



AmTrust North America
An AmTrust Financial Company

Michigan Worker's Compensation Claim Kit



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EASY ONLINE CLAIMS REPORTING INSTRUCTIONS

By logging into AmTrust's web portal, policyholders can access a wide variety of account information including the ability to report injuries online. The following instructions will help get you started.

First Time Portal Access:

1. Go to www.amtrustnorthamerica.com
2. In the upper right corner of the home page, click "LOGIN"
3. In the subsequent AmTrust *Online* drop-down box, click the word "**Register**"
4. On the following screen, enter your policy number, zip code and the security code that appears on that screen and click "**Enter**" at the bottom right of the screen
5. Enter your email address, user name and password to complete the registration process
6. After completing the registration process, go back to www.amtrustnorthamerica.com and log in

Reporting of New Injuries:

1. Go to www.amtrustnorthamerica.com
2. Log in to "[AmTrust Online](#)"
3. Click the "**Claims**" icon in the upper middle of your screen to view the screen that lists your policies
4. Click "**View**" next to the policy for which you wish to enter a claim. This brings you to the policy detail screen
5. Click on "**First Reports**" in the upper left corner
6. On the next screen, click "**Add**" to view the "**New First Report of Injury**" screen
7. Click "**Use WebForm.**" This brings you to the screen where you will enter all of the detailed information about the injury/injured worker
8. When finished entering all of the data, click "**Submit**" and this report will channel into our intake center to be set up and assigned to a claims adjuster
9. Return to the "**First Reports**" screen and you will see the claim number for the report entered
10. When finished, click on "**Return to Listing**"

For ID/Password issues or if you receive error messages while using this application, please contact our help desk at help.desk@amtrustgroup.com or call 866.427.6150. Please be sure to specify that you are an AmTrust policyholder and provide your AmTrust Online ID.



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Helpful Hints:

- **“Time Employee Began Work”** and **“Time of Occurrence”** must be entered in military time
- Enter the hours in the first box and the minutes in the second box
- All dates must be entered as two-digit day, two-digit month and four-digit year, i.e.: XX/XX/XXXX
- For PEOs, in the **“Location Address”** box, please include the PEO client name and address of the applicable PEO client location. If there is a location code/number, specify in the **“Location #”** box
- If during the entry of a claim you must exit the application, first click on **“Save as Draft”** and you may return to it later by going back into the **“First Reports”** screen and clicking on **“InProgress”**

For ID/Password issues or if you receive error messages while using this application, please contact our help desk at help.desk@amtrustgroup.com or call 866.427.6150. Please be sure to specify that you are an AmTrust policyholder and provide your AmTrust Online ID.

Thank you for your attention to this matter.

Sincerely,

AmTrust North
America Claims
Department

EMPLOYER'S BASIC REPORT OF INJURY
Michigan Department of Labor and Economic Opportunity
Workers' Disability Compensation Agency
PO Box 30016, Lansing, MI 48909

An employer shall report immediately to the agency on Form WC-100 all injuries, including diseases, which arise out of and in the course of the employment, or on which a claim is made and result in any of the following: (a) Disability extending beyond seven (7) consecutive days, not including the date of injury; (b) Death; (c) Specific losses. In case of death, an employer shall also immediately file an additional report on WC-106. See instructions on reverse side for filing/mailling procedures.

I. EMPLOYEE DATA

1. Social Security Number	2. Date of injury	3. Employee name (Last, First, MI)		
4. Address (Number & Street)		5. City	6. State	7. ZIP Code
8. Date of birth (MM/DD/YYYY)		9. Number of dependents		10. Telephone number
11. Tax filing status: <input type="checkbox"/> A. Single <input type="checkbox"/> B. Single, Head of Household <input type="checkbox"/> C. Married, Filing Joint <input type="checkbox"/> D. Married, Filing Separate				

II. EMPLOYER/CARRIER DATA

12. Employer name		13. Federal ID Number		
14. Injury location code	15. Mailing location code	16. UI number	17. Type of business (SIC/NAICS)	
18. Employer street address		19. City	20. State	21. ZIP code
22. Insurance company name (if employer not self-insured)		23. Insurance company telephone number (if known) 888-239-3909		

III. INJURY/MEDICAL DATA

24. Last day worked	25. Date employee returned to work (if applicable)		26. Did employee die? Yes <input type="checkbox"/> No <input type="checkbox"/>	27. If yes, date of death
28. Injury city	29. Injury state	30. Injury county	31. Did injury occur on employer's premises? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, see item 53)	
32. Case number from OSHA/MIOSHA log		33. Time employee began work <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	34. Time of event <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. If time cannot be determined, check here <input type="checkbox"/>	
35. What was the employee doing just before the incident occurred? Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific.				
36. How did the injury occur? Examples: "When ladder slipped on wet floor, worker fell 20 feet," "Worker was sprayed with chlorine when gasket broke during replacement"				
37. Describe the nature of injury or illness			38. Part of body directly affected by the injury or illness	
39. What object or substance directly harmed the employee? Examples: concrete floor, chlorine, radial arm saw. If this question does not apply to the incident, leave it blank.				
40. Name of physician or other health care professional	41. Was employee treated in an emergency room? <input type="checkbox"/> Yes <input type="checkbox"/> No		42. Was employee hospitalized overnight as an in-patient? <input type="checkbox"/> Yes <input type="checkbox"/> No	
43. If treatment was given away from the worksite, where was it given? (Include name, address, city, state and ZIP code of facility)				

IV. OCCUPATION AND WAGE DATA

44. Date hired	45. Total gross weekly wage (highest 39 of 52)	46. Number of weeks used	47. Value of discontinued fringes	
48. Occupation (Be specific)	49. Was employee a volunteer worker? Yes <input type="checkbox"/> No <input type="checkbox"/>		50. Was employee certified as vocationally handicapped? Yes <input type="checkbox"/> No <input type="checkbox"/>	
51. Date employer notified by employee		52. If temporary service agency, provide name/address of employer where injury occurred.		

V. PREPARER DATA

I CERTIFY THAT A COPY OF THIS REPORT HAS BEEN GIVEN TO THE EMPLOYEE

Making a false or fraudulent statement for the purpose of obtaining or denying benefits can result in criminal or civil prosecution, or both, and denial of benefits.			
53. Preparer's name (Please print or type)	54. Preparer's signature	55. Telephone number	56. Date prepared

Notice to employee: Questions or errors should be reported immediately to the individual listed above in space 54

If you are using this form as a replacement for the Form 301 to document the specifics of an injury or illness for purposes of compliance with the work-related injury and illness logging requirements, follow the instructions in Section A only.

If you are using this form to report a workers' compensation injury, follow the instructions in Section A and B.

Section A

This form can be used in lieu of the MIOSHA Form 301, *Injury and Illness Incident Report*. It is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the *Log of Work-Related Injuries and Illnesses* (Form 300) and the accompanying *Summary* (Form 300A), these forms help the employer and MIOSHA develop a picture of the extent and severity of work-related incidents.

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out questions 1-9, 27-28, 33-45 and 54-57.

According to Public Law of 1970 (P.L. 91-596) and Michigan Occupational Safety and Health Act 154, P.A. 1974, Part 11, Michigan Administrative Rule for Recording and Reporting of Injuries and Illnesses, you must keep this form on file for 5 years following the year to which it pertains. **DO NOT mail this form to the Workers' Disability Compensation Agency unless it meets the conditions listed below in Section B.**

Section B

You must complete all questions on this form if the injury or disease results in any of the following: (a) Disability extending beyond seven (7) consecutive days, not including the date of injury; (b) Death; (c) Specific loss. The original form must be mailed to the Workers' Disability Compensation Agency, P.O. Box 30016, Lansing, MI 48909.

Authority: Workers' Disability Compensation Act, 408.31(1)(3) Completion: Mandatory Penalty: Workers' Disability Compensation Act, 418.631	LEO is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
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Form # **BWC-100** **Form Name:** **Employer's Basic Report of Injury**

When Required: An employer shall report immediately to the bureau on Form BWC-100 all injuries, including diseases, which arise out of and in the course of the employment, or on which a claim is made and result in any of the following:

- (a) **Disability extending beyond seven (7) consecutive days**, not including the date of injury.
- (b) **Death**. In case of death, an employer shall also immediately file an additional report on BWC-106.
- (c) **Specific losses**.

Required Fields: The BWC-100 (referred to as a 100) is filed by the employer.

This form is fairly self-explanatory. The following, however, should clarify several items on the form:

- 14 Federal I.D. Number**
The Federal Employer Identification Number assigned by the U.S. Department of Treasury.
- 15 Injury Location Code**
The bureau assigns location codes to any employer with more than one location. If the preparer knows the code that corresponds to the location of injury, it should be entered in this field. Otherwise, it may be left blank.
- 16 Mailing Location Code**
If the preparer knows the location code (see above) that corresponds to the address where any bureau correspondence on this form should be sent, it should be entered in this field. Otherwise, it may be left blank.
- 17 UI Number**
The unemployment insurance number assigned to each employer by the Michigan Unemployment Agency (formerly Michigan Employment Security Commission).
- 18 Type of Business (SIC/NAICS)**
The Standard Industrial Classification code published by U.S. Department of Labor which correlates to the employer's type of business. This has recently been renamed the North American Industry Classification System (NAICS) code.

All applicable fields must be completed.

- ✓ Forms will be returned if fields 1- 3, 13, 19-22 are not completed.
- ✓ You will receive a letter if fields 4, 8, 27, 34, and 35 are not completed.

Instructions:

Completing the Form:

- ✓ Select the hand tool from the Acrobat toolbar menu. You can use the hand tool to move the page around so that you can view all areas.
- ✓ Position the hand pointer inside a form field and click. The I-beam pointer allows you to type text.
- ✓ To complete the "red boxes," using your mouse, position the cursor over the applicable box until the pointing finger icon appears and click.
- ✓ Press Tab to accept the field change and go to the next field, or
Press Shift + Tab to accept the field change and go to the previous field.
- ✓ Use your mouse to select an area of the form that is not inside a form field before printing your form.
- ✓ To print, be sure to use the printer button on the Acrobat toolbar menu to print the form instead of your web browser's print function. You may need to select the "Print as image" option in the print dialog box to print the completed form.
- ✓ To print the completed form only, select "Print Current Page" or "Pages From: 1 To: 1"

NOTE: Please complete all date fields with the **MM/DD/YYYY** format.

If you have any comments on this fill-in form, please send them to wcinfo@michigan.gov. Please include the keyword "Fill-In Form 100" with your comments.

How to Submit This Form: **The Michigan Bureau of Workers' & Unemployment Compensation needs to receive only those forms that meet the When Required criteria mentioned above.** If an injury does not involve seven or more days of wage loss, and your insurance carrier does not provide medical-only claim forms, you may complete this form and submit it to your workers' compensation insurance carrier **only**.

If the injury does meet the criteria mentioned above:

- ✓ Print the completed form
- ✓ Sign and make 3 copies
 - › Give a copy of the report to the employee
 - › Mail a copy of the report to your workers' compensation insurance carrier
 - › Keep a copy for your records
 - › Mail the original of the signed Form 100 to:

Bureau of Workers' & Unemployment Compensation
P O Box 30016
Lansing MI 48909

If you are using this form as a replacement for the Form 301 to document the specifics of an injury or illness for purposes of compliance with the work-related injury and illness logging requirements, follow the instructions in Section A only.

If you are using this form to report a workers' compensation injury, follow the instructions in Section A and B.

Section A

This form can be used in lieu of the MIOSHA Form 301, *Injury and Illness Incident Report*. It is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the *Log of Work-Related Injuries and Illnesses* (Form 300) and the accompanying *Summary* (Form 300A), these forms help the employer and MIOSHA develop a picture of the extent and severity of work-related incidents.

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out questions 1-9, 27-28, 33-45 and 54-57.

According to Public Law of 1970 (P.L. 91-596) and Michigan Occupational Safety and Health Act 154, P.A. 1974, Part 11, Michigan Administrative Rule for Recording and Reporting of Injuries and Illnesses, you must keep this form on file for 5 years following the year to which it pertains. **DO NOT mail this form to the Workers' Disability Compensation Agency unless it meets the conditions listed below in Section B.**

Section B

You must complete all questions on this form if the injury or disease results in any of the following: (a) Disability extending beyond seven (7) consecutive days, not including the date of injury; (b) Death; (c) Specific loss. The original form must be mailed to the Workers' Disability Compensation Agency, P.O. Box 30016, Lansing, MI 48909.

Authority: Workers' Disability Compensation Act, 408.31(1)(3) Completion: Mandatory Penalty: Workers' Disability Compensation Act, 418.631	LEO is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
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Optum
 PO Box 152539
 Tampa, FL 33684-2539

MAKING IT EASY... TO GET WORKERS' COMPENSATION PRESCRIPTIONS FILLED.

Optum has been chosen to manage your workers' compensation pharmacy benefits for your employer or their insurer. Below is your First Fill card that will allow you to receive your injury-related prescriptions at your local pharmacy. Please fill out the card based on the instructions below.

Injured Employee:



If you need a prescription filled for a work-related injury or illness, go to an Optum Tmesys® network pharmacy. Give this temporary card to the pharmacist. The pharmacist will fill your prescription at low or no cost to you.



If your workers' compensation claim is accepted, you will receive a more permanent pharmacy card in the mail. Please use that card for other work-related injury or illness prescriptions.



Most pharmacies, including Walgreens, our preferred provider, and all major chains, are included in the network. To find a network pharmacy call 1-866-599-5426 or visit tmesys.com.

Questions? Need Help?



1-866-599-5426

WORKERS' COMPENSATION PRESCRIPTION DRUG PROGRAM

AmTrust North America
CARRIER/TPA EMPLOYER

INJURED WORKER NAME

Please provide directly to Pharmacist
SOCIAL SECURITY NUMBER DATE OF INJURY (YYMMDD)

Notice to Cardholder: Present this card to the pharmacy to receive medication for your work-related injury. To locate a pharmacy: tmesys.com.

Attention Pharmacists: Enter RxBIN, RxPCN and GROUP. Member ID # format is the date of injury and SSN combined as follows: YYMMDD123456789.

Tmesys is the designated PBM for this patient.

Tmesys Pharmacy Help Desk
1-800-964-2531

	NDC	or	Envoy
RxBIN	004261	or	002538
RxPCN	CAL	or	Envoy Acct. #
GROUP	FF		

NOTE: This First Fill card is only valid for your workers' compensation injury or illness.



Employer:

Immediately upon receiving notice of injury, fill in the information above and give this form to the employee.

The following entities comprise the Optum Workers Compensation and Auto No Fault division: PMSI, LLC, dba Optum Workers Compensation Services of Florida; Progressive Medical, LLC, dba Optum Workers Compensation Services of Ohio; Cypress Care, Inc. dba Optum Workers Compensation Services of Georgia; Healthcare Solutions, Inc., dba Optum Healthcare Solutions of Georgia; Settlement Solutions, LLC, dba Optum Settlement Solutions; Procura Management, Inc., dba Optum Managed Care Services; Modern Medical, dba Optum Workers Compensation Medical Services, collectively and individually referred as "Optum."



HACEMOS MÁS SENCILLO...

EL ABASTECIMIENTO DE LAS RECETAS MÉDICAS DEL PROGRAMA DE COMPENSACIÓN POR ACCIDENTES LABORALES.

Optum ha sido elegido para administrar los beneficios farmacéuticos de su programa de compensación por accidentes laborales para su empleador o su asegurador. Más adelante incluimos su tarjeta First Fill que le permitirá recibir las recetas médicas relacionadas con su lesión en su farmacia local. Llene esta tarjeta siguiendo las instrucciones que se indican a continuación.

Empleado lesionado:



Si necesita que se le abastezca su receta médica para una lesión o enfermedad relacionada con su trabajo, visite una farmacia de la red Optum Tmesys®. Entregue esta tarjeta temporal al farmacéutico. El farmacéutico abastecerá su receta médica bajo costo o sin costo alguno.



Si se acepta su reclamación del programa de compensación por accidentes laborales, recibirá una tarjeta permanente por correo. Use esa tarjeta para otras recetas médicas de lesiones o enfermedades relacionadas con su trabajo.




La mayoría de farmacias, incluyendo Walgreens, nuestro proveedor preferido, y todas las grandes cadenas de farmacias, forman parte de la red. Para encontrar una farmacia de la red, llame al 1-866-599-5426 o visite tmesys.com.

¿Tiene alguna pregunta?
¿Necesita ayuda?



1-866-599-5426



WORKERS' COMPENSATION PRESCRIPTION DRUG PROGRAM

AmTrust North America
 PORTADORA _____ EMPLEADOR _____

NOMBRE DEL TRABAJADOR LESIONADO _____

Please provide directly to Pharmacist
 NUMERO DE SEGURO SOCIAL _____ FECHA DE ALA LESION (AAMMDD) _____

Aviso para el titular de la tarjeta: Presente esta tarjeta a la farmacia para recibir los medicamentos para la lesión relacionada con su trabajo. Para ubicar una farmacia, visite tmesys.com.

Attention Pharmacists: Enter RxBIN, RxPCN and GROUP. Member ID # format is the date of injury and SSN combined as follows: YYMMDD123456789.

Tmesys is the designated PBM for this patient.

Tmesys Pharmacy Help Desk
1-800-964-2531

	NDC	or	Envoy
RxBIN	004261	or	002538
RxPCN	CAL	or	Envoy Acct. #
GROUP	FF		

NOTA: Esta tarjeta First Fill solo es válida para una lesión o enfermedad cubierta por su programa de compensación por accidentes laborales.



Empleador:

Inmediatamente después de recibir un aviso sobre una lesión, llene la información antes indicada y entregue este formulario al empleado.

RETURN-TO-WORK; A GREAT IDEA

We at the AmTrust Group, are convinced that an employer who provides light, or restricted work for injured employees, enjoys numerous benefits. This is not just an opinion, it's something we see day in and day out. Consider:

- Unless an injured worker returns to the workplace within 60 days, chances of him/her ever returning drop dramatically. (resulting in a very expensive permanent disability situation.)
- After 6 months away from the workplace, only 50% chance of return.
- After 12 months, only a 10% chance of return.

Some Return-to Work Benefits Include:

- "Test" of malingering potential. Injured employees who refuse light duty are more prone to being malingerers.
- Opportunity for employer to demonstrate true concern for workers' well-being.
- Promotion of rehabilitation and recovery.
- Lower medical and rehabilitation costs.
- Productivity.
- Morale improvement for the injured worker.
- Ability for the employer to monitor the injured employee's recovery progress.
- Decrease of WC claims costs, with resultant downstream WC premium savings.

(Notice we're not just talking about 'feel-good' issues, but also hard dollars !)

Some common misconceptions (and truths) about Return-to-Work / Light Duty:

Misconception: *We've already got too many "programs" around here, and don't need any more paper.*

Truth: While it is true a written, planned program works best, in many cases a Light Duty "program" can be nothing more than a management understanding of the benefits and principles of Return-to-Work, how it works, and the commitment to 'just do it', when light-duty recommendations are made by WC physicians.

Misconception: *It will get me into an Americans With Disabilities (ADA) "situation".*

Truth: Light-duty and ADA "reasonable accommodation" are two entirely separate issues. Generally, light duty is a temporary assignment, for a relatively short period. ADA accommodations are made for serious, permanent disabilities that impair major life activities.

Misconception: *I'll have to devise a whole new job each time an employee needs light duty.*

Truth: The vast majority of light-duty restrictions require accommodating only one or two factors, such as "no lifting over 10 pounds", or the like. In many cases, if you break the jobs down into individual **tasks**, you'll see that only one or two tasks within the employee's normal job are affected, and can be handled in some other way.

Misconception: *Once an employee gets into a "cushy" light-duty job, s/he'll never leave it, and I'll be stuck with it.*

Truth: Light duty is always defined by, and monitored by the attending physician. An employee on light duty is periodically monitored by the physician for improvement, and is released for full-duty as soon as medically indicated.

Misconception: *We're a union company. Our union won't allow us to pay lower rates, or move employees between classifications, or between bargaining groups.*

Truth: Any Local that objects to a Return-to-Work program should be referred to its national body for guidance. Return to Work is universally recognized as a very positive influence on an injured worker (as well as benefiting the employer). Labor unions, whose major purpose for existence is the benefit of the workers they represent, should not only "tolerate" Return-to-Work programs, but enthusiastically promote, and assist in such programs' implementation and operation. It is strongly suggested that management approach labor representatives to solicit their input, and assistance in making Return to Work a positive force in your workplace.

Misconception: *I might be willing to place a worker in a light-duty position, but I can't afford pay them their full pay, for the decreased productivity.*

Truth: Talk to your WC insurer's claims professional. In many cases, states' WC plans provide for "make-up" pay to replace some, or all of the injured employees' decreased earnings. The goal of getting them back to the workplace, and doing some productive work is that important!

Employees -- Know Your Rights!

- **Remember - It is important to report your injury to your employer.**

- **Medical Care**

You are entitled to reasonable and necessary medical care for work-related injuries or diseases. Employers or their insurance carriers are required by law to provide these services. During the first 28 days of treatment, your employer has the right to choose the physician. After 28 days you are free to change physicians, but you must notify your employer of the change. If you receive treatment from a physician of your choice, you shall obtain and promptly furnish a report to your employer.

If your employer refuses to provide medical care, you should contact Michigan's Workers' Disability Compensation Agency at its toll-free telephone number: **1-888-396-5041**.

You should not receive a bill from a health care provider for treatment of a covered work-related injury or illness. If you do receive such a bill, you should contact your employer or the employer's insurance carrier.

- **Wage Loss Benefits**

You are entitled to weekly workers' compensation benefits if you suffer a wage loss for more than seven consecutive days. These benefits may be claimed as long as a disability and wage loss continue. Generally, the benefit rate is 80% of your after-tax average weekly wage, subject to a maximum rate.

- **Vocational Rehabilitation**

If you are unable to perform the work that you have done previously, you are entitled to vocational rehabilitation. The number one goal is your return to work with your employer. If you cannot do this or require assistance in finding a new job, vocational rehabilitation services can help.

To be completed by the employer

_____ Employer Name
_____ Employer Contact Person and Telephone Number
_____ Workers' Compensation Insurance Carrier Name

If you have questions, please call the
State of Michigan Workers' Disability Compensation Agency
Toll-free 1-888-396-5041

Additional information is on the agency's website at <http://michigan.gov/wdca>.

EMPLOYER: PLEASE POST THIS NOTICE FOR YOUR EMPLOYEES TO SEE!

Michigan Workers' Disability Compensation Rights & Responsibilities

Each party involved in the workers' compensation system has rights and responsibilities that help ensure the successful application of the law, and ultimately a safe return to work for the employee.

EMPLOYEES

- **Report all injuries to your supervisor immediately!**
- Most workers are covered under workers' compensation from the start of employment.
- Benefits include reasonable & necessary medical care, wage loss benefits, and vocational rehabilitation services.
- A compensable injury is one that has arisen "out of and in the course of employment." In other words, work must cause the disability.
- Workers' compensation is the "exclusive remedy" for work injuries, meaning that in most cases you cannot sue for other damages.
- There is a 7-day waiting period for wage loss benefit payments. If the disability lasts beyond one week, the worker is entitled to benefits as of the eighth day after the injury. If a disability continues for two weeks or longer, then the worker is entitled to be paid compensation for the first week of disability from the date of disablement. Paid medical leave may apply during the 7-day waiting period.
- There is no waiting period for medical benefits; coverage begins at the time of the injury.
- In most cases, wage loss benefits are calculated by taking the average of the highest 39 weeks of the last 52 weeks of gross wages prior to injury. Generally, you should receive 80% of the after-tax value of this average.
- Your first check is due and payable on the 14th day of disability. However, a benefit check is not considered "late" until 30 days after the due date.
- Weekly benefits continue so long as you are disabled, which could be for the rest of your life. However, benefits can be reduced by up to 50% after age 65 at 5% per year up to age 75, or upon receipt of social security retirement benefits.
- If you are only partially disabled, you do have a duty to seek reasonably available work, taking into consideration those limitations (restrictions) from the work-related personal injury or disease.
- If you have **more than one job** covered under the Worker's Disability Compensation Act, you get credit for all wages earned in those jobs.
- **Medical Benefits:** You are entitled to all reasonable and necessary medical care including surgical, hospital, and dental services, as well as crutches, hearing apparatus, chiropractic treatment, and nursing care. These services are provided indefinitely as long as there is a need related to the injury.
- **Choosing A Doctor:** During the first 28 days of treatment, the employer has the right to choose the doctor. After that, you are free to change doctors providing that you notify the employer and insurance company, preferably in writing. You do not need authorization from the insurance company or the employer to be medically treated, as long as the treatment is reasonable and necessary, and your claim is not in dispute.
- **Maintaining Contact:** It is extremely important that you maintain regular contact with your employer throughout the treatment and recovery period so that they are aware of your progress. Provide your employer with updated work status reports and discuss early return to work options.
- **Vocational Rehabilitation:** If you have a work-related injury or illness which prevents you from being able to perform work for which you have previous training or experience, you are entitled to vocational rehabilitation benefits. Vocational rehabilitation can include a variety of professional services designed to help injured workers re-enter the workforce. These services may include job placement assistance, retraining support, or guidance in starting your own business. Vocational rehabilitation services are paid for by the employer/insurance carrier, so in most cases you must have an open workers' compensation claim to receive rehabilitation benefits.
- You may also be eligible for Family Medical Leave Act (FMLA) benefits. If you have questions, you should contact the U.S. Department of Labor.

EMPLOYERS

- **Stay in touch with your employees while they are off work!** Look for appropriate light-duty work options and accommodations when possible.
- All public and most private employers in Michigan are covered by workers' compensation. Every employer subject to the Act must provide proof of insurance or be approved for self-insurance to ensure benefits can be paid to its workers should they become injured.
- Eligible employees are covered under workers' compensation from the date of employment.
- There are severe penalties if an employer fails to provide workers' compensation coverage.

EMPLOYER REPORTING

- **All claims must be reported to your insurance carrier.**
- **Form WC-100:** must be filed with the Workers' Disability Compensation Agency (WDCA) and your insurance carrier immediately upon the disability exceeding 7 consecutive days, death or specific loss. A copy of this form must also be given to the employee.
- You must ensure that reasonable and necessary medical treatment is provided promptly.
- You will need to provide a wage history report to the insurance carrier in order to calculate the correct benefit amount.
- **Minors:** The Act provides that an illegally employed minor is entitled to double compensation if injured.

INSURANCE COMPANIES

- **Prompt and regular payment of benefits is required by law.**
- Form WC-701: Must be filed with the WDCA when wage loss benefits begin, change or stop.
- Form WC-110: Must be filed with the WDCA 3 months post-injury, and every 4 months after, to report on vocational rehabilitation activity.
- Form WC-107: Must be filed with the WDCA if a claim is disputed.
- Medical services rendered are subject to the State of Michigan Health Care Services Rules and Fee Schedule.
- Injured workers are not to be "balance billed" for charges over and above the fee schedule.
- Benefits are not to be stopped for non-cooperation with vocational rehabilitation; a hearing must be requested prior to stoppage.

**For more information contact: State of Michigan Workers' Disability Compensation Agency
Toll free: 1-888-396-5041, or visit our website at www.michigan.gov/wdca**

ADDITIONAL INFORMATION

■ Wage Earning Capacity

Section 301 defines “wage earning capacity” as the wages the employee earns or is capable of earning at a job reasonably available to that employee, whether or not wages are actually earned.

■ Lump Sum Advance and Redemption Settlement

In certain cases, you may be allowed to draw all or part of your compensation in one lump sum through an advance payment of future benefits, or through a redemption (settlement) of your entire claim. An advance payment is a pre-payment of all or part of the present value of your employer’s established and undisputed liability for compensation. A redemption is a complete and final settlement of your claim through the payment of a one-time lump sum payment.

■ Retired Persons

Retirees are presumed not to have a loss of wage-earning capacity unless there is evidence to the contrary.

■ Unemployment Compensation

No person may receive full workers’ compensation benefits and unemployment insurance benefits for the same period of time from the same employer.

■ Returning To Work

The law does not require the employer to offer a job. However, many employers try to make restricted work available for their injured employees whenever they are cleared to return to some form of work.

■ Can I File My Own Claim

Yes. Form WC-117, "Employee's Report of Claim" can be found on the Agency's website. Or you can contact the agency via phone and request the form be mailed to you. The agency will process the form upon receipt and notify the employer and their insurance company that a claim has been filed.

■ How Long Do I Have To File A Claim

You should always report any accident at work, however minor, to your employer immediately. The statute states that you should provide notice of injury to the employer within 90 days of the injury. However, you have up to two years from the date of injury, or the date the disability manifests itself, to file a workers’ compensation claim. You cannot receive past due benefits for more than two years back from the date you file an application for hearing.

YOUR RESPONSIBILITIES

You must:

- ✓ Promptly report your injury to your employer.
- ✓ Notify your employer or their insurance carrier of any wages earned during the benefit period. Michigan law does not permit the payment of weekly workers’ compensation benefits to persons who are employed and receiving wages equal to or greater than wages earned on the date of injury except for specific loss or permanent and total disability.
- ✓ Seek jobs reasonably available to you and that are within your post-injury abilities, especially if your employer is unable to accommodate your restrictions.
- ✓ Submit to reasonable periodic medical examination if required by your employer or their insurance carrier.
- ✓ Cooperate with reasonable rehabilitation efforts directed toward assisting you in returning to appropriate competitive employment.
- ✓ Accept a valid offer of employment from your previous employer or another employer if it is within your physical restrictions.

Department of Labor and Economic Opportunity
Workers’ Disability Compensation Agency
P.O. Box 30016
Lansing, MI 48909

www.michigan.gov/wdca

Toll Free (888) 396-5041

Authority: PA 317 of 1969, as amended.

A Summary of Your Rights and Responsibilities Under Michigan Workers’ Compensation

LEO is an equal opportunity employer/program.

Workers' Compensation is an employee benefit established in 1912 by the Michigan Legislature. It is administered by the Michigan Department of Labor and Economic Opportunity, Workers' Disability Compensation Agency and covers most employees.

Compensation is provided for disability or death as a result of a work-related injury or disease, without regard to who may be at fault. Benefits are paid by employers (either directly or through their insurance carriers) and should not be confused with unemployment compensation, hospital, health, or accident insurance.

If you don't know whether your employer has workers' compensation insurance, simply ask them. You can also find out by calling our agency at the toll-free number listed on the back cover of this pamphlet, or by checking our website at www.michigan.gov/wdca.

The right to recovery of benefits as provided in the Workers' Disability Compensation Act is your exclusive remedy against your employer for work-related injuries or diseases. You do not have the right to sue your employer for benefits not provided for in the Act.

This pamphlet only summarizes your rights and responsibilities under the Workers' Disability Compensation Act. For additional information and clarification specific to your claim, you can contact the Workers' Disability Compensation Agency, or you may discuss your case with your employer and/or their insurance carrier, or your attorney if you have one.

YOUR RIGHTS

■ Medical Care

You are entitled to reasonable and necessary medical care for work-related injuries or diseases. This includes medical, surgical, hospital services and medicines. Under certain conditions, attendant care, dental care, crutches and such artificial appliances as limbs, eyes, teeth, eyeglasses and hearing aids may also be covered.

Employers or their insurance carriers are required by law to provide these services. During the first 28 days of treatment, your employer has the right to choose the physician. After 28 days you are free to change physicians, but you must notify your employer of the intent to change and the doctor's name. Your employer has a right to dispute your choice of physician.

If your employer refuses to provide medical care, you should contact our agency at the toll-free number on the back of this pamphlet.

You should not receive a bill from a health care provider for treatment or co-pay of a covered work-related injury or illness. If you do receive such a bill, you should contact your employer or their insurance carrier.

■ Wage Loss Benefits

Michigan is a "wage loss compensation" state. If your injury "arises out of and in the course of employment" while working for an employer subject to the Workers' Disability Compensation Act, you are entitled to weekly compensation benefits. For most dates of injury, the benefit rate is 80% of your after-tax average weekly wage, subject to a maximum rate. These benefits may be claimed as long as a disability and wage loss continue.

No compensation is paid for an injury which does not last for at least one week (7 days). If the disability lasts beyond one week, the worker is entitled to benefits as of the eighth day after the injury. If a disability continues for two weeks or longer, then the worker is entitled to compensation for the first week of disability.

In order to receive wage loss benefits, you must establish a disability and a limitation of wage-earning capacity. Many times this limitation is very apparent, such as being off work completely due to surgery. However, if you are only partially disabled and retain some level of wage-earning capacity, you do have a duty to seek reasonably available work, taking into consideration those limitations (restrictions) from the work-related personal injury or disease. You may also need to demonstrate or show that you've made a "good-faith" attempt to seek and obtain post-injury employment.

If you return to work at a job that pays less than you were earning at the time of injury because you are still medically restricted, you could be entitled to partial compensation benefits.

If you suffer a "specific loss" such as the loss of an eye, finger, arm or other body member, you are entitled to a specific amount for a prescribed number of weeks.

■ Prompt Payment

Prompt payment of benefits is required by law. The first payment is due on the 14th day after your employer has notice or knowledge of a disability or death, and all compensation accrued should be paid weekly. However, a benefit check is not considered late until 30 days after the due date.

■ Coordination of Benefits

If you are eligible for, or are receiving, old-age social security benefits, pension or retirement benefits, or other benefits paid for by your employer, there will be a reduction or coordination of benefits.

■ More Than One Employer

For benefit calculation purposes, if you work for more than one employer, you get credit for all wages earned in all jobs covered under the Workers' Disability Compensation Act.

■ Vocational Rehabilitation

Section 319 of the Act provides that a worker has a right to vocational rehabilitation benefits when he or she is unable to perform work for which they have previous training or experience. Vocational rehabilitation can include a variety of professional services designed to help injured workers re-enter the workforce. These services may include job placement assistance, retraining support, or guidance in starting your own business. Vocational rehabilitation services are paid for by the employer/insurance carrier, so in most cases you must have an open workers' compensation claim to receive rehabilitation benefits.

■ Vocational Rehabilitation Hearings

If you and your employer or their insurance carrier cannot agree upon a rehabilitation program, you have the right to a vocational rehabilitation hearing before the agency.

■ Hearings/Mediation

If you disagree with any claim decision by your employer or their carrier, you may file an application for hearing, Form WC-104A. The application form can be obtained by calling our toll-free number, or by downloading from the Agency's website.

Your case will be scheduled for mediation if:

- Your employer does not have insurance coverage.
- Your claim is for vocational rehabilitation services only.
- Your claim is for medical benefits only.
- You are not represented by an attorney.
- Our agency determines that the dispute may be resolved by mediation.

If your claim is not resolved by mediation, or does not meet the above criteria, your case will be transferred to a magistrate's docket.

INFORMACIÓN ADICIONAL

■ Capacidad de percepción de salario

La Sección 301 define la "capacidad de percepción de salario" como el salario que el empleado percibe o es capaz de percibir en un empleo que empleado está razonablemente en posibilidades de ejercer, independientemente de que efectivamente se perciban salarios.

■ Anticipo de pago global y liquidación de redención

En ciertos casos, se le permitirá retirar la totalidad o parte de su compensación en un único pago global mediante un pago por adelantado de beneficios futuros o mediante una liquidación del total de su reclamación t. Un pago adelantado es un prepago de la totalidad o parte del valor presente del pasivo establecido e indisputado por concepto de compensación que debe pagar su empleador. Una redención es un pago completo y definitivo de su reclamación mediante el pago de una suma global única.

■ Personas jubiladas

Se asume que los jubilados no tienen una pérdida de capacidad de percibir salarios salvo que haya evidencia de lo contrario.

■ Compensación de desempleo

Ninguna persona podrá recibir beneficios de compensación **completos** de los trabajadores y beneficios de seguro de desempleo para el mismo período de tiempo de parte del mismo empleador.

■ Retorno a labores

La ley no obliga al empleador a ofrecer un empleo. No obstante, muchos empleadores procuran ofrecer a sus empleados lesionados trabajo con restricciones toda vez que estén autorizados para volver a ejercer algún tipo de trabajo.

■ ¿Puedo interponer mi propia reclamación?

Sí. Podrá encontrar en el sitio web de la agencia el formulario WC-117 «Informe de reclamación del empleado». O puede comunicarse con la agencia por teléfono y pedir que se le envíe el formulario por correo. La agencia procesará el formulario al recibirlo y dará aviso al empleador y a su aseguradora que se ha interpuesto una reclamación.

■ ¿Cuánto tiempo tengo para interponer una reclamación?

Siempre debe dar aviso de cualquier accidente en el trabajo, sin importar su magnitud a su empleador inmediatamente. El estatuto establece que usted debe dar aviso de la lesión al empleador en un plazo de 90 días de haber ocurrido la lesión. No obstante, usted tiene un plazo de hasta dos años a partir de la fecha de la lesión, o la fecha en que se manifieste la incapacidad, para presentar una reclamación de compensación de trabajadores. No puede recibir beneficios con atraso de más de dos años antes la fecha en que presentó una solicitud para una audiencia.

SUS RESPONSABILIDADES

Usted debe:

- ✓ Dar aviso inmediato de su lesión a su empleador.
- ✓ Dar aviso a su empleador o la aseguradora de su empleador sobre cualquier salario percibido durante el periodo de beneficios. La Ley de Michigan no permite el pago de beneficios semanales de compensación para los trabajadores a personas que estén empleadas y que estén percibiendo salarios iguales o mayores a los salarios percibidos a la fecha de ocurrencia de la lesión, salvo en casos de una pérdida específica o discapacidad permanente y total.
- ✓ Buscar empleos que usted esté en posibilidades razonables de ejercer y que estén dentro de sus habilidades después de las lesiones, especialmente si su empleador no puede adaptar sus restricciones.
- ✓ Hacerse revisiones médicas de frecuencia razonable si así lo requiere su empleador o su aseguradora.
- ✓ Cooperar con los esfuerzos razonables de rehabilitación que se le instruyeron para ayudarle a regresar a un empleo competitivo adecuado.
- ✓ Aceptar una oferta válida de empleo de su empleador anterior u otro empleador si se encuentra dentro de sus capacidades físicas.

Departamento de Licenciamiento y Asuntos Regulatorios
Agencia de Compensación de los Trabajadores
P.O. Box 30016
Lansing, MI 48909

www.michigan.gov/wca

Línea sin costo: (888) 396-5041

Legislación: PA 317 de 1969, con sus modificaciones.

Cantidad total impresa: 20.000 Costo total: \$1,075,82 Costo por unidad: \$0.0538

Un resumen de sus Derechos y Responsabilidades Establecidos por La Ley Compensación de los Trabajadores de Michigan



LARA es un empleador/programa que ofrece igualdad de oportunidades.

La compensación de los trabajadores es un beneficio del empleado establecido en 1912 por la legislatura de Michigan. Es administrado por el Departamento de Licenciamiento y Asuntos Regulatorios - Agencia de Compensación del Trabajador y cubre a la mayoría de los empleados.

Se provee compensación por discapacidad o fallecimiento como resultado de una lesión o enfermedad relacionada con el empleo sin consideración de quién pudiera ser el responsable. Los beneficios son pagados por los empleadores (ya sea de forma directa o mediante sus aseguradoras) y no se deben confundir con las compensaciones de desempleo, o el seguro hospitalario, seguro de salud o de accidentes.

Si no sabe si su empleador tiene seguro de compensación de los trabajadores, simplemente pregúntele. También puede averiguarlo llamando a nuestra agencia a la línea sin costo listada al reverso de este folleto o consultando nuestro sitio web en www.michigan.gov/wca.

El derecho a recuperar beneficios conforme a lo dispuesto en la Ley de Compensación de Discapacidad de los Trabajadores es su recurso exclusivo para encarar a su empleador en casos de lesiones o enfermedades relacionadas con el empleo. Usted no tiene el derecho de demandar a su empleador por beneficios que no estén estipulados en la ley.

Este folleto solo resume sus derechos y responsabilidades estipulados en la Ley de Compensación de Discapacidad del Trabajador. Para obtener información adicional y aclaraciones específicas sobre su reclamo, comuníquese con la Agencia de Compensación de los Trabajadores o puede tratar su caso con su empleador y/o su aseguradora o con su abogado si tiene uno.

SUS DERECHOS

■ Atención médica

Usted tiene el derecho de recibir atención médica razonable y necesaria para atender lesiones y enfermedades relacionadas con el trabajo. Esto incluye servicios médicos, quirúrgicos, hospitalarios y medicamentos. Bajo ciertas condiciones, se cubre también la atención dental, muletas y dispositivos artificiales para sustituir extremidades, ojos, dientes, anteojos y dispositivos auxiliares para el oído.

A los empleadores o sus aseguradores se les exige por ley brindar estos servicios. Durante los primeros 28 días del tratamiento, su empleador tiene el derecho de elegir el médico. Transcurridos 28 días, usted tiene la libertad de cambiar de médico, pero debe dar aviso a su empleador de su intención de hacer el cambio y el nombre del médico. Su empleador tiene el derecho de disputar la elección de su médico.

Si su empleador se niega a proporcionarle atención médica, debe comunicarse con nuestra agencia por medio de línea sin costo que figura al reverso de este folleto.

No se le podrán cobrar cargos de parte de un proveedor de atención médica por concepto del tratamiento o un copago por una lesión o enfermedad laboral. Si se le hacen tales cargos, comuníquese con su empleador o su aseguradora.

■ Beneficios de pérdida de salario

Michigan es un estado de que provee el beneficio de «compensación de salarios» en materia laboral. Si su lesión ocurrió durante el desahogo de sus obligaciones laborales y durante el transcurso del empleo con su empleador sujeto a la Ley de Compensación por Discapacidad de los Trabajadores, tiene derecho a beneficios de compensación semanal. Con respecto a las tasas más habituales por lesión, la tasa de beneficio es del 80% de su salario semanal promedio después de impuestos sujeto a una tasa máxima. Se podrán reclamar los beneficios toda vez que la discapacidad y la pérdida de salario perduren.

No se paga compensación por una lesión que no dure por lo menos una semana (7 días). Si la incapacidad dura por más de una semana, el trabajador será entonces acreedor a beneficios a partir del octavo día después de la lesión. Si la discapacidad continúa por dos semanas o más, entonces el trabajador tiene derecho a una compensación por la primera semana de incapacidad.

Para recibir beneficios de pérdida de salario, usted debe establecer una discapacidad y una limitación de la capacidad de ganancia de salario. En muchas ocasiones esta limitación es bastante notable, lo que puede ocasionar la necesidad de ausentarse por causa de la cirugía. No obstante, si sólo tiene una discapacidad parcial y conserva algún nivel de capacidad de percepción salarial, usted tiene la obligación de buscar un trabajo que esté razonablemente en posibilidades de ejercer teniendo en cuenta las limitaciones (restricciones) de la lesión o la enfermedad laboral. Es probable tenga que demostrar que ha procurado hacer un intento de "buena fe" de buscar y obtener empleo posterior a la lesión.

En el supuesto de que regrese a trabajar a un empleo que pague menos de lo que usted percibía al tiempo de la ocurrencia de la lesión por motivos de que tiene restricciones médicas, usted tiene el derecho de percibir beneficios de compensación parciales.

Si usted sufre una «pérdida específica» como por ejemplo, la pérdida del ojo, un dedo, un brazo u otra extremidad, tendrá derecho a una cantidad específica por un número de semanas prescritas.

■ Pago puntual

El pago puntual de los beneficios es una exigencia de ley. El primer pago vence el catorceavo día que cuenta desde la fecha en que su empleador recibió aviso o tuvo conocimiento de una discapacidad o fallecimiento, y toda la compensación acumulada se pagará sema-

nalmente. Sin embargo, un cheque de beneficios no se considerará vencido sino hasta 30 días después de la fecha de vencimiento.

■ Coordinación de beneficios

Si usted es elegible, o está percibiendo beneficios de seguridad social por edad avanzada, beneficios de pensión o jubilación, u otros beneficios pagados por su empleador, habrá una reducción o coordinación de sus beneficios.

■ Más de un empleador

Para efectos de calcular los beneficios, si usted trabaja para más de un empleador, se le acreditarán todos los salarios obtenidos en todos empleados cubiertos bajo la Ley de Compensación de Discapacidad del Trabajador.

■ Rehabilitación vocacional

La sección 319 de la ley establece que el trabajador tiene derecho a recibir beneficios de rehabilitación vocacional en caso de que no pueda desempeñar un trabajo para el cual tenga capacitación o experiencia previa. La rehabilitación vocacional puede incluir una gama de servicios profesionales orientados a ayudar a los trabajadores que han sufrido lesiones a reincorporarse a la fuerza laboral. Estos servicios pueden incluir asistencia de colocación laboral, capacitación de nueva cuenta, u orientación para iniciar su propio negocio. Los servicios de rehabilitación vocacional los paga el empleador o la aseguradora según sea el caso, por lo que en la mayoría de los casos usted debe haber interpuesto una solicitud de compensación de trabajadores para recibir beneficios de rehabilitación.

■ Audiencias de rehabilitación vocacional

Si usted y su empleador o la aseguradora del empleador no pueden llegar a un acuerdo en cuanto a un programa de rehabilitación, usted tiene el derecho a una audiencia de rehabilitación vocacional ante la agencia.

■ Audiencias/mediación

Si usted no está de acuerdo con alguna decisión de su empleador o su aseguradora con respecto a su reclamación, podrá presentar una solicitud para una audiencia en el formulario WC-104A. Puede obtener el formulario llamando a nuestro número sin costo o descargándolo del sitio web de la agencia.

Su caso se programará para recibir mediación si:

- Su empleador no tiene cobertura de seguro.
- Su reclamación es por servicios de rehabilitación vocacional únicamente.
- Su reclamación es por beneficios médicos únicamente.
- No cuenta con la representación de un abogado.
- Nuestra agencia determina que la disputa se puede resolver con mediación.

Si su reclamación no se resuelve por mediación, o si no cumple los criterios anteriores, su caso se transferirá al expediente de un magistrado para su atención.

STATEMENT OF WAGES/SALARY

IMPORTANT: PLEASE COMPLETE ALL INFORMATION REQUESTED

Employee:
Social Security Number:

Employer:
Date of Hire:

Claim Number:
Position/Job Title

EMPLOYMENT TYPE: Full Time ___ Part Time ___ Seasonal ___ Temp ___

If Temporary or Seasonal worker, last day of season or job end date _____

WAGETYPE: Hourly ___ Salary ___ Commission ___

WAGE INFORMATION:

\$ _____ per hour ; Monthly Wage \$ _____ ; Does monthly wage include commission ___ Yes ___ No

Hours per Week _____ ; Overtime Rate \$ _____ per hour ; Overtime Hours Regularly Worked per week _____

Tips reported: \$ _____ per week

If employees' compensation package includes an allowance for any of the following, please indicate the actual or estimated value:

Meals: \$ _____ per week Auto: \$ _____ Rent/Lodging: \$ _____ per week Bonus \$ _____ per ___wk___mth___yr

PLEASE COMPLETE THE BELOW FOR THE PERIOD _____ TO _____

WK	Pay Rate	Hrs Worked	Begin Date	End Date	Gross Salary	WK	Pay Rate	Hrs Worked	Begin Date	End Date	Gross Salary
1						27					
2						28					
3						29					
4						30					
5						31					
6						32					
7						33					
8						34					
9						35					
10						36					
11						37					
12						38					
13						39					
14						40					
15						41					
16						42					
17						43					
18						44					
19						45					
20						46					
21						47					
22						48					
23						49					
24						50					
25						51					
26						52					

DECLARACIÓN DEL ACUERDO DEL TRABAJADOR

Departamento de Trabajo y Oportunidad Económica de Michigan
 Agencia de Compensación de La Discapacidad de los Trabajadores
 P O Box 30016, Lansing, MI 48909

Demandante	Demandado	
VS.		
1a. PAGO DEL ACUERDO ACTUAL	\$ <input style="width: 100px;" type="text"/>	
1b. 70% DE BENEFICIOS PAGADOS (SI HAY)	\$ <input style="width: 100px;" type="text"/>	
1c. CANTIDAD TOTAL DE LA REDENCIÓN DEL ACUERDO	\$ <input style="width: 100px;" type="text"/>	
<u>GASTOS DEL ABOGADO BAJO 408.44(5)</u>		
2a. _____	\$ <input style="width: 100px;" type="text"/>	
2b. _____	\$ <input style="width: 100px;" type="text"/>	
2c. _____	\$ <input style="width: 100px;" type="text"/>	
2d. _____	\$ <input style="width: 100px;" type="text"/>	
2e. GASTOS TOTALES	\$ <input style="width: 100px;" type="text"/>	
<u>CÁLCULO DE HONORARIOS DEL ABOGADO BAJO 408.44(3)(4)(7)</u>		
3a. BÁSESE PARA EL CÁLCULO DE HONORARIOS	\$ <input style="width: 100px;" type="text"/>	
3b. _____ % DE PRIMER \$25,000 =	\$ <input style="width: 100px;" type="text"/>	
3c. _____ % MÁS DE \$25,000 =	\$ <input style="width: 100px;" type="text"/>	
3d. _____ % X _____ =	\$ <input style="width: 100px;" type="text"/>	
3e. TOTAL DE EMOLUMENTOS DEL ABOGADO	\$ <input style="width: 100px;" type="text"/>	
4. CUOTA POR LA REDENCIÓN	\$ 100.00	
<u>PAGOS DIRECTOS</u>		
5a. _____	\$ <input style="width: 100px;" type="text"/>	
5b. _____	\$ <input style="width: 100px;" type="text"/>	
5c. _____	\$ <input style="width: 100px;" type="text"/>	
5d. TOTAL DE PAGOS DIRECTOS	\$ <input style="width: 100px;" type="text"/>	
6. 70% DE BENEFICIOS PAGADOS	\$ <input style="width: 100px;" type="text"/>	
7. GASTOS TOTALES, HONORARIOS, CUOTA, PAGOS DIRECTOS Y 70% DE BENEFICIOS	\$ <input style="width: 100px;" type="text"/>	
8. CANTIDAD NETA AL DEMANDANTE (1c. MENOS 7)	\$ <input style="width: 100px; border: 2px solid black;" type="text"/>	
DECLARO QUE HE LEIDO Y APROBADO ESTE DOCUMENTO.		
Fecha	Demandante	Abogado Para El Demandante

LEO es un proveedor/programa con igualdad de oportunidades. Puede solicitar asistencia, servicios y otras acomodaciones auxiliares razonables para individuos con discapacidades.

Autoridad: Ley de Compensación de Discapacidad de los Trabajadores, 408.44(3)
 Completado: Voluntario
 Sanción: Ninguna

WORKER'S SETTLEMENT STATEMENT
Michigan Department of Labor and Economic Opportunity
Workers' Disability Compensation Agency
PO Box 30016, Lansing, MI 48909

Plaintiff	Defendant	
v.		
1a. Current Settlement Payment	\$	
1b. 70% Benefits Paid (if any)	\$	
1c. Total Redemption Settlement Amount	\$	
ATTORNEY EXPENSES		
2a. _____	\$	
2b. _____	\$	
2c. _____	\$	
2d. _____	\$	
2e. Total Expenses	\$	
ATTORNEY FEE CALCULATION		
3a. Base for Fee Calculation (Total Redemption Minus Total Expenses)	\$	
3b. _____ % of first \$ =	\$	
3c. _____ % above \$ =	\$	
3d. _____ % X _____ =	\$	
3e. Total Attorney Fee	\$	
4. Redemption Fee	\$ 100.00	
DIRECT PAYMENTS		
5a. _____	\$	
5b. _____	\$	
5c. _____	\$	
5d. Total Direct Payments	\$	
6. 70% Benefits Paid	\$	
7. Total Expenses, Attorney Fees, Redemption Fee, Direct Payments and 70% Benefits	\$	
8. Net Amount to Plaintiff (1c minus 7)	\$	
I certify that I have read and approved of this statement.		
Date	Plaintiff	Attorney for Plaintiff

LEO is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

Authority: R408.44
Completion: Voluntary
Penalty: None