



# Employee's Report

## OCCUPATIONAL INJURY/ILLNESS

TO BE SUBMITTED WITHIN **TWO DAYS** OF OCCURRENCE.

Name (*print*) \_\_\_\_\_ Job Title \_\_\_\_\_

1. College \_\_\_\_\_ 2. Department \_\_\_\_\_ 3. Department Phone \_\_\_\_\_

4. Date of injury/illness \_\_\_\_\_ 5. Approximate Time of injury/illness  AM  PM

6. Time work shift began \_\_\_\_\_ 7. Building where injury took place \_\_\_\_\_ 8. Floor/Room where injury took place \_\_\_\_\_

9. Please describe fully how injury/illness occurred and indicate what you were doing at the time. (*describe below*)

10. Please describe the injury/illness (*describe below*)

11. Body part(s) affected \_\_\_\_\_ 12.  left  right

13. Type of Accident (*check all that apply*)

- |                                              |                                                          |                                              |                                                  |
|----------------------------------------------|----------------------------------------------------------|----------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Animal/Insect Bite  | <input type="checkbox"/> Collision (car/vehicle)         | <input type="checkbox"/> Foreign Body in Eye | <input type="checkbox"/> Contact with Hot Object |
| <input type="checkbox"/> Electrical Contact  | <input type="checkbox"/> Fall (different/same level)     | <input type="checkbox"/> Material Handling   | <input type="checkbox"/> Repetitive Motion       |
| <input type="checkbox"/> Contusion (bruise)  | <input type="checkbox"/> Fall (liquid/grease spill)      | <input type="checkbox"/> Strain              | <input type="checkbox"/> Contact with Chemical   |
| <input type="checkbox"/> Laceration/Puncture | <input type="checkbox"/> Other ( <i>describe below</i> ) |                                              |                                                  |

14. Were there any witnesses to your injury/illness?  Yes  No

15. If "Yes," name of person(s) \_\_\_\_\_

16. Have you received medical care for this condition?  Yes  No

17. Do you wish to receive medical treatment?  Yes  No

18. If you have received medical treatment for this condition, please provide the following information: Date Seen | Doctor's Name and Address \_\_\_\_\_

19. Have you had a similar condition before?  Yes  No

20. If so, when? \_\_\_\_\_

21. In your opinion, what can be done to prevent such an accident from happening again? (*describe below*)

**I HAVE READ THIS STATEMENT AND IT IS TRUE TO THE BEST OF MY KNOWLEDGE.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Serving: Pomona College 1887 • Claremont Graduate University 1925 • Scripps College 1926 •  
Claremont McKenna College 1946 • Harvey Mudd College 1955 • Pitzer College 1963 • Keck Graduate Institute 1997

101 South Mills Ave., Claremont, CA, 91711  
(909) 621-8847 (909) 607-9688 F



# Supervisor's Report

OCCUPATIONAL INJURY/ILLNESS

TO BE SUBMITTED WITHIN **TWO DAYS** OF OCCURRENCE.

1. Employee's Name (*print*) 2. Job Title

3. Date of *injury/illness* 4. Date reported 5. Time *injury/illness* reported  AM  PM

6. Location of *injury/illness*

7. Is the employee to be paid full wages for the date of injury/illness?  Yes  No

8. Was the employee doing something other than his/her required duty at the time of injury?  Yes  No 9. If "Yes," please describe what, why, and directed by whom (*describe below*):

10. Please describe in detail what the employee was doing, how it was being done and tools, people, or machines involved. If possible, give detail of weights, temperatures, chemicals, etc. (*describe below*)

11. Do you question the validity of this claim?  Yes  No 12. If "Yes," give reason (*witnesses, prior discussions, personal issues, or suspicion; describe below*):

13. What caused the injury/illness to occur? (*check all that apply*)
- |                                                                                     |                                                                    |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> Improper or defective equipment                            | <input type="checkbox"/> Inadequate safeguards, unsafe job design  |
| <input type="checkbox"/> Location (poor layout or lighting)                         | <input type="checkbox"/> Housekeeping, clutter, spillage, breakage |
| <input type="checkbox"/> Lack of skill, training, or experience                     | <input type="checkbox"/> Material handling                         |
| <input type="checkbox"/> Lack of personal protective equipment                      | <input type="checkbox"/> Poor ergonomics in workstation design     |
| <input type="checkbox"/> Adequate skill but failure to execute and follow direction | <input type="checkbox"/> Other ( <i>describe below</i> )           |

14. What can be done to prevent such an accident from happening again? (*describe below*)

15. Who will assume responsibility to ensure the above is completed? (*describe below*) 16. When will this be completed

17. Supervisor completing this form 18. Telephone Extension

19. Department and Title 20. Today's Date



# Salary Continuation Form

Name	Date
Social Security Number	Date of Injury
College/Location	Job Title

## Authorization

During your Workers' Compensation Insurance period, you may receive disability payments. These payments are not equal to your regular salary. However, you have the option to use your available sick leave, accrued vacation and/or personal time to supplement your disability payments during your Workers' Compensation leave in order to replace your regular salary up to 90%. Please review the following options carefully and designate your choice(s).

1.  I authorize the use of the following paid time off. (*If you select "all," write "all".*)

Sick leave	Vacation hours	Personal hours
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I understand that while I receive paid time off, the normal payroll deduction(s) for my elected benefit(s) will continue. (i.e., health, dental, life, etc.).

When I no longer receive paid time off, in order to continue elected benefit(s) coverage, I will be required to make cash payments to Benefits Administration at 101 South Mills Avenue no later than the first of the month of coverage.

## Or

2.  I choose not to use any paid time off.

I understand that by not authorizing the use of paid time off, I may only receive disability payments. In order to continue my normal elected benefit(s) coverage I will be required to make cash payments to Benefits Administration at 101 South Mills Avenue no later than the first of the month of coverage.

Employee Signature	Date
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## 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.

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.

**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.

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.

SIGNING THIS FORM IS NOT AN ADMISSION OF LIABILITY

**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.

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

# IMPORTANT INFORMATION ABOUT MEDICAL CARE FOR YOUR WORK-RELATED INJURY OR ILLNESS

## MEDICAL PROVIDER NETWORK (MPN) NOTIFICATION

If you are injured at work, California Law requires your employer to provide and pay for medical treatment. Your employer will provide this medical care through a Workers' Compensation Medical Provider Network (MPN). This document includes frequently asked questions about the program and your rights in choosing treatment for work-related injuries and illnesses. Your employer is using the TravNet MPN with an identification number 2493.

### **1. What is a Medical Provider Network (MPN)?**

A Medical Provider Network is a group of health care providers (physicians and other types of providers) that will manage and direct any *medical* care you receive if you are injured at work. The MPN also includes ancillary providers including a pharmacy network and durable medical equipment providers. The providers in the MPN specialize in work related injuries and illnesses and meet California required access to care standards.

The California Division of Workers' Compensation (DWC) MPN access to care standards require that an MPN plan provide: at least three physicians of each specialty expected to treat workers compensation injuries; has primary treating providers within 15 miles or 30 minutes and specialty care providers within 30 miles or 60 minutes from either your work or residence; that after notifying the employer about the injury, an injured employee will be able to get an appointment for the first treatment visit for non-emergency services within three business days; and the appointment with a specialist will be made within 20 business days following the insurer's receipt of request for treatment.

Further, the regulations require MPN providers to use medical treatment guidelines adopted by the DWC in making any decisions related to medical care or treatment. This MPN plan complies with DWC requirements and in the event that you need medical care in connection with a workers compensation claim, it is likely that you will receive this care from providers within the MPN.

You can get general information regarding the MPN from the website [www.mywcinfo.com](http://www.mywcinfo.com):

- In the State Resources section, select "**California**" in the drop-down box
- Click the "**Go**" button

### **2. How do I find out which doctors, pharmacies or other medical providers are in the MPN?**

You can get a regional list of all MPN providers in your area. At minimum, the regional list must include a list of all MPN providers within 15 miles of your workplace and/or residence or 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.

There are several methods for locating MPN providers. You may:

- Log on to the website at: [www.myWCinfo.com](http://www.myWCinfo.com)  
- Click the "**Find a Local Network Medical Provider**" link
- Contact your Case Manager (Claim or Medical)
- Contact the MPN Medical Access Assistant
- Contact your employer

You can access the roster of all treating physicians in the MPN by going to the website at [www.mywcinfo.com](http://www.mywcinfo.com):

- Click the "**Find a Local Network Provider**" link
- Click on the "**CA MPN Roster of Treating Physicians**" tab



The MPN Medical Access Assistant will be able to help you find available MPN providers of your choice and help you if you are having trouble getting an appointment with an MPN provider. The MPN Medical Access Assistant is available to schedule medical appointments during doctors' normal business hours and to assist you from 7:00 a.m. to 8:00 p.m. Pacific time, Monday through Saturday at 800-287-9682, or by fax at (877) 890-3258, or by email to [CAMPN@travelers.com](mailto:CAMPN@travelers.com). Assistance is available in English and Spanish.

If you come across any inaccuracies in a provider listing, please report the inaccuracies to the MPN Medical Access Assistant by calling 800-287-9682 or by email to [CAMPN@travelers.com](mailto:CAMPN@travelers.com).

### **3. What happens if I get injured at work?**

**If you incur a work-related injury or illness that is an emergency either call 911 or go to the nearest emergency medical center.** You should notify your employer as soon as possible following any emergency treatment. If your injury or illness is not an emergency, notify your employer that you have a work-related injury in a reasonable time following the date of injury. Your employer or insurer will arrange an initial appointment with a doctor within the MPN.

### **4. How do I choose a provider?**

After your first visit with an MPN provider to treat your work-related injury or illness, you may either continue treatment with this doctor or choose another MPN provider that is appropriate to treat your injury. If needed, you may choose a specialist or ask the treating doctor to refer you to a specialist for treatment. You may continue to choose doctors within the MPN for all of your medical care for this injury. If you need help in choosing an MPN doctor or have trouble getting an appointment with a doctor within the MPN, please contact your Case Manager (Claim or Medical) or the MPN Medical Access Assistant for help.

If you need to see a type of specialist that is not available in the MPN, you have the right to see a specialist outside of the MPN.

### **5. 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. Please contact your Case Manager (Claim or Medical) or the MPN Medical Access Assistant if you want to change your treating physician.

### **6. What if there are no providers in my area?**

The MPN has providers available throughout the state of California. If you are unable to find an appropriate treating physician or specialist available in your area, please contact your Case Manager (Claim or Medical) or the MPN Medical Access Assistant for help. 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.

### **7. What if I am authorized by my employer to temporarily work or travel outside of the MPN geographic service area?**

If your employer has authorized you to temporarily work or travel outside the MPN geographic service area and the need for non-emergency medical care arises, you may treat with a provider of your choice. You may also contact the MPN Medical Access Assistant or your Case Manager (Claim or Medical). You will be provided with a choice of three physicians who are outside of the MPN geographic service area for care. These providers will be selected by either your primary treating physician, who is participating in the MPN, or by the MPN Medical Access Assistant. **If your injury requires emergency care, call 911 or go to the nearest emergency medical treatment center.**

### **8. What if I decide to temporarily or permanently reside outside of the MPN geographic service area during my recovery?**

If you are a current employee temporarily living outside the MPN geographic service area or are a former employee permanently residing outside of the MPN geographic service area and the need for non-emergency medical care arises, you may treat with a provider of your choice. You may also contact your Case Manager (Claim or Medical) or the MPN Medical Access Assistant. You will be provided with a choice of three physicians who are outside of the MPN geographic service area to choose from for care. These providers will

be selected by your primary treating physician, who is participating in the MPN, your Case Manager, or by the MPN Medical Access Assistant. **If your injury requires emergency care, call 911 or go to the nearest emergency medical treatment center.**

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

The MPN 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 Case Manager (Claim or Medical) decides to transfer you into the MPN, you and your primary treating physician will 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.

You may qualify for continuing treatment with your non-MPN provider through transfer 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.

You can disagree with the 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 calendar 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 calendar days** of your request, your Case Manager 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 Case Manager (Claim or Medical) if you wish to postpone the transfer of your care. If you or your Case Manager disagrees with your doctor's report on your condition, you or your Case Manager 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, in English or Spanish, ask your Case Manager (Claim or Medical) or the MPN Medical Access Assistant.

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

The MPN 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 Case Manager (Claim or Medical) decides that you do not qualify to continue your care with the non-MPN provider, you and your primary treating physician will 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.

You may qualify for continuing treatment with your non-MPN provider through 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 termination of contract date between the MPN and your doctor.

You can disagree with your Case Manager'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 Case Manager'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 Case Manager if you wish to postpone the selection of another MPN doctor for your continued treatment. If you or your Case Manager 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, in English or Spanish, ask your Case Manager (Claim or Medical) or the MPN Medical Access Assistant.

### **11. 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. If you want a second opinion, you must contact your Case Manager (Claim or Medical) and tell them you want a second opinion. The MPN should give you at least a regional MPN provider list, based on the specialty or recognized expertise in treating the particular injury or condition in question, from which you can choose a second opinion doctor. To get a second opinion, you must choose a doctor from the MPN list and make an appointment **within 60 days**. You must tell your Case Manager (Claim or Medical) of your appointment date, and they will send the doctor a copy of your medical records. You can request a copy of your medical records that will be sent to the doctor.

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 doctor feels that your injury is outside of the type of injury he or she normally treats, the doctor's office will notify your Case Manager (Claim or Medical) and you. You will get another list of MPN doctors or specialists 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 Claim Case Manager 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.

## **12. What if I have a prescription I need to fill?**

The MPN includes doctors, as well as pharmacies. If your MPN treating physician prescribes a medication, you must obtain your prescriptions through a network pharmacy. Healthsystems®, our Pharmacy Benefit Manager, will electronically process your prescription with no out of pocket expense to you. To access a complete listing of MPN pharmacies, please log on to [www.mywcinfo.com](http://www.mywcinfo.com) and click on the “Find a Network Provider” link.

You can also visit the Healthsystems website at [www.healthsystems.com](http://www.healthsystems.com). If you need assistance finding an MPN pharmacy, please contact your Case Manager (Claim or Medical) or the MPN Medical Access Assistant.

To assist you and the pharmacists with processing your medication online you will need the following:

- **Member ID (Claim Number + TRV)**
- **Bin Number – 012874**
- **Healthsystems Pharmacy Help desk – (877) 528-9497**

If you have questions or concerns regarding your pharmacy benefits, please contact your case manager (Claim or Medical).

## **13. What if I have questions or need help understanding the MPN?**

You will need to refer to the Travelers TravNet MPN and the MPN Identification Number 2493 whenever you have questions or requests about the MPN.

You may always contact your Case Manager or the MPN Medical Access Assistant if you need help or further explanation about your medical treatment. **The MPN Medical Access Assistant can be reached at: 800-287-9682.**

The MPN Contact is also able to answer questions about the use of the MPN and will address any complaints regarding the MPN. The MPN Contact can be reached by phone at 800-287-9682 or by email at [CAMPN@travelers.com](mailto:CAMPN@travelers.com).

**DWC Information & Assistance Officer:** If you have concerns, complaints or questions regarding the MPN, the notification process, or your medical treatment of a work-related injury or illness, you can call the **Information and Assistance Officer at the Division of Workers' Compensation at 1-800-736-7401.**

**Independent Medical Review:** If you have questions about the Independent Medical Review process or the Independent Medical Reviewer, you may contact the Division of Workers' Compensation's Medical Unit at:

**Division of Workers' Compensation's Medical Unit  
P.O. Box 71010  
Oakland, CA 94612  
(510) 286-3700 or (800) 794-6900**