Por favor, proporcione nombre(s) y puesto(s).

¿Qué hizo después de ocurrido el incidente?

El informe anterior es verdadero y correcto.

Firma

Fecha En Que Se Completó El Formulario

# Supervisor's Report of Employment Incident



Employee Name

Employer Name

Date of Incident

Time of incident

Time the employee began work on day of incident

Did the employee report the incident immediately?

Address of Incident

City, State

Zip

Offsite? (Y/N)

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 incident occurred (including self)?

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



# Supervisor's Report of Employment Incident

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

Unused/unavailable lifting equipment

Obstructed view

Interaction with patient or resident

Unused/unavailable PPE (gloves, hardhat, goggles, etc.)

Lack of training

Interaction with customer

Unused/unavailable sharps container

Wet/slippery floor

Chemical exposure

Unguarded or improperly guarded equipment

Poor housekeeping

Motor vehicle incident

Electrical exposure

Interaction with co-worker

Other:

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

The above form is true and correct.

Prepared by

Signature

Date Completed

# Informe de Incidente del Supervisor



Nombre del empleado

Nombre del empleador

Fecha del incidente

Hora del incidente

Fecha en que se informó el incidente

¿Informó el empleado el incidente inmediatamente?

Dirección del Incidente

Ciudad, Estado

Código Postal

Fuera del sitio? (S/N)

¿Cómo ocurrió la lesión? ¿Qué deberes del trabajo estaba desempeñando el empleado?

¿Qué parte(s) del cuerpo del empleado se informaron como lesionadas?

¿Ha buscado el empleado algún tratamiento médico para estas lesiones? Si es así, especifique dónde y cuándo.

¿Qué testigos estuvieron presentes cuando ocurrió el incidente (incluyendo él mismo)?

¿Tiene usted alguna razón para dudar de la legitimidad del incidente? Si es así, por favor, explique:



## Informe de Incidente del Supervisor

Indique las condiciones de trabajo presentes que conllevaron al incidente (por favor, marque todas las que apliquen).

Equipo para levantar no usado/no disponible

Vista obstruida

Interacción con paciente o residente

PPE (guantes, casco, gafas, etc.) no usado/no disponible

Falta de capacitación

Interacción con cliente

Contenedor de objetos punzantes no usado/no disponible

Herramientas o equipo defectuosos

Exposición a producto químico

Equipo no resguardado o incorrectamente resguardado

Piso mojado/resbaloso

Incidente de vehículo motorizado

Exposición eléctrica

Mala limpieza

Other:

Interacción con compañero de trabajo

¿Qué cambios se pueden realizar para eliminar o reducir el(los) peligro(s) identificado(s) anteriormente?

El informe anterior es verdadero y correcto.

Elaborado por

Puesto

Fecha de elaboración:



# Witness' Report/Statement of Employee Incident

Employee Name

Witness' Name

Witness' Phone Number

Witness' Address

City, State

Zip

Offsite? (Y/N)

Date of Incident

Time of incident

Address of Incident

City, State

Zip

Offsite? (Y/N)

Did you witness the above-reported incident? 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 incident occurred?

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

The above form is true and correct.

Witness' Signature

Date Completed



# Informe de Incidente del Testigo



Nombre del Empleado

Nombre del Testigo

Teléfono del Testigo

Dirección del Testigo

Ciudad, Estado

Código Postal

Fuera del Lugar de Trabajo? (Si/No)

Fecha Del Incidente

Hora del incidente

Dirección del incidente

Ciudad, Estado

Código Postal

Fuera del Lugar de Trabajo? (Si/ No)

¿Presenció el incidente? Si es así, ¿cómo ocurrió? ¿Qué deberes laborales estaba realizando el empleado?

¿Qué parte(s) del cuerpo del empleado resultaron lesionadas? Describa el tipo de lesión (tensión, moretón, etc.)

¿Qué dijo el empleado lesionado en el momento de la lesión? ¿El empleado lesionado se quejó de dolor en el momento de la lesión? Si se quejaron de dolor, especifique la(s) parte(s) del cuerpo(s).

¿Qué hizo el empleado después de que ocurrió el incidente?

¿Había otros testigos presentes en el momento del incidente? Si es así, por favor escríbalos aquí.

La forma anterior es verdadera y correcta.

Firma del Testigo

Fecha

# DIVISION OF WORKERS' COMPENSATION

FACTSHEET

## 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 your 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.

## What are the benefits?

- **Medical care:** Paid for by your employer, to help you recover from an injury or illness caused by work.
- **Temporary disability benefits:** Payments if you lose wages because your injury prevents you from doing your usual job while recovering.
- **Permanent disability benefits:** Payments if you don't recover completely.
- **Supplemental job displacement benefits** (if your date of injury is in 2004 or later): Vouchers to help pay for retraining or skill enhancement if you don't recover completely and don't return to work for your employer.
- **Death benefits:** Payments to your spouse, children or other dependents if you die from a job injury or illness.

## What should I do if I have a job injury?

### Report the injury to your employer

Tell your supervisor right away. If your injury or illness developed gradually (like tendinitis or hearing loss), report it as soon as you learn or believe it was caused by your job.



Photos by Robert Gumpoert

*Minimizing the impact of work-related injuries and illnesses*



*Helping resolve disputes over workers' compensation benefits*



*Monitoring the administration of claims*

### **Get emergency treatment if needed**

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

### **Fill out a claim form and give it to your employer**

Your employer must give or mail you a claim form (DWC 1) within one working day after learning about your injury or illness. Use it to request workers' compensation benefits.

### **Get good medical care**

Get good medical care to help you recover. You should be treated by a doctor who understands your particular type of injury or illness. Tell the doctor about your symptoms and the events at work that you believe caused them. Also describe your job and your work environment.

### **I'm afraid I might be fired because of my injury. Can my employer fire me?**

It's illegal for your employer to punish or fire you for having a job injury, or for filing a workers' compensation claim when you believe your injury was caused by your job.

If you feel your job is threatened, find someone who can help. Note that there are deadlines for taking action to protect your rights.

The California Division of Workers' Compensation (DWC) is the state agency that oversees the delivery of benefits for injured workers and helps resolve disputes over benefits between injured workers and employers.

DWC information and assistance (I & A) officers can help you navigate the workers' compensation system, and can provide claim forms or other forms you need to receive benefits.

*The FREE publication, "A Guidebook for Injured Workers," can be downloaded from [www.dwc.ca.gov](http://www.dwc.ca.gov).*



*Call 1-800-736-7401 to hear recorded information on a variety of workers' compensation topics 24 hours a day, or go on line to [www.dwc.ca.gov](http://www.dwc.ca.gov) to find the I & A office near you.*

*Please visit the  
**DIVISION OF WORKERS' COMPENSATION**  
Web site at: [www.dwc.ca.gov](http://www.dwc.ca.gov)  
or call 1-800-736-7401*

# DIVISIÓN DE COMPENSACIÓN DE TRABAJADORES

HOJA INFORMATIVA

## ¿Qué es la compensación de trabajadores?

Si usted se lesiona en el trabajo, su empleador está obligado por ley a pagarle los beneficios de compensación de trabajadores. Usted podría lesionarse por:

**Un incidente en el trabajo.** Ejemplos: lastimarse la espalda al caerse, quemarse con un producto químico que le salpica la piel, lesionarse en un accidente automovilístico mientras hace entregas.

-O-

**Exposiciones repetidas en el trabajo.** Ejemplos: lastimarse la muñeca por hacer movimientos repetitivos, perder la audición debido a la presencia de ruidos fuertes y constantes.

## ¿Cuáles son los beneficios?

- **Atención médica:** Pagada por su empleador, para ayudarle a recuperarse de una lesión o enfermedad causada por el trabajo.
- **Beneficios por incapacidad temporal:** Pagos que usted recibe por los salarios perdidos si su lesión le impide hacer su trabajo habitual mientras se recupera.
- **Beneficios por incapacidad permanente:** Pagos que usted recibe si no se recupera completamente.
- **Beneficios suplementarios por la pérdida de trabajo** (si usted se lesionó durante o después del año 2004): Vales que ayudan a cubrir el costo de capacitación o desarrollo de habilidades en caso de que usted no se recupere por completo y no regrese a trabajar para su empleador.
- **Beneficios por muerte:** Pagos que recibe su cónyuge, sus hijos u otros dependientes en caso de su muerte a causa de una lesión o enfermedad laboral.

## ¿Qué debo hacer si me lesiono en el trabajo?

**Informe a su empleador sobre la lesión que ha sufrido**

Infórmele inmediatamente a su supervisor. Si su lesión o enfermedad se desarrolló gradualmente (como la tendinitis o la pérdida de audición), infórmelo tan pronto como se entere o usted considere, que la lesión fue causada por su trabajo.



Fotos por Robert Gumpert

*Reduce al mínimo el impacto de las lesiones y enfermedades relacionadas con el trabajo*



*Ayuda a resolver las disputas sobre los beneficios de compensación de trabajadores*



*Supervisa la administración de los reclamos*



## **Reciba atención de emergencia si es necesario**

Si se trata de una emergencia médica, vaya a una sala de emergencias inmediatamente. Su empleador puede indicarle a qué centro médico dirigirse. Informe al proveedor de atención médica que le atienda que su enfermedad o lesión está relacionada con su trabajo.

## **Llene un formulario de reclamo y entrégueselo a su empleador**

Su empleador debe darle o enviarle por correo un formulario de reclamo (DWC 1) dentro del plazo de un día laboral a partir del momento en que se le notifica de su lesión o enfermedad. Utilícelo para solicitar los beneficios de compensación de trabajadores.

## **Reciba una buena atención médica**

Reciba una buena atención médica para ayudarle a recuperarse. Debe ser atendido por un médico que comprenda su lesión o enfermedad específica. Explíquelo al médico sus síntomas y las circunstancias laborales que usted cree causaron la lesión o enfermedad. Describa también su trabajo y su ambiente de trabajo.

## **Tengo miedo de que me despidan por mi lesión. ¿Puede despedirme mi empleador?**

Es ilegal que un empleador lo sancione o lo despidan por lesionarse o por presentar un reclamo de compensación de trabajadores cuando usted considera que la lesión fue causada por su trabajo.

Si usted cree que su empleo está en riesgo, recurra a alguien que pueda ayudarlo. Tenga en cuenta que existen plazos para tomar medidas a fin de proteger sus derechos.

La División de Compensación de Trabajadores de California (DWC- Division of Workers' Compensation) es el organismo estatal que supervisa el otorgamiento de beneficios a trabajadores que han sufrido lesiones, y ayuda a resolver disputas sobre beneficios entre los trabajadores lesionados y sus empleadores.

El personal de la oficina de Información y Asistencia (I&A- Information and Assistance) de la DWC puede guiarle por el sistema de compensación de trabajadores, y puede proporcionarle formularios de reclamo u otros documentos que usted necesite para recibir beneficios.

Puede descargar la publicación GRATUITA "Una Guía para los trabajadores lesionados" ("A Guidebook for Injured Workers") en [www.dwc.ca.gov](http://www.dwc.ca.gov).



*Llame al 1-800-736-7401, las 24 horas, para escuchar información grabada sobre una variedad de temas de compensación de trabajadores, o consulte la página web en [www.dwc.ca.gov](http://www.dwc.ca.gov) para información sobre la oficina de I & A más cercana a usted.*

*Visite el sitio web de la **DIVISIÓN DE COMPENSACIÓN DE TRABAJADORES** (Division of Workers' Compensation) en [www.dwc.ca.gov](http://www.dwc.ca.gov) o llame al 1-800-736-7401*

# 勞工賠償署

簡介

## 什麼是勞工賠償？

如果您在工作中受傷，按照法律規定，僱主需要向您支付工傷賠償福利。您可能因以下情況受傷：

工作中的突發事件。如：跌倒後傷及背部、化學藥品濺到皮膚上導致燒傷、因公事遭遇車禍而受傷。

-或是-

工作中的重複勞動。例如，重複做同樣的動作導致手腕勞損，持續噪音導致失聰。

## 福利包括哪些方面？

- **醫療護理**：由僱主支付費用，用以幫助您從因工作導致的傷害或疾病中恢復。
- **臨時傷殘賠償**：您在工傷恢復過程中因無法正常工作而致使不能獲得薪資時而向您支付的補償金。
- **永久傷殘賠償**：當員工無法完全恢復工傷時而向您支付的賠償金。
- **輔助轉崗賠償**（您的受傷時間為2004年或之後）：如果您未能完全恢復並且無法回到原工作崗位工作，那麼僱主應為員工支付轉崗培訓或技能培訓所需的費用。
- **死亡賠償**：如果員工死於工傷或職業病，僱主支付給員工配偶、孩子或其他親屬的費用。

## 如果我在工作中受傷該如何處理？

### 將工傷上報給僱主

您應立刻上報給您的主管。如果您的傷或疾病是逐漸形成的（像肌腱炎或聽力喪失），那麼一旦您知曉或確信是您的職業所致，請儘快將這一傷害報告給主管。



Photos by Robert Gumpoert

將工傷和職業病的造成影響降到最小



幫助解決勞工賠償利益糾紛



監管索賠申請的執行情況

## 如果需要，請接受緊急救治

如果需要接受緊急救治，請立刻進入急診室。您的僱主可能會告訴您到哪裡接受治療。請告訴為您治療的醫護人員您的傷或者疾病是與工作有關的。

## 填寫工傷賠償申請表並將其遞交給您的僱主

您的僱主必須在得知您受傷或生病後的一個工作日內把工傷賠償申請表（DWC 1）交給您或寄給您。

您可以使用此表來申請賠償金。

## 獲得良好的醫療護理

獲得良好的醫療護理幫助您康復。應當由瞭解您的傷或疾病的醫生對您進行治療。請告知醫生您的症狀以及工作過程中導致這些症狀的原因。另外，您還要說明您所從事的職業和工作環境。

## 我擔心自己可能因為受傷而被解僱。我的僱主可以解僱我嗎？

如果您的僱主因為您的工傷，或者因為您認為受傷是工作導致而申請工傷賠償，而懲罰或解僱您的行為是違法的。

如果您感覺自己的工作受到威脅，請尋求他人的幫助。需要指出的是您為保護自身權益而採取措施是有期限的。

加州勞工賠償署（DWC）是加州的政府機構，負責監督受傷工人接受賠償的執行情況並說明解決受傷工人和僱主之間的賠償糾紛。

勞工賠償署諮詢和援助（I & A）辦事處能幫助您正確地使用勞工賠償系統並為受傷員工提供索賠申請表或其它申請賠償所需的表格。

可以在[www.dwc.ca.gov](http://www.dwc.ca.gov)免費下載《受傷工人指南》。

加州奧克蘭市企李街1515號17樓工業關係局，郵編：94612，網址[www.dir.ca.gov](http://www.dir.ca.gov)

2010年7月



您可以隨時撥打1-800-736-7401，瞭解有關各種勞工賠償問題的記錄資訊或直接登陸網址[www.dwc.ca.gov](http://www.dwc.ca.gov)找自己所在地附近的諮詢和援助（I & A）辦事處。

歡迎訪問勞工賠償署網站[www.dwc.ca.gov](http://www.dwc.ca.gov)或撥打服務電話1-800-736-7401。

# 근로자 산업재해보상국(DWC)

사실 정보 자료표

## 근로자 산업재해 보상이 무엇입니까?

귀하가 직장에서 다칠 경우, 고용주는 근로자 산업재해 보상 급여를 지급하도록 법으로 규정되어 있습니다. 귀하는 다음과 같은 사유로 다칠 수 있습니다.

직장에서의 사건. 예: 떨어져 등을 다침, 피부에 튀긴 화학 물질로 인해 화상을 입음, 배달 중 자동차 사고로 다침.

—또는—

반복해서 작업에 노출. 예: 같은 동작의 반복 수행으로 손목을 다침, 끊임없이 시끄러운 소리로 청력 상실.

## 급여가 무엇입니까?

- **의료:** 귀하가 작업으로 인한 부상 또는 질병에서 회복하는 데 도움을 주기 위해 귀하의 고용주가 지급
- **한시 장애 급여:** 재해나 질병에서 회복하는 동안 정상시의 일을 못해 임금을 상실할 경우에 받는 지급금
- **영구 장애 급여:** 귀하가 완전히 회복하지 못할 경우 지급금
- **보충 해직 급여(부상 날짜가 2004년 이후인 경우):** 부상에서 완전히 회복하지 못해 직장으로 복귀하지 못할 경우, 재교육이나 기술 향상을 위해 지급을 돕는 바우처
- **사망 급여:** 귀하가 업무상 재해 또는 질병으로 사망할 경우, 귀하의 배우자나 자녀 또는 다른 부양자에게 지급하는 지급금.

## 업무상 재해를 당했을 경우 어떻게 해야 합니까?

### 고용주에게 재해를 알리기

즉시 상사에게 얘기하십시오. 재해나 질병이 (건염 또는 청력 손실처럼) 서서히 진전될 경우, 그것이 업무 때문에 생겼다는 것을 알게 되거나 업무 때문에 생겼다고 생각하는 즉시 보고하십시오.



□□: Robert Gumpert

업무상 재해 및 질병의 영향을 최소화합니다.



근로자 산업재해 보상 급여에 대한 분쟁 해결을 돕습니다.



보상청구의 집행을 감독합니다.



### 필요한 경우 응급 치료 받기

응급 상황일 경우, 즉시 응급실로 가십시오. 고용주는 귀하가 치료받을 곳을 알려 줄 수 있습니다. 치료하는 의료진에게 귀하의 재해 또는 질병이 업무와 관련되었다고 얘기하십시오.

### 보상청구서 작성 및 고용주에게 제출하기

고용주는 귀하의 재해 또는 질병에 대해 알고 난 후 1 근무일 이내에 귀하에게 보상청구서(DWC 1)를 제공하거나 우편으로 발송해야 합니다. 이 청구서를 사용하여 근로자 산업재해 보상 급여를 신청하십시오.

### 질 좋은 의료 서비스받기

회복하는 데 도움이 되도록 질 좋은 의료 서비스를 받으십시오. 귀하의 특정 유형의 재해나 질병을 이해하는 의사가 치료해야 합니다. 의사에게 증상과 그런 증상이 생기게 했다고 생각하는 직장에서의 사건에 관해 얘기하십시오. 또한, 귀하의 일과 작업 환경을 설명하십시오.

### 재해 때문에 해고될까 봐 두렵습니다. 고용주가 저를 해고할 수 있습니까?

귀하가 재해는 업무상 생긴 일이라고 생각하는 경우, 고용주가 업무상 재해 때문에 또는 근로자 산업재해 보상을 청구한 것 때문에 귀하를 해고하는 것은 불법입니다.

귀하의 일자리가 위협을 받는다고 생각하면 도움을 줄 수 있는 사람을 찾으십시오. 귀하의 권리를 보호하기 위해 조치를 취하는 데는 기한이 있다는 점을 유의하십시오.

캘리포니아 근로자 산업재해보상국은 재해를 입은 근로자에 대한 급여의 제공을 감독하고 재해를 입은 근로자와 고용주 사이의 급여에 대한 분쟁을 해결하는 데 도움을 주는 캘리포니아 주 기관입니다.

근로자 산업재해보상국 정보 및 지원 담당자는 근로자 산업재해 보상 시스템을 검색하는 데 도움이 될 수 있고, 급여를 받는 데 필요한 DWC 1 또는 기타 양식을 제공할 수 있습니다.

무료 간행물인 "재해를 입은 근로자를 위한 지침"은 [www.dwc.ca.gov](http://www.dwc.ca.gov)에서 내려받을 수 있습니다.



24시간 언제든지 1-800-736-7401번으로 전화하여 다양한 근로자 산업재해 보상 주제에 대한 녹음된 정보를 듣거나, <http://www.dwc.ca.gov>로 접속하여 해당 지역의 정보 및 지원 담당자를 찾으십시오.

웹사이트 [www.dwc.ca.gov](http://www.dwc.ca.gov)로 접속해  
근로자 산업재해보상국을 방문하거나  
1-800-736-7401번으로 전화하십시오.

Department of Industrial Relations

1515 Clay Street, 17th Floor, Oakland, CA 94612 [www.dir.ca.gov](http://www.dir.ca.gov)

2010년 7월

# Division of Workers' Compensation

Factsheet

## Ano ang kabayaran para sa pagkapinsala ng manggagawa sa trabaho (worker's compensation)?

Kung ikaw ay napinsala sa trabaho, ang iyong pinagtatrabahuhan ay inuutusan ng batas na magbayad para sa mga benepisyong kabayaran para sa pagkapinsala ng manggagawa sa trabaho. Maaari kang masaktan sa:

Isang kaganapan sa trabaho. Mga Halimbawa: pinsala sa iyong likod dahil sa pagkahulog, pagkasunog dahil sa kemikal na tumalsik sa iyong balat, pinsala dahil sa isang aksidente sa sasakyan habang naghahatid ng mga produkto.

—o—

Paulit-ulit na pagkakalantad sa trabaho. Mga halimbawa: pinsala sa iyong pulsuhan dulot ng paulit-ulit na parehong paggalaw nito, pagkapinsala sa iyong pandinig dahil sa palagiang malakas na ingay.

## Anu-ano ang mga benepisyo?

- **Medikal na pangangalaga:** Binayaran ng iyong pinagtatrabahuhan, para tulungan ka sa iyong paggaling mula sa isang pinsala o karamdaman na dulot ng trabaho.
- **Mga benepisyo sa pansamantalang pagkapinsala:** Kabayaran kapag nawalan ka ng sahod dahil sa iyong pinsala na humahadlang sa iyong gawin ang iyong karaniwang trabaho habang nagpapagaling.
- **Mga benepisyo sa permanenteng pagkapinsala:** Mga kabayaran kung hindi ka ganap na gumaling.
- **Mga karagdagang benepisyo sa pagbago ng trabaho** (supplemental job displacement benefit) (kung ang petsa ng iyong pinsala ay noong 2004 o mas matagal pa): Ang mga vouchers ay makakatulong sa pagbayad para sa muling pagsasanay o pagpapahusay ng kakayahan kung hindi ka tuluyang gagaling at hindi na makakabalik sa trabaho sa iyong pinagtatrabahuhan.
- **Mga benepisyo sa pagkamatay:** Ang mga kabayarn sa iyong asawa, mga anak o mga iba pang nakadepende sa iyon kung mamamatay ka dahil sa pinsala o karamdaman dahil sa trabaho.

## Ano ang kailangan kong gawin kung napinsala ako sa trabaho?

### ***Ipagbigay-alam ang pinsala sa iyong pinagtatrabahuhan***

Sabihin kaagad sa iyong superbisor. Kung ang iyong pinsala o karamdaman ay natamo nang dahan-dahan (tulad ng tendinitis o pagkapinsala ng pandinig), ireport sa lalong madaling panahon kung iyong nalaman o naniniwalang ito ay dulot ng iyong trabaho.



Kuha ni Robert Gumpoert

*Nagbabawas ng epekto ng mga pinsala at karamdaman na may kaugnayan sa trabaho*



*Tumutulong sa paglutas ng mga di pagkakaunawaan sa mga benepisyo ng kabayaran sa pangkapinsala sa trabaho ng manggagawa*



*Sumusubaybay sa mga pangangasiwa ng mga paghahabol*

### **Humingi ng pang-emergency na paggamot kung kinakailangan**

Kung ito ay isang medikal na emergency, pumunta kaagad sa emergency room. Maaaring papayuhan ka ng iyong pinagtatrabahun kung saan ka pupunta para magamot. Sabihin sa tagapagdulong pangangalagang pangkalusugan na gagamot sa iyo na ang iyong pinsala o karamdaman ay may kaugnayan sa trabaho.

**Sagutan ang form ng paghahabol at ibigay ito sa iyong pinagtatrabahun** Dapat na bigyan o padalhan ka ng form ng paghahabol (claim form) sa loob ng isang araw ng trabaho pagtapos nitong malaman ang tungkol sa iyong pinsala o karamdaman. Gamitin ito para humiling ng mga benepisyo sa pagkakatipon sa trabaho.

### **Humingi ng mabuting medikal na pangangalaga**

Humingi ng mabuting medikal na pangangalaga para matulungan kang gumaling. Kailangan kang magamot ng isang doktor na nakakaunawa ng iyong partikular na uri ng pinsala o karamdaman. Sabihin sa doktor ang tungkol sa iyong mga sintomas at mga kaganapan sa trabaho na pinaniniwalaan mong naging sanhi nito. Ilawaran rin ang iyong trabaho at inyong paligid sa trabaho.

### **Natatakot akong baka tanggalin ako sa trabaho dahil sa aking pinsala. Matatatanggal ba ako ng aking pinagtatrabahun?**

Iligal para sa iyong pinagtatrabahun na parusahan o tanggalin ka sa trabaho para sa pagkakaroon ng pinsala na dulot ng trabaho, o sa pagsampa ng paghahabol ng mga benepisyo sa pagkakatipon sa trabaho ng manggagawa kung naniniwala kang ang iyong pinsala ay dulot ng iyong trabaho.

Kung sa pakiramdam mo ay nanganganib ang iyong trabaho, humanap ng isang taong makakatulong. Alalahaning may mga deadline para sa pagkilos para maprotektahan ang iyong mga karapatan.

Ang California Division of Workers' Compensation (DWC) ay isang ahensiya ng estado na nagbabantay sa pagdulot ng mga benepisyo para sa mga napinsalang manggagawa at tumutulong sa paglutas ng mga di pagkakaunawaan sa mga benepisyo na namamagitan sa napinsalang manggagawa at mga pinagtatrabahun.

Ang mga opisyal sa impormasyon at tulong ng DWC (I & A) ay makakatulong sa iyong siyasatin ang sistema sa kabayaran sa pagkakatipon sa trabaho ng manggagawa, at makakapagbigay ng mga form sa paghahabol o mga iba pang form na kakailanganin mo para makatanggap ng mga benepisyo.

Ang **LIBRENG publikasyon "A Guidebook for Injured Workers,"** (Gabay para sa Napinsalang Manggagawa) ay maaaring i-download mula sa [www.dwc.ca.gov](http://www.dwc.ca.gov).



*Tumawag sa 1-800-736-7401 para marinig ang mga nakarekord na mga impormasyon ng iba't ibang paksa sa kabayaran sa pagkakatipon ng manggagawa sa trabaho 24 oras sa isang araw, o pumunta online sa [www.dwc.ca.gov](http://www.dwc.ca.gov) para mahanap ang pinakamalapit sa iyong tanggapan ng I & A.*

*Mangyaring bumisita sa **Division of Workers' Compensation** Web site sa: [www.dwc.ca.gov](http://www.dwc.ca.gov) tumawag sa 1-800-736-7401*

# Ban Bồi Thường Tai Nạn Lao Động

Bảng thông tin

## Bồi thường tai nạn lao động là gì?

Nếu bạn bị thương khi làm việc, luật pháp quy định chủ lao động của bạn phải trả quyền lợi bồi thường tai nạn lao động. Bạn có thể bị thương bởi:

Một biến cố trong công việc. Ví dụ: bị thương ở lưng vì té ngã, bị thương do hóa chất bắn vào da, bị thương trong tai nạn giao thông khi đi giao hàng.

—hoặc—

Thực hiện thao tác lặp đi lặp lại khi làm việc. Ví dụ: bị thương ở cổ tay do thực hiện cùng một thao tác lặp đi lặp lại, mất thính lực vì tiếng ồn lớn thường xuyên.

## Những quyền lợi này là gì?

- **Chăm sóc y tế:** Do chủ lao động của bạn chi trả, để giúp bạn phục hồi sau khi bị thương hoặc bị bệnh do công việc.
- **Các quyền lợi bảo hiểm thương tật tạm thời:** Thanh toán nếu bạn bị mất tiền lương vì bị thương không thể thực hiện công việc bình thường trong thời gian phục hồi.
- **Các quyền lợi bảo hiểm thương tật dài hạn:** Thanh toán nếu bạn không hồi phục hoàn toàn.
- **Các quyền lợi bảo hiểm thay đổi việc làm bổ sung** (nếu bạn bị thương vào năm 2004 trở đi): Voucher giúp thanh toán chi phí đào tạo lại hoặc nâng cao tay nghề nếu bạn không hồi phục hoàn toàn và không đi làm lại cho chủ lao động của bạn.
- **Quyền lợi bảo hiểm nhân thọ:** Thanh toán cho vợ/chồng, các con hoặc những người phụ thuộc khác của bạn nếu bạn qua đời vì bị thương hoặc bị bệnh khi làm việc.

## Tôi phải làm gì nếu tôi bị thương khi làm việc?

### Báo cáo trường hợp bị thương cho chủ lao động của bạn

Thông báo cho cấp trên của bạn ngay lập tức. Nếu bạn bị thương hoặc bị bệnh tiến triển từ từ (như viêm gân hoặc mất thính lực), hãy báo cáo ngay khi bạn biết hoặc cho là do công việc của bạn.



*Giảm thiểu tác động của các trường hợp bị thương và bị bệnh liên quan đến công việc*



*Giúp giải quyết các bất đồng về quyền lợi bồi thường tai nạn lao động*



*Giám sát việc quản lý yêu cầu bồi thường bảo hiểm*



## **Nhận sự điều trị cấp cứu nếu cần**

Nếu là trường hợp cấp cứu, hãy đến phòng cấp cứu ngay lập tức. Chủ lao động của bạn có thể cho bạn biết phải đến đâu để được điều trị. Thông báo cho nhà cung cấp dịch vụ chăm sóc sức khỏe điều trị cho bạn biết rằng bạn bị thương hoặc bị bệnh liên quan đến công việc.

## **Điều vào mẫu đơn yêu cầu bồi thường bảo hiểm và cung cấp cho chủ lao động của bạn**

Chủ lao động của bạn phải cung cấp hoặc gửi cho bạn một mẫu đơn yêu cầu bồi thường bảo hiểm (DWC 1) trong vòng một ngày làm việc sau khi biết bạn bị thương hoặc bị bệnh. Sử dụng mẫu đơn này để yêu cầu quyền lợi bồi thường tai nạn lao động.

## **Nhận sự chăm sóc y tế hiệu quả**

Nhận sự chăm sóc y tế hiệu quả để giúp bạn hồi phục. Bạn nên được điều trị bởi bác sĩ hiệu được dạng thương tật hay bệnh tật cụ thể của bạn. Cho bác sĩ biết các triệu chứng của bạn và các biến cố khi làm việc mà bạn cho rằng gây ra các triệu chứng đó. Ngoài ra, hãy mô tả công việc và môi trường làm việc của bạn.

## **Tôi sợ bị sa thải vì tôi bị thương. Chủ lao động của tôi có thể sa thải tôi hay không?**

Sẽ là phi pháp nếu chủ lao động của bạn trừng phạt hay sa thải bạn vì bạn bị thương khi làm việc, hoặc vì nộp yêu cầu bồi thường tai nạn lao động khi bạn cho rằng bạn bị thương là do công việc của bạn.

Nếu bạn thấy công việc của mình bị đe dọa, hãy tìm người có thể giúp đỡ. Lưu ý rằng có những thời hạn để có hành động bảo vệ các quyền của bạn.

Ban Bồi Thường Tai Nạn Lao Động (Division of Workers' Compensation, DWC) California là cơ quan tiểu bang giám sát việc cung cấp quyền lợi cho người lao động bị thương và giúp giải quyết các bất đồng về quyền lợi bảo hiểm giữa người lao động bị thương và chủ lao động.

Các viên chức phòng thông tin và hỗ trợ (I & A) của DWC có thể giúp bạn định hướng trong hệ thống bồi thường tai nạn lao động, và có thể cung cấp các mẫu đơn yêu cầu bồi thường bảo hiểm hoặc các mẫu đơn khác mà bạn cần để nhận quyền lợi.

*Có thể tải về ấn phẩm MIỄN PHÍ, "A Guidebook for Injured Workers," (Số Tay Hướng Dẫn Dành Cho Người Lao Động Bị Thương) từ [www.dwc.ca.gov](http://www.dwc.ca.gov).*



*Hãy gọi số 1-800-736-7401 để nghe thông tin ghi âm về các chủ đề khác nhau liên quan đến bồi thường tai nạn lao động 24 giờ mỗi ngày, hoặc truy cập [www.dwc.ca.gov](http://www.dwc.ca.gov) để tìm văn phòng I & A gần chỗ bạn.*

*Vui lòng truy cập trang web của **Ban Bồi Thường Tai Nạn Lao Động** tại: [www.dwc.ca.gov](http://www.dwc.ca.gov) hoặc gọi số 1-800-736-7401*



## Information For New Policyholders Regarding The California MPN

The California Medical Provider Network (MPN) requires, with some exceptions, employees to receive all treatment related to a work related injury or illness within this network for the life of the claim. The BHHC network is comprised of selected Blue Cross of California physicians and facilities, as well as Kaiser On-The-Job locations. Effective 8/27/14, the following changes were made regarding the MPN requirements for new policyholders:

- The complete MPN Employee Notification can be provided to an injured employee at the time of injury. This is not a requirement, as BHHC will send all required MPN notices at the time a claim is reported. IF the employee is Spanishspeaking, the notice must be provided in both English and Spanish.
- MPN Posting Notices are no longer required.
- MPN Implementation Notices to all employees are no longer required.

Please note that this information is also available on our website [bhhc.com](http://bhhc.com). There is a section dedicated to our MPN which can be accessed by clicking "Menu", "Injured Workers", "Medical Network" in the main menu.

If you would like to see the closest Kaiser-On-The-Job location from you, go to [business.kaiserpermanente.org/kp-difference/locate-services/california](http://business.kaiserpermanente.org/kp-difference/locate-services/california).

**If you have any questions, please contact our  
Customer Care Center at (888) 495-8949.**



## COMPLETE MPN EMPLOYEE NOTIFICATION

### Important Information about Medical Care if You Have a Work-Related Injury or Illness

**Complete Written Employee Notification RE: Berkshire Hathaway Homestate Companies Medical Provider Network (“MPN”)**  
(Title 8, California Code of Regulations, section 9767.12)

California law requires your employer to provide and pay for medical treatment if you are injured at work. Your employer has chosen to provide this medical care by using a Workers’ Compensation physician network called a Medical Provider Network (MPN). This MPN is administered by Berkshire Hathaway Homestate Companies. This notification tells you what you need to know about the MPN program and describes your rights in choosing medical care for work-related injuries and illnesses.

- **What happens if I get injured at work?**

**In case of an emergency, you should call 911 or go to the closest emergency room.**

If you are injured at work, notify your employer as soon as possible. Your employer will provide you with a claim form. When you notify your employer that you have had a work-related injury, your employer or insurer will make an initial appointment with a doctor in the MPN.

- **What is an MPN?**

A Medical Provider Network (MPN) is a group of health care providers (physicians and other medical providers) used by your Employer to treat workers injured on the job. MPNs must allow employees to have a choice of provider(s). Each MPN must include a mix of doctors specializing in work-related injuries and doctors with expertise in general areas of medicine.

- **What MPN is used by my employer?**

Your employer is using the Berkshire Hathaway Homestate Companies MPN with the identification number 0145. You must refer to the MPN name and the MPN identification number whenever you have questions or requests about the MPN.

- **Who can I contact if I have questions about my MPN?**

The contact listed in this notification will be able to answer your questions about the use of the MPN and will address any complaints regarding the MPN.

The contact for your MPN is:

Name: MPN Coordinator  
Telephone Number: (888) 495-8949  
Email address: mpn@bhhc.com

General information regarding the MPN can also be found at the following website:  
<https://www.bhhc.com>; click on “Menu”, “Injured Workers”, “Medical Network”.

- **What if I need help finding and making an appointment with a doctor?**

The MPN's Medical Access Assistant will help you find available MPN physicians of your choice and can assist you with scheduling and confirming physician appointments. The Medical Access Assistant is available to assist you Monday through Saturday from 7am-8pm (Pacific) and schedule medical appointments during doctors' normal business hours. Assistance is available in English and in Spanish.

The contact information for the Medical Access Assistant is:

Toll Free Telephone Number: (855) 924-4272

Fax Number: 415-675-5499

Email Address: mpn@bhhc.com

- **How do I find out which doctors are in my MPN?**

You can get a regional list of all MPN providers in your area by calling the Medical Access Assistant or by going to our website at: <https://www.bhhc.com>; click on "Menu", "Injured Workers", "Medical Network", "California", "California Medical Provider Network (MPN)", "BHHC's Online Service".

The regional list must include:

- A list of all MPN Primary Treating Providers within 15 miles or 30 minutes of where you work or live.
- A list of all MPN Specialists within 30 miles or 60 minutes of where you work or live.
- A list of all MPN providers within the county where you live and/or work.

You may choose which list you wish to receive. You also have the right to obtain a list of all the MPN providers upon request.

You can access the roster of all treating physicians in the MPN by going to the website at: <https://www.bhhc.com>; click on "Menu", "Injured Workers", "Medical Network", "California", "California Medical Provider Network (MPN)", "BHHC's Online Service".

- **How do I choose a provider?**

Your employer or the insurer for your employer will arrange the initial medical evaluation with a MPN physician. After the first medical visit, you may continue to be treated by that doctor, or you may choose another doctor from the MPN. You may continue to choose doctors within the MPN for all of your medical care for this injury.

If appropriate, you may choose a specialist or ask your treating doctor for a referral to a specialist. Some specialists will only accept appointments with a referral from the treating doctor. Such specialist might be listed as "by referral only" in your MPN directory.

If you need help in finding a doctor or scheduling a medical appointment, you may call the Medical Access Assistant.

- **Can I change providers?**

Yes. You can change providers within the MPN for any reason, but the providers you choose should be appropriate to treat your injury. Contact your Claims Professional or the Medical Access Assistant if you want to change your treating physician.

- **What standards does the MPN have to meet?**

The MPN has providers throughout California.



The MPN must give you access to a regional list of providers that includes at least three physicians in each specialty commonly used to treat work injuries/illnesses in your industry. The MPN must provide access to primary treating physicians within 30 minutes or 15 miles and specialists within 60 minutes or 30 miles of where you work or live.

After you have notified your employer of your injury, the MPN must provide initial treatment within 3 business days. If treatment with a specialist has been authorized, the appointment with the specialist must be provided to you within 20 business days of your request.

If you have trouble getting an appointment with a provider in the MPN, contact your Claims Professional or the Medical Access Assistant.

If there are no MPN providers in the appropriate specialty available to treat your injury within the distance and timeframe requirements, then you will be allowed to seek the necessary treatment outside of the MPN. However, the distance you travel to a non-MPN provider must be less than the distance you would travel to the nearest MPN provider. If you are having difficulty scheduling appointments, please contact your Claims Professional or the Medical Access Assistant.

- **What if there are no MPN providers where I am located?**

If you are a current employee living in a rural area or temporarily working or living outside the MPN service area, or you are a former employee permanently living outside the MPN service area, the MPN or your treating doctor will give you a list of at least three physicians who can treat you. The MPN may also allow you to choose your own doctor outside of the MPN network. Contact your Claims Professional or the Medical Access Assistant for assistance in finding a physician or for additional information.

- **What if I need a specialist that is not available in the MPN?**

If a type of specialist is needed that is not available within the MPN, you can treat with a specialist outside of the MPN. Your primary treating physician will usually refer you to the appropriate specialist. If not, your Claims Professional can help you find the appropriate specialist. Once you have identified the appropriate specialist outside of the network, schedule an appointment. Make sure your primary treating physician and Claims Professional know about the appointment and the specialist's name, address, and phone number. Your MPN physician, who is your primary treating physician, will continue to direct your medical treatment.

- **What if I disagree with my doctor about medical treatment?**

If you disagree with your doctor or wish to change your doctor for any reason, you may choose another doctor within the MPN.

If you disagree with either the diagnosis or treatment prescribed by your doctor, you may ask for a second opinion from another doctor within the MPN. In order to obtain a second opinion you have the following responsibilities:

- Inform your Claims Professional by phone or in writing of the dispute regarding the diagnosis or treatment.
- Select a physician or specialist from a regional list of MPN providers which will be provided to you by your Claims Professional upon your request for a second opinion.
- Make an appointment with the second opinion physician within 60 days.
- Inform your Claims Professional of the appointment date and time.
- You have the right to request a copy of the medical records sent to the second opinion physician.
- If you do not make an appointment within 60 days of receiving the regional provider list, you will not be allowed to have a second or third opinion with regard to this disputed diagnosis or treatment of this treating physician.

If the second opinion physician decides that your injury is outside of the type of injury he or she normally treats, the physician will notify you and your employer or insurer. You will get another list of MPN providers so you can make another selection.

If you disagree with the second opinion, you may ask for a third opinion. If you request a third opinion, you will go through the same process you went through for the second opinion.

Remember that if you do not make an appointment within 60 days of obtaining another MPN provider list, then you will not be allowed to have a third opinion with regard to this disputed diagnosis or treatment of this treating physician.

If you disagree with the third-opinion doctor, you may ask for an MPN Independent Medical Review (IMR). Your Claims Professional will give you information on requesting an Independent Medical Review and a form at the time you select a third-opinion physician.

If either the second or third-opinion doctor or Independent Medical Reviewer agrees with your need for a treatment or test, you may be allowed to receive that medical service from a provider within the MPN or if the MPN does not contain a physician who can provide the recommended treatment, you may choose a physician outside the MPN within a reasonable geographic area.

- **What if I am already being treated for a work-related injury before the MPN begins?**

Your insurer has a “*Transfer of Care*” policy which will determine if you can continue being temporarily treated for an existing work-related injury by a physician outside of the MPN before your care is transferred into the MPN.

If your current doctor is not or does not become a member of the MPN, then you may be required to see a MPN physician. However, if you have properly predesignated a primary treating physician, you cannot be transferred into the MPN. (If you have questions about predesignation, ask your supervisor.)

If your employer decides to transfer you into the MPN, you and your primary treating physician must receive a letter notifying you of the transfer.

If you meet certain conditions, you may qualify to continue treating with a non-MPN physician for up to a year before you are transferred into the MPN. The qualifying conditions to postpone the transfer of your care into the MPN are set forth in the box below.

***Can I Continue Being Treated By My Doctor?***

You may qualify for continuing treatment with your non-MPN provider (through transfer of care or continuity of care) for up to a year if your injury or illness meets any of the following conditions:

- **(Acute)** The treatment for your injury or illness will be completed in less than 90 days;
- **(Serious or Chronic)** Your injury or illness is one that is serious and continues for at least 90 days without full cure or worsens and requires ongoing treatment. You may be allowed to be treated by your current treating doctor for up to one year, until a safe transfer of care can be made.
- **(Terminal)** You have an incurable illness or irreversible condition that is likely to cause death within one year or less.
- **(Pending Surgery)** You already have a surgery or other procedure that has been authorized by your employer or insurer that will occur within 180 days of the MPN effective date, or the termination of contract date between the MPN and your doctor.

You can disagree with your employer's decision to transfer your care into the MPN. If you don't want to be transferred into the MPN, ask your primary treating physician for a medical report on whether you have one of the four conditions stated above to qualify for a postponement of your transfer into the MPN.

Your primary treating physician has 20 days from the date of your request to give you a copy of his/her report on your condition. If your primary treating physician does not give you the report within 20 days of your request, the employer can transfer your care into the MPN and you will be required to use an MPN physician.

You will need to give a copy of the report to your employer if you wish to postpone the transfer of your care. If you or your employer disagrees with your doctor's report on your condition, you or your employer can dispute it. See the complete Transfer of Care policy for more details on the dispute resolution process.

For a copy of the Transfer of Care policy, ask your Claims Professional or call the Medical Access Assistance line at (855) 924-4272. A copy of the policy is available in Spanish upon request.

- **What if I am being treated by a MPN doctor who decides to leave the MPN?**

Your insurer has a written "*Continuity of Care*" policy that will determine whether you can temporarily continue treatment for an existing work injury with your doctor if your doctor is no longer participating in the MPN.

If your employer or its claims administrator decides that you do not qualify to continue your care with the non-MPN provider, you and your primary treating physician must receive a letter notifying you of this decision.

If you meet certain conditions, you may qualify to continue treating with this doctor for up to a year before you must choose a MPN physician. These conditions are set forth in the "***Can I Continue Being Treated By My Doctor?***" box above.

You can disagree with your employer or its claim administrator's decision to deny you Continuity of Care with the terminated MPN provider. If you want to continue treating with the terminated doctor, ask your primary treating physician for a medical report on whether you have one of the four conditions stated in the box above to see if you qualify to continue treating with your current doctor temporarily.

Your primary treating physician has 20 days from the date of your request to give you a copy of his/her medical report on your condition. If your primary treating physician does not give you the report within 20 days of your request, your employer or claim administrator's decision to deny you Continuity of Care with your doctor who is no longer participating in the MPN will apply, and you will be required to choose a MPN physician.

You will need to give a copy of the report to your employer if you wish to postpone the selection of a MPN doctor. If you or your employer disagrees with your doctor's report on your condition, you or your employer can dispute it. See the complete Continuity of Care policy for more details on the dispute resolution process.

For a copy of the Continuity of Care policy, ask your Claims Professional or call the Medical Access Assistance line at (855) 924-4272. A copy of the policy is available in Spanish upon request.

- **What if I have questions or need help?**

- **Medical Access Assistants:** Please contact our Medical Access Assistant line toll-free at (855) 924-4272 if you have general questions or require assistance with locating a MPN physician and scheduling appointments. If your case has been assigned to a Claims Professional, the Medical Access Assistants can direct you to your Claims Professional if you have questions about your medical treatment for your work-related injury.

- Assistance is available Monday through Saturday from 7am to 8pm Pacific Standard Time. If you reach our voicemail, someone will return your call on the following business day.

- **MPN Contact:** Answers questions and addresses complaints regarding the MPN.
  - The MPN Coordinator can be reached at (888) 495-8949
  - If you have complaints about the MPN, please send your written complaint to [MPN@bhhc.com](mailto:MPN@bhhc.com) or fax to (415) 675-5499.
  
- **Division of Workers' Compensation (DWC):** If you have concerns, complaints or questions regarding the MPN, the notification process, or your medical treatment after a work-related injury or illness, you can call the DWC's Information and Assistance office at 1-800-736-7401. You can also go to the DWC's website at [www.dir.ca.gov/dwc](http://www.dir.ca.gov/dwc) and click on "medical provider networks" for more information about MPNs.
  
- **Independent Medical Review:** If you have questions about the MPN Independent Medical Review process contact the Division of Workers' Compensation's Medical Unit at:
  - DWC Medical Unit
  - P.O. Box 71010
  - Oakland, CA 94612
  - (510) 286-3700 or (800) 794-6900

**Keep this information in case you have a  
work-related injury or illness.**

## NOTIFICACIÓN PARA EL EMPLEADO SOBRE LA RED DE PROVEEDORES MÉDICOS (MPN por sus siglas en Inglés)

### Información Importante acerca de la Atención Médica en caso de que tenga una Lesión o Enfermedad Relacionada con el Trabajo

#### Notificación Escrita Completa para el Empleado sobre: Red de Proveedores Médicos (“MPN”) de Berkshire Hathaway Homestate Companies

(Título 8, Código de Regulaciones de California, sección 9767.12)

Si se lesiona en el trabajo, la ley de California requiere que su empleador le brinde tratamiento médico y pague por él. Su empleador ha elegido brindarle dicha atención médica mediante una red de médicos de Indemnización Laboral denominada Red de Proveedores Médicos (MPN, por sus siglas en Inglés). Berkshire Hathaway Homestate Companies administra esta MPN.

Esta notificación le informa lo que necesita saber sobre el programa de MPN y describe sus derechos en la elección de la atención médica de las lesiones y enfermedades relacionadas con el trabajo.

- **¿Qué pasa si me lesiono en el trabajo?**

**En caso de una emergencia, debe llamar al 911 o ir a la sala de emergencias más cercana.**

Si se lesiona en el trabajo, notifique a su empleador lo antes posible. Su empleador le proporcionará un formulario de reclamación. Cuando le notifique a su empleador que ha sufrido una lesión relacionada con el trabajo, su empleador o asegurador solicitará la cita inicial con un médico de la MPN.

- **¿Qué es una MPN?**

Una Red de Proveedores Médicos (MPN) es un grupo de proveedores de atención médica (médicos y otros proveedores de servicios médicos) utilizados por su Empleador para tratar a los trabajadores lesionados en el trabajo. Las MPN deben permitir que los empleados tengan una selección de proveedores. Cada MPN debe incluir una combinación de médicos especializados en lesiones relacionadas con el trabajo y médicos con experiencia en áreas generales de medicina.

- **¿Qué MPN utiliza mi empleador?**

Su empleador está utilizando la MPN de Berkshire Hathaway Homestate Companies, con el número de identificación 0145. Debe hacer referencia al nombre de la MPN y al número de identificación de la MPN cada vez que tenga preguntas o peticiones sobre la MPN.

- **¿Con quién me puedo comunicar si tengo preguntas sobre mi MPN?**

El contacto de la MPN indicado en esta notificación podrá responder sus preguntas sobre el uso de la MPN y abordará quejas con respecto a la MPN.

El contacto para su MPN es:

Nombre: Coordinador de MPN

Número de Teléfono: (888) 495-8949

Dirección de correo electrónico: [mpn@bhhc.com](mailto:mpn@bhhc.com)

También se puede encontrar información general acerca de la MPN en la siguiente página web: <https://www.bhhc.com>; haga clic en “Menú”, “Trabajadores Lesionados”, “Redes Medicas.”

- **¿Y si necesito ayuda para encontrar y hacer una cita con un médico?**

El Asistente de Acceso Médico de la MPN lo ayudará a encontrar los médicos disponibles de la MPN de su elección y puede ayudarlo con la programación y confirmación de las citas con el médico. El Asistente de Acceso Médico está disponible para ayudarlo de Lunes a Sábado de 7 a.m. a 8 p.m. (Pacífico) y para programar citas médicas durante el horario laboral de los médicos. La asistencia está disponible en Inglés y en Español.

La información de contacto del Asistente de Acceso Médico es:

Número de Teléfono Gratuito: (855) 924-4272

Número de Fax: 415-675-5499

Dirección de correo electrónico: mpn@bhhc.com

- **¿Cómo puedo saber qué médicos pertenecen a mi MPN?**

Puede obtener una lista regional de todos los proveedores de MPN en su área llamando el Asistente de Acceso Médico o visitando nuestro sitio web en: <https://www.bhhc.com>; haga clic en "Menú", "Trabajadores Lesionados", "California". "Red de Proveedores Médicos de California (MPN)", "Servicio en Línea de BHHC". "Haga clic aquí para encontrar un Proveedor Médico de CA". La lista regional debe incluir:

- Una lista de todos los proveedores primarios de la MPN a menos de 15 millas o 30 minutos de donde usted vive o trabaja.
- Una lista de todos los Especialistas de la MPN a menos de 30 millas o 60 minutos de donde usted vive o trabaja.
- Una lista de todos los proveedores de la MPN dentro del condado donde usted vive o trabaja.

Usted puede elegir qué lista desea recibir. Usted también tiene el derecho de obtener una lista de todos los proveedores de la MPM si la solicita.

Puede acceder a la lista de todos los médicos tratantes en la MPN en la página web en: <https://www.bhhc.com>; haga clic en "Menú", "Trabajadores Lesionados", "California". "Red de Proveedores Médicos de California (MPN)", "Servicio en Línea de BHHC". "Haga clic aquí para encontrar un Proveedor Médico de CA", seleccione "Lista de Médicos de Tratamiento MPN de la CA".

- **¿Cómo elijo un proveedor?**

Su empleador o la aseguradora de su empleador programarán la evaluación médica inicial con un médico de la MPN. Después de la primera visita médica, lo puede seguir tratando ese médico, o puede elegir otro médico de la MPN. Puede continuar eligiendo médicos dentro de la MPN para todos los cuidados médicos para esta lesión.

Si corresponde, podrá optar por un especialista o pedirle a su doctor que lo derive a un especialista. Algunos especialistas sólo aceptarán citas con una derivación del médico que lo trata. Tal especialista puede estar catalogado como "sólo por derivación" en el directorio de la MPN.

Si necesita ayuda para encontrar un médico o programar una cita médica, puede llamar al Asistente de Acceso Médico.

- **¿Puedo cambiar de proveedores?**

Sí. Puede cambiar de proveedores dentro de la MPN por cualquier motivo, pero los proveedores que elija deben ser adecuados para tratar su lesión. Comuníquese con su Profesional de Reclamaciones o con el Asistente de Acceso Médico si desea cambiar su médico tratante.

- **¿Qué normas debe cumplir la MPN?**

La MPN tiene proveedores en toda California.

La MPN tiene que darle acceso a una lista regional de proveedores que incluya por lo menos tres médicos de cada especialidad que se utilice comúnmente para tratar lesiones / enfermedades laborales en su industria. La MPN debe proporcionar acceso a médicos de tratamiento primario a menos de 30 minutos o 15 millas y, acceso a especialistas a menos de 60 minutos o 30 millas de donde usted vive o trabaja.

Después de haber notificado a su empleador de su lesión, la MPN debe proporcionar un tratamiento inicial en un plazo de 3 días hábiles. Si se ha autorizado el tratamiento con un especialista, la cita con el especialista se debe proporcionar en un plazo de 20 días hábiles desde la presentación de su solicitud.

Si tiene problemas para conseguir una cita con un proveedor dentro de la MPN, comuníquese con su ajustador o con el Asistente de Acceso Médico.

Sí. Puede cambiar de proveedores dentro de la MPN por cualquier motivo, pero los proveedores que elija deben ser adecuados para tratar su lesión. Comuníquese con su ajustador o con el Asistente de Acceso Médico si desea cambiar su médico tratante. Si no hay proveedores de la MPN disponibles en la especialidad adecuada para tratar su lesión dentro de los requisitos de distancia y tiempo, entonces se le permitirá buscar el tratamiento necesario fuera de la MPN. Si usted está teniendo dificultades para programar citas, por favor, comuníquese con su ajustador o con el Asistente de Acceso Médico.

- **¿Qué ocurre si no hay proveedores de la MPN donde me encuentro?**

Si usted es un empleado que vive en un área rural o que trabaja o vive temporalmente fuera del área de servicio de la MPN, o es un ex empleado que vive de manera permanente fuera del área de servicio de la MPN, la MPN o su médico tratante le dará una lista de al menos tres médicos que puedan tratarlo. También es posible que se le permita elegir su propio médico fuera de la red MPN. Comuníquese con su Profesional de Reclamaciones o con el Asistente de Acceso Médico para que le ayude a buscar un médico o para obtener información adicional.

- **¿Y si necesito un especialista que no está disponible en la MPN?**

Si necesita un tipo de especialista que no está disponible dentro de la MPN, se puede tratar con un especialista fuera de la MPN. Su médico de atención primaria por lo general lo derivará al especialista adecuado. De lo contrario, su Profesional de Reclamaciones puede ayudarlo a encontrar el especialista adecuado. Una vez que haya encontrado al especialista adecuado fuera de la red, programe una cita. Asegúrese de que su médico de atención primaria y el Profesional de Reclamaciones sepan acerca de la cita y el nombre del especialista, la dirección y el número de teléfono. Su médico de la MPN, que es su médico de atención primaria, seguirá estando a cargo de su tratamiento médico.

- **¿Qué ocurre si no estoy de acuerdo con mi médico sobre el tratamiento médico?**

Si no está de acuerdo con su médico o desea cambiar de médico por cualquier razón, usted puede elegir otro médico dentro de la MPN.

Si está en desacuerdo con el diagnóstico o tratamiento recetado por su médico, puede solicitar una segunda opinión de otro médico dentro de la MPN. Para obtener una segunda opinión usted tiene las siguientes responsabilidades:

- Informar a su Profesional de Reclamaciones por teléfono o por escrito de la controversia en relación con el diagnóstico o tratamiento.
- Seleccione un médico o especialista de la lista regional de proveedores de la MPN la cual se la proporcionará su Profesional de Reclamaciones cuando usted solicite una segunda opinión.
- Programe una cita con el segundo médico dentro de un plazo de 60 días.
- Informe a su Profesional de Reclamaciones sobre la fecha y hora de la cita.
- Usted tiene derecho a solicitar una copia de los registros médicos enviados al médico de segunda opinión.

- Si no programa una cita dentro del plazo de 60 días desde que recibe la lista regional de proveedores, no se le permitirá tener una segunda o tercera opinión con respecto a esta disputa sobre el diagnóstico o el tratamiento de este médico tratante.

Si el segundo médico decide que su lesión se encuentra fuera del tipo de lesión que suele tratar, el médico le avisará a usted y a su empleador o compañía de seguros. Usted recibirá otra lista de proveedores de la MPN para que pueda hacer otra selección.

Si no está de acuerdo con la segunda opinión, puede solicitar una tercera opinión. Si solicita una tercera opinión, va realizar el mismo proceso que realizó para la segunda opinión.

Recuerde que si usted no programa una cita dentro de los 60 días de recibir la otra lista de proveedores de la MPN, entonces no se le permitirá tener una tercera opinión con respecto a esta disputa sobre el diagnóstico o el tratamiento de este médico tratante.

Si no está de acuerdo con el médico que otorgó la tercera opinión, puede solicitar una Revisión Médica Independiente (IMR, por sus siglas en Inglés). Su Profesional de Reclamaciones le dará información sobre cómo solicitar una Revisión Médica Independiente y un formulario en el momento en que seleccione una tercera opinión.

Si el médico de segunda o tercera opinión o el Médico Independiente está de acuerdo con su necesidad de un tratamiento o un análisis, se le puede permitir que reciba tal servicio médico de un proveedor dentro de la MPN o si la MPN no tiene un médico que pueda proporcionar tal tratamiento recomendado, podrá elegir un médico fuera de la MPN dentro de un área geográfica razonable.

- **¿Qué pasa si ya me están atendiendo por una lesión laboral antes de que comience la MPN?**

Su aseguradora tiene una política de *“Transferencia de la Atención”* que determinará si lo puede continuar atendiendo de forma temporal por una lesión laboral existente, un médico fuera de la MPN antes de que se transfiera su atención a la MPN.

Si su médico actual no es o no se convierte en un miembro de la MPN, entonces puede que se le requiera que vea a un médico de la MPN. Sin embargo, si usted ha designado previamente un médico de atención primaria de manera adecuada, no se lo puede transferir a la MPN. (Si usted tiene preguntas acerca de la designación previa, consulte a su supervisor.)

Si su empleador decide transferirlo a la MPN, usted y su médico de atención primaria deben recibir una carta que les notifique su transferencia.

Si cumple con ciertas condiciones, puede calificar para continuar su tratamiento con un médico fuera de la MPN por hasta un año antes de que se lo transfiera a la MPN. Los requisitos para posponer la transferencia de su tratamiento a la MPN se exponen en el cuadro a continuación.



### ***¿Me puedo seguir tratando con mi médico?***

Usted puede calificar para continuar el tratamiento con su proveedor que no pertenece a la MPN (por transferencia de atención o continuidad de la atención) hasta por un año si su lesión o enfermedad reúne alguna de las siguientes condiciones:

- **(Aguda)** El tratamiento para su lesión o enfermedad se completará en menos de 90 días;
- **(Crónica o Grave)** Su lesión o enfermedad es una que es grave y continúa durante al menos 90 días sin una cura completa o empeora y requiere tratamiento continuo. Se le puede permitir que lo trate su médico actual hasta por un año, hasta que se pueda hacer una transferencia de atención segura.
- **(Terminal)** Usted tiene una enfermedad incurable o una condición irreversible que probablemente cause la muerte dentro de un año o menos.
- **(Cirugía Pendiente)** Usted ya tiene una cirugía u otro procedimiento que ha sido autorizado por su empleador o asegurador que ocurrirá dentro de los 180 días posteriores a la fecha de entrada en vigor de la MPN, o a la fecha de terminación del contrato entre la MPN y su médico.

Usted puede estar en desacuerdo con la decisión de su empleador de transferir su cuidado a la MPN. Si no desea que lo transfieran a la MPN, solicítele a su médico de atención primaria un informe médico que indique si tiene una de las cuatro condiciones indicadas anteriormente, para calificar para un aplazamiento de su transferencia a la MPN.

Su médico de atención primaria tiene 20 días a partir de la fecha de su petición para darle una copia del informe sobre su condición. Si su médico de atención primaria no le da el informe dentro de los 20 días de su solicitud, el empleador puede transferir su atención a la MPN y usted estará obligado a utilizar un médico de la MPN.

Tendrá que darle una copia del informe a su empleador si desea posponer la transferencia de su atención. Si usted o su empleador no están de acuerdo con el informe de su médico sobre su condición, usted o su empleador pueden disputarlo. Vea la política de Transferencia de la Atención completa para obtener más detalles sobre el proceso de resolución de disputas.

Para obtener una copia de la política de Transferencia de la Atención, consulte a su Profesional de Reclamaciones o llame a la línea de Asistencia de Acceso Médico al (855) 924-4272. Una copia de la política está disponible en español si la solicita.

- **¿Qué sucede si me está tratando un médico de la MPN que decide abandonarla?**

Su asegurador tiene una política de “*Continuidad de la Atención*” por escrito, la cual determinará si puede continuar de forma temporal su tratamiento para una lesión laboral actual con su médico, si su médico ya no está participando en la MPN.

Si su empleador o su ajustador deciden que usted no califica para continuar su tratamiento con el proveedor que no pertenece a la MPN, usted y su médico de atención primaria deben recibir una carta donde se los notifique de esta decisión.

Si cumple con ciertas condiciones, usted puede calificar para continuar su tratamiento con este médico hasta por un año antes de tener que cambiar a un médico de la MPN. Estas condiciones están descritas en el cuadro “***¿Me puedo seguir tratando con mi médico?***” más arriba.

Usted puede estar en desacuerdo con la decisión de su empleador o de su ajustador sobre negarle la Continuidad de Atención con el proveedor discontinuado de la MPN. Si desea seguir tratándose con este médico, pídale a su médico de

atención primaria un informe médico que indique si tiene una de las cuatro condiciones indicadas en el cuadro de arriba para ver si reúne los requisitos para continuar tratándose temporalmente con su médico actual.

Su médico de atención primaria tiene 20 días a partir de la fecha de su petición para darle una copia del informe médico sobre su condición. Si su médico de atención primaria no le da el informe dentro de los 20 días de su solicitud, se aplicará la decisión de su empleador o a su ajustador para negar la Continuidad de Atención con el médico que ya no participe en la MPN, y se le pedirá elegir un médico de la MPN.

Tendrá que darle una copia del informe a su empleador o a su ajustador si desea posponer la selección de un tratamiento médico de la MPN. Si usted o su empleador no están de acuerdo con el informe de su médico sobre su condición, usted o su empleador pueden disputarlo. Vea la política de Continuidad de la Atención completa para más detalles sobre el proceso de resolución de disputas.

Para obtener una copia de la política de Continuidad de la Atención, consulte a su Profesional de Reclamaciones o llame a la línea de Asistencia de Acceso Médico al (855) 924-4272. Una copia de la política está disponible en español si la solicita.

- **¿Qué ocurre si tengo preguntas o necesito ayuda?**

- **Asistente de Acceso Médico:** Por favor, comuníquese con nuestra línea de Asistencia de Acceso Médico al (855) 924-4272 si tiene preguntas generales o requiere ayuda para encontrar un médico de la MPN o para programar citas. Si su caso ha sido asignado a un Profesional de reclamaciones, los Asistentes de Acceso Médico pueden dirigirlo a su Profesional de Reclamaciones si tiene alguna pregunta acerca de su tratamiento médico para su lesión laboral.
  - La asistencia está disponible de Lunes a Sábado de 7 a.m. a 8 p.m. hora estándar del Pacífico. Si deja un mensaje de voz, alguien le devolverá la llamada al siguiente día hábil.
- **Contacto de la MPN:** Responde a las preguntas y direcciones de las quejas relativas a la MPN.
  - El Coordinador de la MPN puede ser contactado al (888) 495-8949
  - Si tiene quejas sobre la MPN, envíe su queja por escrito a [MPN@bhhc.com](mailto:MPN@bhhc.com) o envíela por fax al (415) 675-5499.
- **División de Compensación de Trabajadores (DWC por sus siglas en Inglés):** Si usted tiene inquietudes, quejas o preguntas sobre la MPN, el proceso de notificación, o su tratamiento médico después de una lesión o enfermedad laboral, puede llamar a la oficina de Información y Asistencia de la DWC al 1-800-736-7401. También puede visitar la página web de la DWC en [www.dir.ca.gov/dwc](http://www.dir.ca.gov/dwc) y hacer clic en “Redes de proveedores médicos” para obtener más información sobre las MPN.
- **Revisión Médica Independiente:** Si tiene preguntas sobre el proceso de Revisión Médica Independiente, comuníquese con la Unidad Médica de la División de Compensación de Trabajadores a la siguiente dirección:  
Unidad Médica de la DWC  
P.O. Box 71010  
Oakland, CA 94612  
(510) 286-3700 ó (800) 794-6900

**Guarde esta información en caso de que tenga una  
lesión o enfermedad laboral.**

## »» 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

\_\_\_\_\_

|                     |                    |                    |                     |
|---------------------|--------------------|--------------------|---------------------|
| 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          |



# \$1000 REWARD

For information leading to the arrest and conviction of any co-worker, health care professional, or the 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

\*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.



# \$1000 RECOMPENSA

Información que lleva al arresto y a la condena de cualquier compañero de trabajo, profesional de cuidado medico, o abogado que represente 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.

# 1 (800) 300-JAIL

\*La recompensa máxima es de \$1,000 por convicción. En caso de que más de una persona presente informaciones sobre la misma demanda fraudulenta. BerkshireHathaway 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 or 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 a cancelación sin aviso previo.