



AmTrust North America  
An AmTrust Financial Company

# Virginia 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](http://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](http://www.amtrustnorthamerica.com) and log in

### Reporting of New Injuries:

1. Go to [www.amtrustnorthamerica.com](http://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](mailto: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.



AmTrust North America  
An AmTrust Financial Company

#### Reporting of New Injuries:

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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 "**In Progress**"

For ID/Password issues or if you receive error messages while using this application, please contact our help desk at [help.desk@amtrustgroup.com](mailto: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

# First Report of Injury

Virginia Workers' Compensation Commission  
 333 E. Franklin St. Richmond Virginia 23219  
 1-877-664-2566



Reason for filing: \_\_\_\_\_  
 VWC Jurisdiction Claim #: \_\_\_\_\_  
 (If assigned) \_\_\_\_\_  
 Claim Administrator File#: \_\_\_\_\_

SEE INSTRUCTIONS ON REVERSE SIDE

www.vwc.state.va.us

<b>Employer</b>		
Employer's Legal Name	Federal Employer Identification Number (FEIN)	
Employer's Mailing Address		
Name/FEIN of Entity on Policy	Nature of Business	
Name and Address of Insurer or Self-Insurer for this Claim  P.O. BOX 94405 CLEVELAND, OH 44101	Policy Number	
<b>Time and Place of Accident</b>		
Location where accident occurred	Date of injury	Hour of injury  <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Date injury or illness reported	If fatal, give date of death	If fatal, give marital status
	If fatal, give number of dependent children	<input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widowed
<b>Injured Worker</b>		
Name of Injured Worker	Phone Number	Injured Worker ID Number
Injured Worker's mailing address		Type of ID  <input type="checkbox"/> Social Security No. <input type="checkbox"/> Employment Visa <input type="checkbox"/> Green Card <input type="checkbox"/> Passport No. <input type="checkbox"/> Unknown
Occupation at time of injury or illness	Date of birth	Sex  <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Nature and Cause of Accident</b>		
Machine, tool, or object causing injury or illness		
Describe fully how injury or illness occurred		
Describe nature of injury, occupational disease, or illness, including body parts affected		
<b>Signatures</b>		
Submitter (name, signature, title)	Date	Phone number
Submitter's Address		

# First Report of Injury

## Filing Instructions

The Virginia Workers' Compensation Act requires that **ALL** injuries occurring in the course of employment be reported to the Commission pursuant to Va. Code §65.2-900.

### Employer

The employer is responsible for accurately completing all sections of this form when an employee is injured. It should be typed or legibly printed, signed, and dated by the preparer. Send the original form to the claim administrator for the insurance company who provided insurance coverage on the date of the occurrence. The claim administrator will report this information to the Commission. Contact your workers' compensation insurance provider for additional information.

### Claim Administrator

Claim administrators who are EDI enabled will use the information contained on the paper form and submit electronic data to the Commission.

Claim administrators who are NOT EDI enabled must immediately file the completed form with the Commission. Please note: EDI is mandatory no later than June 30, 2009, after which time paper reports will no longer be accepted. Until you are in EDI production, mail the completed form to the Virginia Workers' Compensation Commission, 333 E. Franklin St., Richmond, VA 23219. At the top of the form, use a numerical code (1-7) to indicate the reason for filing the form for accidents meeting one of the filing criterion.\* If none of the criteria apply, you must still report the accident, but may use either Form 45A or this form to do so. (Leave "reason for filing" blank in such a case.)

For questions or assistance in completing the form, please contact the Commission toll-free at 877-664-2566.

\*Criteria for filing are: (1) lost time exceeds seven days; (2) medical expenses exceed \$1,000.00; (3) compensability is denied; (4) issues are disputed; (5) accident resulted in death; (6) permanent disability or disfigurement may be involved; and (7) a specific request is made by the Virginia Workers' Compensation Commission.



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](http://tmesys.com).

### Questions? Need Help?



**1-866-599-5426**

WORKERS' COMPENSATION PRESCRIPTION DRUG PROGRAM

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AmTrust North America  
CARRIER/TPA EMPLOYER

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INJURED WORKER NAME

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Please provide directly to Pharmacist

SOCIAL SECURITY NUMBER DATE OF INJURY (YYMMDD)

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**Notice to Cardholder:** Present this card to the pharmacy to receive medication for your work-related injury. To locate a pharmacy: [tmesys.com](http://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

	<u>NDC</u>	or	<u>Envoy</u>
RxBIN	004261		002538
RxPCN	CAL		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**

	<u>NDC</u>	or	<u>Envoy</u>
RxBIN	004261		002538
RxPCN	CAL		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!

# WORKERS' COMPENSATION NOTICE

The employees of this business are covered by the Virginia Workers' Compensation Act. In case of injury by accident or notice of an occupational disease:

## **THE EMPLOYEE SHOULD:**

1. Immediately give notice to the employer, in writing, of the injury or occupational disease and the date of accident or notice of the occupational disease.
2. Promptly give to the employer and to the Virginia Workers' Compensation Commission notice of any claim for compensation for the period of disability beyond the seventh day after the accident. In case of fatal injuries, notice must be given by one or more dependents of the deceased or by a person in their behalf.
3. In case of failure to reach an agreement with the employer in regard to compensation under the act, file application with the Commission for a hearing within two years of the date of accidental injury or first communication of the diagnosis of an occupational disease.
4. If medical treatment is anticipated for more than two years from the date of the accident and no award has been entered, the employee should file a claim with the Commission within two years from the date of the accident.

**NOTE:** The employer's report of accident is not the filing of a claim for the employee. The voluntary payment of wages or compensation during disability, or of medical expenses, does not affect the running of the time limitation for filing claims. An award based on a voluntary agreement must be entered or a claim filed within two years; one year in death cases.

## **THE EMPLOYER SHOULD:**

1. At the time of the accident, give the employee the names of at least three physicians from which the employee may select the treating physician.
2. Report the injury to the Commission through your carrier or directly to the Commission.
3. Accurately determine the employee's average weekly wage, including overtime, meals, uniforms, etc.

Questions may be answered by contacting the Commission. A booklet explaining the Workers' Compensation Act is available without cost from:

THE VIRGINIA WORKERS' COMPENSATION COMMISSION  
333 E. Franklin St  
Richmond, Virginia 23219

1-877-664-2566  
[www.workcomp.virginia.gov](http://www.workcomp.virginia.gov)

Every employer within the operation of the Virginia Workers' Compensation Act MUST POST THIS NOTICE IN A CONSPICUOUS PLACE in his place of business.

# NOTICIA SOBRE COMPENSACIÓN LABORAL

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Los empleados de ésta empresa estan cubiertos por la Ley de Compensacion Para Los Trabajadores de Virginia (Virginia Workers' Compesation Act). En caso de lesion por accidente o aviso de una enfermedad ocupacional:

## **EL EMPLEADO DEBE:**

1. Dar aviso inmediato, por escrito, al empleador sobre lesiones o enfermedad ocupacional y dar la fecha del accidente o del aviso de la enfermedad ocupacional.
2. Dar aviso inmediato al empleador y a "Virginia Workers' Compensation Commission" de cualquier reclamo por compensación por periodos de incapacidad de más de siete dias despues del accidente. En caso de lesiones fatales, el aviso debe ser dado por uno o mas de los dependientes o herederos del difunto o las personas que los representan.
3. Presentar una solicitud a la Comisión para una audiencia dentro de dos años de la fecha de la lesión por accidente or de la primera comunicación del diagnóstico de enfermedad ocupacional, si no llega a un acuerdo con el empleador en relacion al pago de compensación bajo la Ley.
4. Presentar una solicitud a la Comisión dentro de los dos años de la fecha del accidente, si el tratamiento médico es anticipado por mas de dos años de la fecha del accidente y el empleado no ha recibido una orden de la Comisión.

**NOTA:** El reporte de accidente del empleador no es la presentacion del reclamo del empleado. El pago voluntario sueldos o compensacion durante la incapacidad o de los gastos medicos, no afecta el transcurso de la limitación del tiempo para presentar reclamos. La Comisión debe de dar una orden cubriendo acuerdos voluntarios y si no, una reclamación debe de ser presentada por el empleado dentro de los dos anos del accidente; un año en caso de fallecimiento.

## **EL EMPLEADOR DEBE:**

1. Al momento del accidente, dar al empleado los nombres de por lo menos tres médicos, de los cuales el empleado puede escoger un médico para su tratamiento.
2. Reportar las lesiones a la Comision a traves de su representate o directamente a la Comisión.
3. Determinar exactamente el salario semanal del empleado, incluyendo sobretiempo, comidas, uniformes, etc.

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Preguntas pueden ser contestadas llamando a la Comision. Un folleto explicando la Ley de Compensación Para Los Trabajadores esta disponible sin costo de:

THE VIRGINIA WORKERS' COMPENSATION COMMISSION  
333 E. Franklin St., Richmond, Virginia 23219  
1-877-664-2566  
vwc.state.va.us

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Cada empleador dentro de la operacion de la Ley de Compensacion Para Trabajadores en Virginia, DEBE DE EXPONER ESTE AVISO EN UN LUGAR VISIBLE, en la empresa o lugar de negocios.

## **INFORMATION FOR EMPLOYEES**

If you have been injured at work, you should file a claim immediately.

### **TYPES OF INJURIES UNDER THE ACT:**

Employees are entitled to receive compensation for an "injury by accident" or an "occupational disease."

In order to be covered, an "accident" must:

1. Occur at work or during a work-related function.
2. Be caused by a specific work activity.
3. Happen suddenly at a specific time. (Injuries incurred gradually or from repetitive trauma are not covered, although certain diseases caused by repetitive trauma are covered.)

In order to be covered, a disease must:

1. Be caused by the work.
2. Not be a disease of the back, neck, or spinal column.

### **MINOR INJURIES:**

If you suffered a minor injury at work, you should file a claim with the Commission within the time limits stated below if your injury requires additional medical treatment or results in time loss from work.

### **TIME LIMITS FOR FILING A CLAIM:**

An employee must file a claim with the Workers' Compensation Commission within two years from the date of the accident or any right to benefits may be lost.

Claims for an occupational disease must be filed within two years from the date the doctor tells the employee the disease is work related, or five years from the date the employee was last exposed to the work condition causing the disease, whichever is sooner. (Certain diseases, such as asbestosis, byssinosis, silicosis and coal workers' pneumoconiosis have different limitation periods.)

If after returning to work, you are again disabled, you must file a claim within two years of the date for which you were last paid compensation under an award. (This is called a "change in condition.") Payment only goes back 90 days from the date of filing with the Commission.

Even if the employer has paid lost wages or provided medical care, it is still the employee's responsibility to file a claim with the Commission. If no claim is filed with the Commission or no award entered, the employer may stop paying medical expenses or wage loss at any time.

The employer or carrier may get information from the employee to send to the Commission, but this is not the filing of the employee's claim.

The employee must file a claim even if the employer filed reports with the Commission.

## **BENEFITS UNDER THE ACT:**

The employer must pay the following benefits under the Act:

### 1. Wage Replacement (Temporary total or partial)

While temporarily unable to perform any work, an employee is entitled to 2/3 of his or her gross average weekly wage up to a set maximum weekly limit. There must be seven (7) days of disability before benefits are payable. However, if disabled for more than three weeks, the employee receives payment for the first seven days. Benefits cannot exceed 500 weeks unless the person is totally and permanently disabled.

If the injured employee cannot return to regular work and is given a light duty job at a lower wage, benefits are 2/3 of the difference between the pre-injury wage and the current pay up to the maximum weekly limit. Cost of living supplements are not paid on temporary partial benefits.

### 2. Lifetime Medical Benefits

Medical expenses for conditions caused by the accident or occupational disease are payable for as long as necessary, provided a claim was filed by the employee within the required time period.

The employee must select a doctor from a panel of three physicians provided by the employer/carrier. If a panel is not offered after notice of the accident, the employee may seek treatment from any physician. The treating physician may refer the employee to other doctors. Once treatment begins, the physician cannot be changed without approval of the employer/carrier or after a hearing by the Commission. The employee must cooperate with medical treatment or the weekly benefits may be suspended.

Medical bills should be sent to the insurance carrier for payment.

### 3. Permanent Partial Impairment

Separate benefits are payable for the permanent loss of use of a body part such as an arm, leg, finger, or eye. Vision and hearing loss, as well as disfigurement may also be compensated. This does not include the back, neck or body as a whole. Benefits are for a specific number of weeks depending on the percentage of loss. The employee can receive these benefits while working if maximum medical improvement has been reached.

### 4. Permanent and Total Disability

Lifetime wage benefits may be payable if an individual loses both hands, arms, feet, legs, eyes, or any two in the same accident, or is paralyzed or disabled from a severe brain injury.

### 5. Death Benefits

A surviving spouse, children under 18, children under 23 enrolled full time in an accredited educational institution, parents in destitute circumstances or other qualifying dependents may be entitled to wage loss benefits.

Death benefits include funeral expenses not to exceed \$10,000 and transportation cost of \$1,000.

## 6. Cost of Living Increase

A person receiving temporary total, permanent total or death benefits is entitled to cost of living increases effective October 1 of each year if the date of the accident is prior to July 1 of that year and if the combination of compensation and Social Security benefits are less than 80% of the pre-injury earnings. Cost of living increases must be specifically requested by the employee.

## 7. Vocational Rehabilitation

Employees who are released to light duty work must prove that they are actively looking for a light duty job, even if they expect to return to their regular job. You must accept all suitable positions offered, or risk suspension of benefits.

Where appropriate, an employee may be entitled to retraining.

### **PROCEDURE IF CLAIM IS DENIED BY EMPLOYER:**

The Workers' Compensation Commission makes the final decision whether the employer must pay for the injury or disease.

If the employer/carrier denies the claim or refuses to make certain payments, this does not mean you are not entitled to benefits. It only means that the benefits will not be voluntarily paid. The employee should then send a written request for a hearing to the Commission.

At the hearing, the employee must prove through testimony, witnesses and medical reports, that the injury or disease and disability were caused by the work. If the employee was released to light work, then the employee must submit evidence that he/she has actively sought work. This includes seeking employment at the pre-injury employer, registering with the Virginia Employment Commission and listing dates and places where applications for work were made.

The employee is entitled to have a lawyer at the hearing at his/her own expense. All attorneys' fees are subject to approval by the commission.

### **REQUEST FOR REVIEW**

If you disagree with the written hearing opinion, you may appeal this decision to the full commission by filing a Request for Review with the commission within 30 days of the date of this opinion.

### **RESPONSIBILITIES OF AN INJURED EMPLOYEE:**

1. Give notice to the employer as soon as possible.
2. File a claim with the Workers' Compensation Commission within two years from 1) the date of the accident or 2) the date the doctor diagnoses an occupational disease.
3. Select a doctor from a panel of three provided by the employer/carrier. Do not change doctors without employer/carrier permission or after a hearing by the Commission.
4. Seek and accept employment if released to light duty, and cooperate with "rehabilitation counselors."

# **LA COMPENSACION PARA TRABAJADORES**

## **UNA BREVE GUIA PARA EMPLEADOS**

Para información adicional contacte a:

La Comisión De Compensación Para Trabajadores de Virginia (Virginia Workers' Compensation Commission) 1000 DMV Drive Richmond, Virginia 23220

Departamento de Demandas (Claims Department), llamada gratis 1-877-664-2566

## **La Compensación Para Trabajadores Una Breve Guía**

La Comisión de Compensación para Trabajadores administra el Acta de compensación para Trabajadores. Esta es la ley que determina los derechos y beneficios para los trabajadores que se lesionan dentro el trabajo o que sufren de enfermedades ocupacionales de trabajo.

La Comisión no paga los beneficios de compensación. Los pagos por pérdida de salario y por gastos del cuidado médico son hechos por la compañía donde trabaja o por el seguro de la compañía donde trabaja.

Lo siguiente es un corto resumen de sus derechos y responsabilidades bajo esta ley.

Para su conveniencia encontrará adjunto a la presente un formulario para la Demanda por Beneficios (Claim for Benefits).

### **TIPOS DE LESIONES PROTEGIDAS BAJO LA LEY:**

Los empleados tienen el derecho a recibir compensación por una "lesión por accidente" o una "enfermedad ocupacional de trabajo."

Para que usted esté protegido, un "accidente" tiene que:

1. Ocurrir en el trabajo o durante una función relacionada con el trabajo.
2. Ser causado por una función específica de trabajo.
3. Ocurrir de repente, en un momento específico dentro el trabajo. (No están protegidas las lesiones sufridas gradualmente ni las lesiones a consecuencia de trabajos ejecutados en continuo movimiento repetitivo. Sin embargo, sí están protegidas las enfermedades a consecuencia de trabajos ejecutados en continuo movimiento repetitivo.)

Para que usted esté protegido, una "enfermedad" tiene que:

1. Estar causada por el trabajo.
2. No debe ser una enfermedad de la espalda, el cuello, o la columna dorsal.

### **TIME LIMITS FOR FILING A CLAIM:**

Un(a) empleado(a) debe presentar una demanda en la Workers' Compensation Commission dentro de los dos años a partir de la fecha del accidente o cualquier derecho a beneficios podría ser perdido.

Las demandas por enfermedad ocupacional de trabajo deben ser presentadas dentro de los dos años de la fecha en que el doctor informa a el(la) empleado(a) que la enfermedad se relaciona al trabajo, o dentro de los cinco años de la fecha en que el(la) empleado(a) fué expuesto por última vez a la condición de trabajo que causa la enfermedad; o cualquiera de estas dos opciones que ocurra primero. (Ciertas enfermedades tienen diferentes periodos de limitación para demandar. Enfermedades como: asbestosis, bisinosis, silicosis, y neumoconiosis del minero.)

Si después de reanudar su trabajo usted se encuentra otra vez discapacitado(a), debe presentar una demanda dentro de los dos años de la fecha que por última vez le pagaron por la compensación que le corresponde. (Esto se llama un "cambio de condición.") Los pagos retroactivos se hacen solo por 90 días a partir de la fecha en que se presentó la demanda ante la Comisión.

Aunque la compañía donde trabaja haya pagado por los salarios perdidos o haya facilitado atención médica, aún así, el(la) empleado(a) tiene la obligación de presentar en persona una demanda ante la Comisión. La compañía podría dejar de pagar en cualquier momento los gastos médicos o los beneficios por el salario perdido si usted no presentó la demanda ante la Comisión, o si la compensación no se otorga.

La compañía donde trabaja o el seguro de la compañía podría obtener información de el(la) empleado(a) para enviar a la Comisión, pero esto no representa que se presentó la demanda de el(la) empleado(a).

El(La) empleado(a) debe presentar su demanda ante la Comisión aunque la compañía donde trabaja haya presentado reportes ante la Comisión.

## **LOS BENEFICIOS BAJO LA LEY:**

La compañía donde trabaja deberá pagar los siguientes beneficios bajo esta Ley:

### **1. Restitución de Salario (Temporal total o parcial)**

Mientras que temporalmente no podrá llevar a cabo ningún trabajo, un(a) empleado(a) tiene el derecho a  $\frac{2}{3}$  del total de su salario promedio semanal hasta un máximo determinado como límite semanal. Deberán haber (7) siete días de discapacidad antes que los beneficios sean pagables. Sin embargo, si permaneciera discapacitado(a) por más de tres semanas, el(la) empleado(a) recibe pago por los primeros siete días. Los beneficios no excederán más de 500 semanas, a no ser que la persona esté totalmente y permanentemente discapacitada.

Si el(la) empleado(a) lesionado no puede volver a su trabajo regular y se lo incorpora a un cargo de trabajo liviano, con un salario más bajo, los beneficios son  $\frac{2}{3}$  de la diferencia entre los dos salarios (el salario antes a la lesión y el salario actual) hasta el máximo límite semanal. No se recibe pago por suplementos de costo de vida cuando se recibe beneficios temporal parcial.

### **2. Beneficios Médicos De Por Vida**

Los gastos médicos debido a condiciones ocasionadas por el accidente o la enfermedad ocupacional de trabajo son pagables mientras sea necesario a condición de que el(la) empleado(a) haya presentado una demanda dentro de el periodo de tiempo requerido.

El(La) empleado(a) debe elegir un doctor de los tres en la lista de médicos proporcionada por la



compañía donde trabaja/el seguro de la compañía. Si una lista no fué ofrecida después de la notificación del accidente, el(la) empleado(a) podrá buscar tratamiento en otro médico. El médico encargado del tratamiento podrá recomendar a el(la) empleado(a) a otros médicos. Una vez que haya empezado el tratamiento, no se puede cambiar de médico sin el permiso de la compañía donde trabaja/el seguro de la compañía o antes de que la Comisión tenga una audiencia. El(La) empleado(a) deberá cooperar con el tratamiento médico o los beneficios semanales podrían ser suspendidos.

Las facturas de la atención médica deberán ser enviadas a la compañía de seguros para que sean pagadas.

### 3. Daño Permanente Parcial

Se paga beneficios separados por la pérdida permanente del uso de una parte del cuerpo tal como un brazo, una pierna, un dedo, o un ojo. La pérdida de la vista o el oído, como también la disfiguración podrían ser compensadas. Esto no incluye la espalda, el cuello o el cuerpo entero. Los beneficios son para un determinado número de semanas dependiendo del porcentaje de pérdida. El(La) empleado(a) podrá recibir estos beneficios mientras esté trabajando si alcanzó a un máximo mejoramiento médico.

### 4. Discapacidad Permanente y Total

Los beneficios salariales de por vida podrían ser pagables si un individuo pierde ambas manos, brazos, piernas, ojos, o cualquiera de estos dos durante el mismo accidente, o si queda paralizado o inválido debido a una herida grave al cerebro.

### 5. Beneficios Por Muerte

Un cónyuge que sobrevive, los hijos menores de 18 años, los hijos menores de 23 años que están matriculados a tiempo completo en una institución educativa acreditada, los parientes en circunstancia indigente u otros dependientes que cumplan con los requisitos podrían tener derecho a beneficios por pérdida de salario.

Los beneficios por muerte incluye los gastos de entierro que no excedan los \$10,000 y en costos de transportación los \$1,000.

### 6. Incrementos En El Costo De Vida

Una persona recibiendo beneficio temporal total, permanente total o beneficios por muerte, tiene derecho a incrementos en el beneficio por costo de vida que se hace vigente el primero de octubre de cada año si la fecha del accidente es antes del primero de julio de ese mismo año y si la combinación de la compensación y de los beneficios de Social Security son menos del 80% del salario antes de la lesión. Los incrementos por el costo de vida deben ser específicamente solicitados por el(la) empleado(a).

### 7. Rehabilitación Profesional

Los empleados que son dados de alta de la atención médica para incorporarse a un trabajo liviano deben comprobar que están buscando activamente un trabajo liviano; aunque esperen volver a su trabajo regular. Usted debe aceptar todo puesto de trabajo adecuado que se le ofrece, o estará en riesgo de que se le suspenda los beneficios. Cuando sea apropiado, un empleado podría tener el derecho a ser entrenado de nuevo.

## **TRABAJA:**

La Comisión De Compensación Para Trabajadores toma la decisión final cuando se determina si la compañía donde trabaja debe pagar o no por la lesión o la enfermedad.

Si la compañía donde trabaja/el seguro niega la demanda o rechaza hacer determinados pagos, esto no significa que usted no tiene derecho a beneficios. Solo significa que los beneficios no se pagaran voluntariamente. Entonces, el empleado debería enviar una petición escrita para que se de lugar a una audiencia ante la Comisión.

En la audiencia el(la) empleado(a) debe comprobar atravez de testimonio, testigos y reportes médicos que la lesión o enfermedad y discapacidad ha sido causada por el trabajo. Si el(la) empleado(a) ha sido dado de alta de la atención médica para incorporarse a un trabajo liviano, entonces el(la) empleado(a) debe presentar la evidencia que ha estado buscando trabajo activamente. Esto incluye la búsqueda de trabajo en la compañía donde trabajó antes de la lesión, habiendose registrado con la Comisión de Empleo de Virginia (Virginia Employment Commission) y mostrando una lista de las fechas y los lugares donde solicitó trabajo. En la audiencia el(la) empleado(a) tiene el derecho a tener un abogado a su propio costo.

## **SOLICITUD PARA LA REVISION**

Si usted está en desacuerdo con la opinión escrita en la audiencia, debe notificar escribiendo a la Comisión dentro de 30 dias a partir de la fecha de la opinión en la que usted pide una revisión de la decisión.

## **LAS OBLIGACIONES DE UN(A) EMPLEADO(A) LESIONADO:**

1. Notificar a la compañía donde trabaja lo hantes posible.
2. Presentar una demanda ante la Workers' Compensation Commission dentro de dos años a partir de: a) la fecha del accidente o b) la fecha en que el doctor diagnóstica una enfermedad ocupacional de trabajo.
3. Eligir un doctor de los tres en la lista proporcionada por la compañía donde trabaja o el seguro de la compañía. No cambiar doctores sin el permiso de la compañía o sin la aprobación de la Comisión.
4. Buscar y aceptar empleo si usted es dado de alta de la atención médica para incorporarse a un trabajo liviano, y cooperar con los "consejeros de rehabilitación."

# Wage Chart

Employer's Statement of Wage Earnings

Virginia Workers' Compensation Commission  
333 E. Franklin St., Richmond, Virginia 23219

The boxes to the right are for the use of the insurer.	Reserved	VWC File Number
	Insurer Claim Number	

	<b>Employee</b>		<b>Address</b>			
Name of Employee				Date of Accident	Date of Hire	
	<b>Employer</b>		<b>Address</b>			
Name of Employer						

**PLEASE REFER TO THE FILING INSTRUCTIONS PRINTED ON THE BACK OF THIS FORM**

Week No.	Week Ending Date	Days Worked	Gross amount paid, including overtime	Week No.	Week Ending Date	Days Worked	Gross amount paid, including overtime	Week No.	Week Ending Date	Days Worked	Gross amount paid, including overtime
1				19				37			
2				20				38			
3				21				39			
4				22				40			
5				23				41			
6				24				42			
7				25				43			
8				26				44			
9				27				45			
10				28				46			
11				29				47			
12				30				48			
13				31				49			
14				32				50			
15				33				51			
16				34				52			
17				35							
18				36							

Value of perquisites for entire year: \_\_\_\_\_ Total gross earning \$ \_\_\_\_\_ Total weeks worked \_\_\_\_\_

Bonuses \$ _____	Electricity \$ _____	Total value of perquisites \$ _____
Meals/Lodging \$ _____	Water \$ _____	
Meals Only \$ _____	Telephone \$ _____	Total earnings & perquisites \$ _____
Temporary Lodging \$ _____	Uniforms \$ _____	
House Rent \$ _____	Laundry \$ _____	
Tip Income \$ _____		

*VWC use only:*

AWW: \_\_\_\_\_

CR: \_\_\_\_\_

INSURER OR EMPLOYER (include name & signature)	Date	Telephone number
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# FILING INSTRUCTIONS

## Wage Chart VWC Form No. 7A

### **How to complete the Wage Chart:**

- Indicate gross weekly earnings for the 52 weekly periods immediately **preceding** the date of accident.
- Note that these earnings are GROSS earnings and include overtime and tips, before any deductions are made for taxes or Social Security. If there were any perquisites, please list the TOTAL value separately at the bottom of the chart.
- If an injured employee lost more than seven consecutive calendar days, although not in the same week, these periods should be noted on the Wage Chart (VWC Form No. 7-A) using an asterisk in the Week No. column and are not to be counted in the calculations. Va. Code § 65.2-101.
- If injured employee has worked less than 12 months, the earnings for the time worked should be used. The earnings for a similar employee may be used if the employee has worked less than 60 days.

### **How to calculate the Wage Chart:**

- If a full year's wage information **has been** provided covering the 52 week period prior to the date of accident:
  - determine the total wages earned, including yearly perquisites;
  - divide the total wages earned for this period by 52;
  - the sum will be the average weekly wage.
- If a full year's wage information **has not been** provided covering the 52 week period prior to the date of accident:
  - determine the total wages earned, including yearly perquisites;
  - divide the total wages earned by the number of weeks wages were earned (Note: if warranted, the weeks can be converted into days and calculated on that basis);
  - the sum will be the average weekly wage.
- If the form is completed on a **bi-weekly basis**:
  - determine the total wages earned, including yearly perquisites;
  - divide the total wages earned by the number of weeks worked (employee paid 26 times a year represents 52 weeks of wages);
  - the sum will be the average weekly wage.
- Samples of properly completed wage chart(s) are available through the Commission's website at [workcomp.virginia.gov](http://workcomp.virginia.gov) under the forms menu.
- Have questions about the Virginia Workers' Compensation Commission and no lawyer? Call the Ombuds Department at 833-448-1681, or email at [ombuds@workcomp.virginia.gov](mailto:ombuds@workcomp.virginia.gov). We cannot give legal advice, but all conversations will be kept confidential.