



AmTrust North America
An AmTrust Financial Company

Wisconsin Worker's Compensation Claim Kit



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Workers' Compensation Claim Reporting Information

24/7 Toll Free Claim Reporting for All States



(888)239-3909



WorkersCompClaimReport@AmTrustgroup.com



www.amtrustfinancial.com

Information Required for All Claims Reported



1. Name of the insured and policy number
2. Name, social security number and contact information of injured worker
3. Date, time and place of accident
4. Description of accident or incident
5. Name, phone, and/or email of person making the report
6. Any information on the injured workers lost time

Early claim reporting is essential to a better claim outcome. Don't delay reporting if you do not have all the details.

How do I help my injured worker find a doctor?



- We offer an online physician search for all states, www.talispoint.com/amtrust/external
- For California, www-lv.talispoint.com/amtrust/campn
- For CO, GA, PA & TN, please refer to the panel provided by AmTrust via mail or email

How does my injured employee receive prescription medications related to the accident/injury?



- Refer to the claims kit for your state at www.talispoint.com/amtrust/external for a First Fill card for your injured employee to use at the pharmacy to cover the cost of approved medication.

Timely Reporting

When a work-related injury occurs, it is important to act immediately. Timely reporting of a new claim helps to provide a smooth and successful claim process for both you and your injured worker.



We're Here To Help

After your claim has been filed, we may be in touch to obtain additional information. Our goal is to offer a smooth and hassle-free experience – from your first contact to the claims conclusion. Feel free to also call us with any questions. We're here to help.



Relax And Stay Positive

You have the assurance of our knowledge, expertise, and understanding of the claim process. We're with you all the way.

877.528.7878 | www.amtrustfinancial.com

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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 FIRST REPORT OF INJURY OR DISEASE

**Department of Workforce Development
Worker's Compensation Division**
201 E. Washington Ave., Rm. C100
P.O. Box 7901
Madison, WI 53707
Imaging Server Fax: (608) 260-2503
Telephone: (608) 266-1340
http://www.dwd.wisconsin.gov/wc
e-mail: DWDDWC@dwd.wisconsin.gov

Fatal Injuries: Employers subject to ch.102, Wis. Stats., must report injuries resulting in death to the Department and to their insurance carrier, if insured, within one day after the death of the employee.

Non-Fatal Injuries: If the injury or occupational illness results in disability beyond the three-day waiting period, the employer, if insured, must notify its insurance carrier within 7 days after the injury or beginning of disability. Medical-only claims are to be reported to the insurance carrier only, not the Department.

Electronic Reporting Requirement: All work-related injuries and illnesses resulting in compensable lost time, with the exception of fatalities, must be reported electronically to the Department via EDI or Internet by the insurance carrier or self-insured employer within 14 days of the date of injury or beginning of disability. Employer may fax claims for fatal injuries to (608) 267-0394.

*Provision of your Social Security Number (SSN) is voluntary. Failure to provide it may result in an information processing delay. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m), Wisconsin Statutes].

(Please read the instructions on page 2 for completing this form)

EMPLOYEE	Employee Name (First, Middle, Last)		Social Security Number*		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Employee Home Telephone No. () -		
	Employee Street Address			City	State	Zip Code	Occupation	
	Birthdate	Date of Hire		County and State Where Accident or Exposure Occurred?				
EMPLOYER	Employer Name		WI Unemployment Ins. Acct No.	Self-Insured? <input type="checkbox"/> Yes <input type="checkbox"/> No		Nature of Business (Specific Product)		
	Employer Mailing Address			City	State	Zip Code	Employer FEIN	
	Name of Worker's Compensation Insurance Co. or Self-Insured Employer						Insurer FEIN	
	Name and Address of Third Party Administrator (TPA) Used by the Insurance Company or Self-Insured Employer AMTRUST NORTH AMERICA, P.O. BOX 89453, CLEVELAND, OH 44101						TPA FEIN	
WAGE INFORMATION	Wage at Time of Injury \$	Specify per hr., wk., mo., yr., etc. Per:		In Addition to Wages, Check Box(es) if Employee Received: <input type="checkbox"/> Meals <input type="checkbox"/> Room <input type="checkbox"/> Tips		No. of Meals/wk. No. of Days/wk. Avg. Weekly Amt. \$		
	Is Worker Paid for Overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, After How Many Hours of Work Per Week?							
	For the 52 Week Period Prior to the Week the Injury Occurred, Report Below the Number of Weeks Worked in the Same Kind of Work, and the Total Wages, Salary, Commission and Bonus or Premium Earned for Such Weeks.							
	No. of Weeks:	Gross Amount Excluding Tips: \$			If Piece-Work, No. of Hrs. Excluding Overtime:			
	Employee's Usual Work Schedule When Injured:			Start Time : <input type="checkbox"/> AM <input type="checkbox"/> PM	Hours Per Day	Hours Per Week	Days Per Week	
	Employer's Usual Full-Time Schedule for This Type of Work at Time of Employee's Injury:							
INJURY INFORMATION	Part-Time Employment Information:	Are there Other Part-Time Workers Doing the Same Work With the Same Schedule? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many?			Number of Full-Time Employees Doing the Same Type Of Work:			
	Injury Date	Time of Injury : AM : PM	Last Day Worked	Date Employer Notified	<input type="checkbox"/> Date Returned to Work <input type="checkbox"/> Estimated Date of Return			
	Did Injury Cause Death? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Death	Was This a Lost Time or Other Compensable Injury? <input type="checkbox"/> Yes <input type="checkbox"/> No		Did Injury Occur Because of: <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Failure to Use Safety Devices <input type="checkbox"/> Failure to Obey Rules			
	Was Employee Treated in an Emergency Room? <input type="checkbox"/> Yes <input type="checkbox"/> No Was Employee Hospitalized Overnight as an In-Patient? <input type="checkbox"/> Yes <input type="checkbox"/> No							
	Name and Address of Treating Practitioner and Hospital: Case Number from the OSHA Log:							
Injury Description - Describe Activities of Employee When Injury or Illness Occurred and What Tools, Machinery, Objects, Chemicals, Etc. Were Involved.								
What Happened to Cause This Injury or Illness? (Describe How The Injury Occurred)								
What Was The Injury or Illness? (State the Part of Body Affected and How It Was Affected)								
Report Prepared By		Work Phone Number () -		Position		Date Signed		

EMPLOYER AND INSURANCE CARRIER INSTRUCTIONS

The employer must complete all relevant sections on this form and submit it to the employer's worker's compensation insurance carrier or third party claim administrator within seven (7) days after the date of a work-related injury which causes permanent or temporary disability resulting in compensation for lost time. The employer's insurance carrier or the third-party claim's administrator may request that this form also be used to immediately report any injury requiring medical treatment, even though it does not involve lost work time.

For any work injury resulting in a **fatality**, the employer must also submit this form directly to the Department of Workforce Development **within 24 hours of the fatality**.

An employer exempt from the duty to insure under s. 102.28, Wis. Stats., and an insurance carrier administering claims for an insured employer are required to submit this form to the Department of Workforce Development within 14 days of the date of work injury.

MANDATORY INFORMATION

In order to accurately administer claims, each of the following sections of this form must be completed. The First Report of Injury will be returned to the sender if the mandatory information is not provided.

Employee Section: Provide all requested information to identify the injured employee. If an employee has multiple dates of employment, the "Date of Hire" is the date the employee was hired for the job on which he or she was injured.

Employer Section: Provide all requested information to identify the injured worker's employer at the time of injury. Provide the name and Federal Employer Identification Number (FEIN) for the insurance carrier or self-insured employer responsible for the worker's compensation expenses for this injury. Also identify the third party claim administrator, if one is used for this claim.

Wage Information Section: Provide the information requested regarding the injured employee's wage and hours worked for the job being performed at the time of injury.

Injury Information Section: Provide information regarding the date and time of injury. Provide a detailed description of the injury, including part of the body injured, the specific nature of the injury (i.e., fracture, strain, concussion, burn, etc.) and the use of any objects or tools (i.e., saw, ladder, vehicle, etc.) that may have caused the injury. Provide the name of the person preparing this report and the telephone number at which they may be reached, if additional information is needed. This form was designed to include information required by OSHA on form 301. If this section is completed and retained, the employer will not have to complete the OSHA 301 form.



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

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		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.

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

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!

We're protected by
**WORKER'S
COMPENSATION**

Follow safety rules and you'll be protected from injury. But if you are injured at work, you're protected by benefits.



Report injuries to your supervisor immediately

- You don't need a lawyer to get benefits.
- You won't get in trouble for reporting an injury or making a truthful claim.
- Your supervisor will help start your claim.

Fraud hurts us all

Call the Fraud Hotline if you know about a false claim, (608) 261-8486. Or you can reach us via the internet at <http://www.dwd.wisconsin.gov/wc> Save everyone the added insurance costs and a possible reduction in wage increases.

Don't make a worker's compensation claim unless it's legitimate. You risk jail, a fine and/or job loss.



FRAUD HOTLINE

(608) 261-8486

Prevent the Abuse of Worker's Compensation Claims

We Help Employers Fight Fraud

If you suspect a claim is fraudulent, or that it abuses the system, work with your insurance carrier to prepare evidence of the alleged fraud. Then report the case to:

Worker's Compensation Fraud Unit
201 E. Washington Avenue
P.O. Box 7901
Madison, WI 53707-7901

**For quick help, call the
Fraud Hotline: (608) 261-8486**

We Help Employers Fight Fraud

The Worker's Compensation Division is authorized by Wisconsin Statute 102.125 to work with employers and insurers to report, investigate, and prosecute allegations of worker's compensation fraud. Here's what we do:

- Work with you and your insurance carrier to determine if there is enough evidence to take the case to court.
- Refer the case to the local District Attorney's Office for prosecution when there is sufficient evidence of fraud. Cooperation from the Wisconsin Department of Justice and District Attorneys has been excellent.

PROVE IT!

Conviction of a fraudulent claim requires proof beyond a reasonable doubt of an intentional misrepresentation to secure benefits. Only the best documented cases succeed.

Prevention Is the Best Defense

A well-designed loss control program and the serious threat of legal action are very effective deterrents to making fraudulent claims.

Fraud Prevention Tips

1. Develop a first-class safety program. Claims are less likely to mushroom if injuries are prevented and employees feel that management is genuinely concerned about their safety. You can do that by establishing and practicing clear and comprehensive safety policies.
2. Establish strong accident investigation procedures. Injured employees and witnesses should be interviewed in person about the accident as soon as possible. Document all statements. Get a signed statement from the claimant.
3. Show concern for getting injured employees first-class medical evaluations and treatments.

4. Establish procedures for a clear understanding of essential information. Make sure the treating physician understands the nature of the job. Make sure the supervisor understands return-to-work limitations.
5. Make sure employees understand that false claims can be punished by terminations and criminal prosecution.

NOTE: Please use the poster on the reverse side to inform employees about worker's compensation fraud.



What if I Get a Lawyer?

If you hire an attorney in a disputed case, your attorney may be paid up to 20 percent of the amount of compensation the attorney obtains for you. You will also have to pay for your attorney's costs. The fees and costs will be deducted from your payments.

What Is a Compromise?

Your employer or its insurance carrier may ask you to settle. Settlements can be reached by signing a written agreement or may be put on the record at a hearing. This is called a compromise.

If there is a valid dispute over the amount of disability or whether an injury is work-related, you and the insurance carrier may decide to settle your claim. All compromises must be approved by the WC Division or the Office of Worker's Compensation Hearings to make sure they are reasonable. Before signing a compromise, it is important that you understand what future benefits you may be giving up. After you agree to a compromise, it is legally very difficult to change it. Often, you will not receive additional compensation beyond the amount of the compromise.

What if My Employer Won't Rehire Me?

The law does not guarantee a job after an injury, and the employer is not required to hold one open or create one. However, up to one year's back pay may be owed if an employer "unreasonably refuses" to rehire an injured worker. Employees who believe they have been unreasonably refused employment may request a hearing.

What if I Can't Return to My Job?

Some workers may not be able to return to the same type of work they did before injury or illness. Keep in contact with your employer and your practitioner to see if you can return to work early on a restricted basis, perhaps in a modified job if necessary. This could help ease you back into working again.

If your practitioner or employer indicates that you cannot return to your former job, you may contact the insurer to request assistance from either public or private vocational rehabilitation services. One resource is the State Division of Vocational Rehabilitation (DVR), which has offices statewide. See DVR's website at dwd.wisconsin.gov/dvr for more information.

You may also request a copy of a brochure called "Getting Back to Work" (WKC-7762-P) from your employer or your employer's insurance carrier or the Worker's Compensation Division. This brochure will provide you with information on vocational rehabilitation.

If you do not have a job at the end of your healing period, you may apply online for unemployment benefits at unemployment.wisconsin.gov. For help using online services or if you are truly unable to go online call (414) 435-7069.

General questions about your claim should be addressed to your employer, its insurer, or the Worker's Compensation Division. For further information, call the WC Division at (608) 266-1340.

When Is Increased or Decreased Compensation Paid?

If an employer has not followed a state or federal safety provision and an injury results, the employer must pay 15 percent increased compensation, up to a maximum of \$15,000. This is in addition to any other compensation. Payment is due even if the employee's carelessness caused the injury.

If you believe that you should be paid increased compensation because your employer did not observe a safety rule, you may apply for a hearing and must prove that your employer was at fault.

If a worker fails to follow their employer's written and enforced safety rules, compensation may be decreased by 15 percent, but not by more than \$15,000. If the injury was caused by the worker's

drug or alcohol use, the insurance carrier or self-insured employer may be liable for only medical expenses.

How Long Is My Claim Open?

You must report the injury to your employer within two years to qualify for worker's compensation. If the injury is reported or a payment is made within two years, the claim is usually held open by law for 6 years from the date of the injury or the date of last payment to you, whichever is later. In the case of an occupational disease, such as an occupational hearing loss, carpal tunnel syndrome, etc., there is no time limit for filing a claim. For some serious traumatic injuries such as total loss of a hand, arm, vision loss, permanent brain injury, or partial or total hip or knee replacement there is no time limit for filing additional claims relating to your work injury. In all cases, it is important to save your records of the last payment.

Questions about Worker's Compensation should be directed to:

WORKER'S COMPENSATION DIVISION

Main Office, Claim Files:
201 E. Washington Ave.
Room C100
P.O. Box 7901
Madison, WI 53707
(608) 266-1340

Copias en español están disponibles y se pueden solicitar por escrito.
Copies of this booklet are available in Spanish and Hmong upon request.

Web Site: dwd.wisconsin.gov/wc

DWD is an equal opportunity employer and service provider. If you have a disability and need assistance with this information, please dial 7-1-1 for Wisconsin Relay Service. Please contact the Worker's Compensation Division at (608) 266-1340 to request information in an alternate format, including translated to another language.

WKC-18-P (R. 01/2018)

PRST STD
US POSTAGE PAID
MADISON, WI 537
PERMIT NO 1369

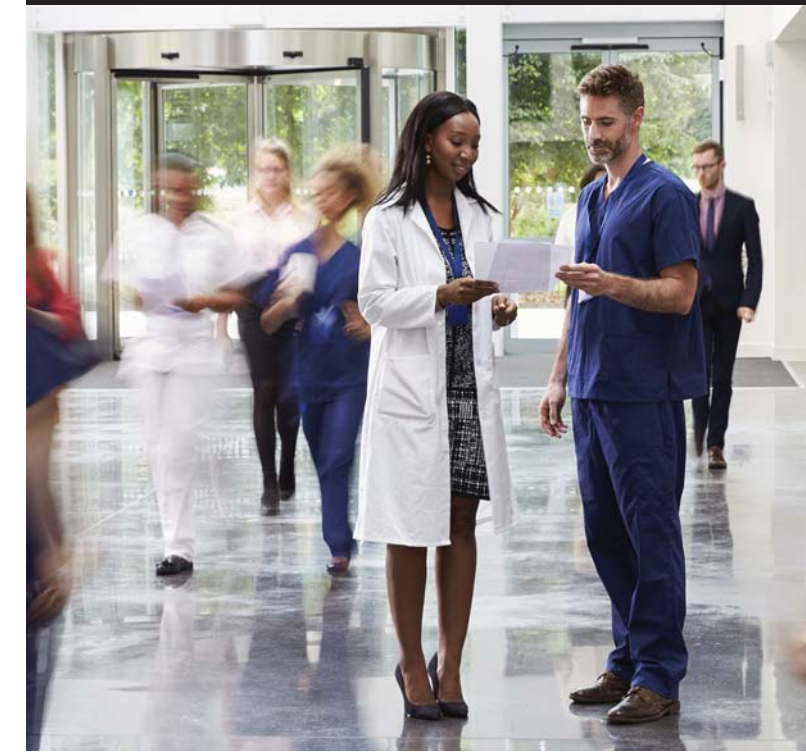
State of Wisconsin
Department of Workforce Development
Worker's Compensation Division
PO Box 7901
Madison, WI 53707

FACTS FOR INJURED WORKERS

About Worker's Compensation In Wisconsin

STATE OF WISCONSIN
 DWD
Department of Workforce Development

Worker's Compensation



Who Is Covered by the WC Law?

More than 98% of Wisconsin workers are covered from the day they start employment. You are covered if your employer has three or more full-time or part-time employees. If your employer has fewer than three, but a payroll of \$500 or more in any calendar year quarter, the employer must get WC insurance by the 10th day of the month following the end of that quarter.

"Employers" include private, government, non-profit, charitable, family operations, corporations, other legal business entities and certain owner/operators, independent contractors or subcontractors. "Workers" may be full- or part-time, seasonal or minors. Volunteer and domestic workers are excluded. Farm workers are covered only on farms with six or more employees on any 20 days in a calendar year. Worker's compensation coverage is the employer's responsibility. If you have reason to believe your employer is not covered and should be, or if your employer requires you to pay for or purchase your own worker's compensation insurance policy, please contact the Worker's Compensation Division.

What Injuries Are Covered by the Law?

The law covers both mental and physical injuries resulting from accidents or occupational diseases. If you work only in one place, such as a factory, store or office, your injury will usually be covered only if it occurs at work. If your work requires travel, you are covered at all times while traveling, including the time you are eating or sleeping, unless you deviate from regular work duties for a private or personal reason.

Generally, worker's compensation benefits must be paid even if the injury was your fault. (See section relating to increased or decreased compensation.)

All compensation and medical payments are based on medical reports from your practitioner. If your practitioner does not make prompt and regular reports to the insurance carrier or your employer (if self-insured), your payments may be delayed.

If the insurer does not make payment because it is still investigating your claim, it must notify you within 14 days after it receives notice of the injury. If your claim is denied, the insurer must inform you within 7 days of its decision and advise you of your rights to a hearing.

May I Choose My Own Treating Practitioner?

You may choose any physician, chiropractor, psychologist, podiatrist, dentist, physician assistant, or advanced practice nurse prescriber licensed in the state. By agreement with your employer, or when referred by a practitioner licensed in this state, you may choose a practitioner not licensed in this state. If you later select a second practitioner, you must notify your employer or the insurance carrier.

In an emergency, the employer may arrange for your treatment until you are able to choose your own practitioner. Your employer or the insurance carrier has the right to have you examined by a practitioner of its choice. Your compensation may be delayed if you do not agree to be examined.

You have the right to every type of treatment which is reasonable and necessary to cure you, as ordered by your practitioner. This includes hospitalization, therapy, tests and prosthetic devices. Medicine is paid for, as is any reasonable travel expense necessary to receive treatment.

Who Pays the Medical Bills?

The insurance carrier or self-insured employer is required to pay your medical expenses and mileage. Send any bills you receive to your employer or its insurer. If you paid any of your medical expenses, send itemized receipts to your employer (if self-insured) or its insurer for reimbursement.

An insurer or self-insured employer may challenge a health care provider's fee as unreasonable or treatment as unnecessary. An insurer or self-insured employer may refuse to pay the charge in question and must notify the provider of the dispute. Once a provider receives notice of a dispute about fees or treatment, the provider may not ask you to pay the bill. If you receive a bill for treatment when such a dispute exists, please contact your employer's worker's compensation insurance carrier or, if self-insured, your employer.

How Is Compensation Paid?

During the time you are healing from your injury, you will get two-thirds of your average weekly wage up to the maximum rate for the year of injury.

Payment is made on the basis of a six-day workweek, Monday through Saturday, regardless of the number of days per week you actually work. This means that your daily

payment is one-sixth of your weekly payment.

The Division reviews benefit payments to make sure they are accurate. If you doubt that you are receiving the correct amount of compensation, contact the Division.

What if I am Receiving Social Security Disability Payments?

You are required by law to notify the insurance carrier or self-insured employer if you are receiving both worker's compensation benefits and Social Security Disability payments.

When Will I Get My First Check?

In most cases, the first payment will be made by the insurance carrier within 14 days of your last day worked. If payment takes longer, contact your employer or its WC insurer.

If your payments later stop, or if you have any other problem, contact your employer or its insurer to find out the reason. If you need more help, contact the Division. You may cash compensation checks and sign receipts without any fear of waiving any of your legal rights.

What Compensation Is Paid for Permanent Disability?

After you have healed as much as possible from your injury, your practitioner will determine if you have any permanent disability.

For a permanent disability, you will receive additional compensation. Benefits are paid monthly, not in one lump sum.

A specific number of weeks of compensation is paid for the loss of a finger, hand, arm, leg, foot, eye, etc. This compensation is paid in addition to the compensation paid during the healing period. Different amounts of compensation are due for the loss of different parts of the body.

If there is no amputation, but there is pain or loss of motion or strength in a limb, then fewer weeks of compensation are paid. For example, 10 percent disability at the shoulder would equal 10 percent of 500 weeks of compensation, or 50 weeks.

Some other kinds of permanent injuries are compensated in a different manner that involves a determination of future wage loss.

KEY STEPS IN WORKER'S COMPENSATION

1. If you are hurt at work or become ill because of what you think is work-related exposure:
 - ◆ **Immediately** report your accident or ailment to your supervisor. Continue to keep your employer informed about any changes in your injury or condition.
 - ◆ Seek first aid and medical attention.
 - ◆ Remember that delays can affect not only your health, but also possible compensation benefits.
2. Your employer reports the injury to its insurance carrier (or internal claims office if self-insured), who will report it to the Worker's Compensation Division, if required. You do **not** have to file a claim yourself if you reported the injury.
3. The costs for your reasonable and necessary medical treatment will be paid. If you miss more than three days of work due to the injury, you will receive compensation for lost wages. Worker's compensation also provides benefits to dependents of workers who die after work-related accidents.
 - ◆ If your injury or illness is payable under the law:
 - You will get a check from the insurance carrier or from your own self-insured employer usually within 14 days after your injury. In some cases, it may take longer.
 - There is a 3-day waiting period. The first 3 days following an injury are not compensable unless you miss work beyond the 7th calendar day following the injury or sustain permanent disability. Any additional compensation for a permanent disability, such as an amputated limb, will be determined after you return to work or the healing period ends. (See "*How Is Compensation Paid?*" and "*What Compensation Is Paid For Permanent Disability?*")
4. It is important that you make every effort to return to work, within medical restrictions, as soon as possible after an injury. Your employer and your practitioner must agree to your returning to some form of work; it is important that you talk to them about returning. If you cannot return at all because of your injury, other options may be available. (See "*What If I Can't Return To My Job?*")

What if My Claim is Disputed?

If there is a dispute between you and the employer or insurer that cannot be settled, you may make a request to the Division for a hearing before an Administrative Law Judge to resolve it.

You may file an application for hearing if your employer does not report your accident, or if you believe you can prove that you did not receive all your benefits. You must have medical proof of your claim. This proof is the written opinion of a physician, chiropractor, psychologist, dentist, physician assistant, advanced practice nurse prescriber, podiatrist, or surgeon. A dentist, physician assistant, or advanced practice nurse prescriber can give opinions on diagnosis and necessity of treatment but not on whether your injury is work-related or how

disabled you are from the injury. The medical report supporting your claim should be filed with the application for hearing.

You should contact your employer and its insurer before applying for a hearing to find out exactly what is disputed.

You may request the forms to apply for a hearing by contacting the Worker's Compensation Division or any of the Office of Worker's Compensation Hearings offices. Please visit our website at dwd.wisconsin.gov/wc for these office locations. You will also receive additional written information explaining the hearing process.

¿Qué sucede si obtengo un abogado?

Si contrata a un abogado en un caso disputado, se le puede pagar a su abogado hasta el 20 por ciento del importe de la compensación que el abogado obtiene para usted. También deberá pagar los costos de su abogado. Los cargos y costos se deducirán de sus pagos.

¿Qué es un acuerdo de negociación?

Su empleador o su aseguradora puede pedirle llegar a un acuerdo. Se puede llegar a un acuerdo firmando un acuerdo por escrito o se puede colocar en actas en una audiencia. Esto se denomina acuerdo de negociación.

Si hay una disputa válida sobre un importe de incapacidad o sobre si una lesión es ocupacional o no, usted y la aseguradora pueden decidir llegar a un acuerdo sobre el reclamo. Todas las negociaciones deben ser aprobadas por la División de Compensación al Trabajador o la Oficina de Audiencias de Compensación al Trabajador para asegurarse de que sean razonables. Antes de firmar un acuerdo, es importante que entienda a qué beneficios futuros quizá deba renunciar. Después de acordar una negociación, legalmente es muy difícil cambiarla. Con frecuencia, no recibirá compensación adicional más allá del importe acordado en la negociación.

¿Qué sucede si mi empleador no me vuelve a contratar?

La ley no garantiza un trabajo después de una lesión, y el empleador no tiene la obligación de mantener ni crear un puesto. Sin embargo, se puede tener que pagar hasta un año de salario retroactivo si un empleador "se niega injustificadamente" a volver a contratar a un trabajador lesionado. Los empleados que creen que su empleador les ha negado el empleo de manera injustificada pueden solicitar una audiencia.

¿Qué sucede si no puedo regresar a mi trabajo?

Algunos trabajadores no pueden volver al mismo tipo de trabajo que hacían antes de la lesión o enfermedad. Manténgase en contacto con su empleador y su médico para ver si puede volver a trabajar con restricciones o quizá con un trabajo modificado de ser necesario. Esto podría ayudarlo a reincorporarse a la fuerza laboral.

Si su médico o empleador indican que no puede regresar a su trabajo anterior, puede comunicarse con la aseguradora para pedir ayuda de servicios de rehabilitación vocacional pública o privada. Un recurso es la División Estatal de Rehabilitación Vocacional (DVR, Division of Vocational Rehabilitation), que tiene oficinas en todo el estado. Ingrese al sitio web de DVR en dwd.wisconsin.gov/dvr para obtener más información.

También puede pedir una copia del folleto llamado "Volver a trabajar (Getting Back to Work)" (WKC-7762-P) a su empleador o a la aseguradora de su empleador o a la División de Compensación al Trabajador. Este folleto le proporcionará información sobre la rehabilitación vocacional.

Si no tiene un trabajo al final de su período de recuperación, puede solicitar beneficios por desempleo en internet en unemployment.wisconsin.gov. Para obtener ayuda para usar los servicios en línea o si en realidad no puede ingresar a internet, llame al (414) 435-7069.

Las preguntas generales sobre su reclamo deberían dirigirse a su empleador, su aseguradora o la División de Compensación al Trabajador. Para obtener más información, llame a la División de Compensación al Trabajador al (608) 266-1340.

¿Cuándo se aumenta o se reduce la cantidad de compensación pagada?

Si un empleador no ha cumplido una disposición de seguridad estatal o federal y se produce una lesión, el empleador debe pagar un 15 por ciento más de compensación, hasta un máximo de \$15,000. Esto es además de cualquier otra compensación. El pago se debe realizar incluso cuando el descuido del empleado haya causado la lesión.

Si cree que usted debe recibir más compensación porque su empleador no cumplió una regla de seguridad, puede solicitar una audiencia y debe demostrar que su empleador estaba en incumplimiento.

Si un trabajador no cumple las reglas de seguridad escritas y vigentes de su empleador, la compensación se puede disminuir en un 15 por ciento, pero no más que \$15,000. Si la lesión fue causada por el uso de alcohol o drogas del trabajador, la aseguradora o el empleador autoasegurado puede ser responsable de los gastos médicos únicamente.

¿Cuánto tiempo está abierto un reclamo?

Debe reportar la lesión a su empleador dentro de los dos años para calificar para la compensación al trabajador. Si la lesión se informa o si se hace un pago dentro de los dos años, el reclamo suele quedar abierto por ley por 6 años desde la fecha de la lesión o la fecha del último pago que se le hizo a usted, lo que haya pasado último. En el caso de una enfermedad ocupacional, como la pérdida de audición por el trabajo, síndrome de túnel carpiano, etc., no hay límite de tiempo para presentar un reclamo. Para lesiones traumáticas más serias como ser pérdida total de una mano, brazo, pérdida de visión, lesión cerebral permanente o reemplazo de rodilla o cadera total o parcial, no hay límite de tiempo para presentar reclamos adicionales relacionados con su lesión laboral. En todos los casos, es importante guardar sus registros del último pago.

Las preguntas sobre la compensación al trabajador deben dirigirse a:

División de Compensación al Trabajador

Main Office, Claim Files:
201 E. Washington Ave.
Room C100
P.O. Box 7901
Madison, WI 53707
(608) 266-1340

Hay copias de este folleto disponibles en inglés y en Hmong en nuestro sitio web.

Sitio Web: dwd.wisconsin.gov/wc

DWD es un empleador y proveedor de servicios que ofrece igualdad de oportunidades. Si tiene una discapacidad y necesita ayuda con esta información, marque 7-1-1 para comunicarse con el Wisconsin Relay Service (Servicio de Retransmisión de Wisconsin). Comuníquese con la División de Compensación al Trabajador al (608) 266-1340 para pedir información en un formato alternativo, incluida la traducción a otro idioma.

WKC-18-P (R. 01/2018)

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State of Wisconsin
Department of Workforce Development
Worker's Compensation Division
PO Box 7901
Madison, WI 53707

HECHOS PARA TRABAJADORES LESIONADOS

Acerca De La Compensación Al Trabajador En Wisconsin

STATE OF WISCONSIN



Department of Workforce Development

Worker's Compensation



¿Quién está cubierto por la ley de WC?

Más del 98% de los trabajadores de Wisconsin están cubiertos desde el día en que comienzan el empleo. Está cubierto si su empleador tiene tres o más empleados de tiempo completo o parcial. Si su empleador tiene menos de tres, pero una nómina de \$500 o más en cualquier trimestre de un año calendario, el empleador debe obtener seguro de WC antes del 10o día del mes posterior al final del trimestre.

"Empleadores" incluye operaciones privadas, gubernamentales, sin fines de lucro, de caridad, familiares, corporaciones, otras entidades de negocios legales y ciertos propietarios/operadores, contratistas independientes o subcontratistas. Los "trabajadores" pueden ser de tiempo completo o parcial, estacionales o menores. Se excluye a los voluntarios y trabajadores domésticos. Los trabajadores agrícolas están cubiertos sólo en granjas con seis o más empleados en cualquier período de 20 días en un año calendario. La cobertura de compensación al trabajador es responsabilidad del empleador. Si tiene razones para creer que su empleador no está cubierto y debería estarlo o si su empleador le exige que pague o compre su propia póliza de seguro de compensación al trabajador, sírvase comunicarse con la División de Compensación al Trabajador (Worker's Compensation Division).

¿Qué lesiones están cubiertas por la ley?

La ley cubre tanto las lesiones de salud mental como física que resultan de accidentes o enfermedades ocupacionales. Si trabaja sólo en un lugar, como una fábrica, tienda u oficina, su lesión suele estar cubierta sólo si ocurre en el trabajo. Si su trabajo requiere viaje, está cubierto en todo momento mientras viaja, incluidos los momentos en que usted está comiendo o durmiendo, a menos que se desvíe de sus deberes laborales habituales por una razón privada o personal.

Por lo general, los beneficios de compensación al trabajador se deben pagar aunque la lesión haya sido su culpa. (Vea la sección relacionada con el aumento o la disminución de la compensación).

Todos los pagos de compensación y médicos se basan en los informes médicos de su profesional médico. Si su profesional médico no hace informes inmediatos y habituales a la aseguradora o a su empleador (si está autoasegurado), sus pagos se pueden demorar.

Si la aseguradora no hace el pago porque sigue investigando un reclamo, debe notificarlo dentro de los 14 días después de que recibe notificación de la lesión. Si su reclamo es rechazado, la

aseguradora debe informarle la decisión y su derecho a una audiencia dentro de los 7 días.

¿Puedo elegir el profesional médico que me tratará?

Puede elegir cualquier médico, quiropráctico, psicólogo, podólogo, dentista, asistente de médico o enfermero de práctica avanzada con licencia y que receta en el estado. Por medio de un acuerdo con su empleador o cuando es derivado por un profesional con licencia del estado, puede elegir un profesional que no tenga licencia del estado. Si luego selecciona un segundo profesional médico, debe notificar a su empleador o a la aseguradora.

En una emergencia, el empleador puede organizar su tratamiento hasta que pueda elegir su propio profesional médico. Su empleador o la aseguradora tiene derecho a que un profesional médico elegido por ellos lo examine. Si no acepta ser examinado, su compensación puede verse demorada.

Tiene derecho a cada tipo de tratamiento que sea razonable y necesario para curarlo, según lo ordene su profesional médico. Esto incluye hospitalización, terapia, análisis y dispositivos prostéticos. La medicina está paga, al igual que cualquier gasto de viaje razonable y necesario para recibir tratamiento.

¿Quién paga las cuentas médicas?

La aseguradora o el empleador autoasegurado debe pagar sus gastos médicos y las millas realizadas debido a estos gastos. Envíe las facturas que reciba a su empleador o aseguradora. Si pagó cualquiera de sus gastos médicos, envíe recibos itemizados a su empleador (si está autoasegurado) o a su aseguradora para el reembolso.

Una aseguradora o empleador autoasegurado puede disputar la tarifa de un proveedor médico como irrazonable o el tratamiento como innecesario. Una aseguradora o empleador autoasegurado puede negarse a pagar el cargo en cuestión y debe notificar al proveedor de la disputa. Una vez que el proveedor reciba notificación de una disputa sobre tarifas o tratamiento, el proveedor no le puede pedir que usted pague la factura. Si usted recibe una factura por tratamiento cuando existe dicha disputa, sírvase comunicarse con la aseguradora de compensación al trabajador de su empleador o, si está autoasegurado, con su empleador.

¿Cómo se paga la compensación?

Durante el período en que se está curando por su lesión, recibirá dos tercios de su salario semanal promedio hasta el máximo correspondiente al año de la lesión.

El pago se hace sobre una semana de trabajo de seis días, de lunes a sábado, independientemente de la cantidad de días por

semana que usted trabaje. Esto significa que su pago diario es un sexto de su pago semanal.

La División revisa los pagos de beneficios para asegurarse de que sean correctos. Si tiene dudas sobre si está recibiendo el importe correcto de compensación, comuníquese con la División.

¿Qué sucede si estoy recibiendo pagos de incapacidad del seguro social?

Por ley, debe notificar a la aseguradora o al empleador autoasegurado si está recibiendo tanto beneficios de compensación al trabajador como pagos de incapacidad del seguro social.

¿Cuándo recibiré mi primer cheque?

En la mayoría de los casos, el primer pago será realizado por la aseguradora dentro de los 14 días de su último día trabajado. Si el pago lleva más tiempo, comuníquese con su empleador o aseguradora de WC.

Si su pago se detiene más adelante, o si tiene algún otro problema, comuníquese con su empleador o su aseguradora para averiguar la razón. Si necesita más ayuda, comuníquese con la División. Puede cobrar los cheques de compensación y firmar los recibos sin temor de renunciar a ninguno de sus derechos legales.

¿Qué compensación se paga por incapacidad permanente?

Después de que se ha curado lo más posible de su lesión, su profesional médico determinará si tiene alguna incapacidad permanente.

Para una incapacidad permanente, recibirá compensación adicional. Los beneficios se pagan por mes, no de una sola vez.

Se paga una cantidad específica de semanas por la pérdida de un dedo, mano, brazo, pierna, pie, ojo, etc. Esta compensación se paga además de la compensación pagada durante el período de recuperación. Se asignan diferentes montos de compensación por la pérdida de diferentes partes del cuerpo.

Si no hay amputación, pero hay dolor o pérdida de movimiento o fuerza de una extremidad, se pagan menos semanas de compensación. Por ejemplo, 10 por ciento de incapacidad en el hombro equivaldría a 10 por ciento de 500 semanas de compensación o 50 semanas.

Algunos otros tipos de lesiones permanentes se compensan de diferente manera e involucra la determinación de lucro cesante futuro.

PASOS CLAVE EN LA COMPENSACIÓN AL TRABAJADOR

- Si se lesiona en el trabajo o se enferma debido a lo que usted cree que es una exposición relacionada con el trabajo:
 - ▶ **Inmediatamente** reporte el accidente o enfermedad a su supervisor. Siga manteniendo informado a su empleador sobre los cambios en su lesión o condición.
 - ▶ Busque primeros auxilios y atención médica.
 - ▶ Recuerde que las demoras pueden afectar no solo su salud sino también los posibles beneficios de compensación.
- Su empleador reporta la lesión a su aseguradora (o a la oficina de reclamos internos si está autoasegurado) quien lo reportará a la División de Compensación del Trabajador, de ser requerido. **No** tiene que presentar un reclamo si reportó la lesión.
- Se pagarán los costos de su tratamiento médico razonable y necesario. Si se pierde más de tres días de trabajo debido a la lesión, recibirá compensación por lucro cesante. Compensación al trabajador también brinda beneficios a los dependientes de los trabajadores que mueren después de accidentes ocupacionales.
 - ▶ Si su enfermedad o lesión es pagadera según la ley:
 - recibirá un cheque de la aseguradora o de su propio empleador autoasegurado por lo general dentro de los 14 días después de su lesión. En algunos casos, podría llevar más tiempo.
 - Hay un período de espera de 3 días. Los primeros 3 días después de una lesión no son compensables a menos que no trabaje más allá del 7o día calendario después de la lesión o tenga incapacidad permanente.
 - Toda compensación adicional por una incapacidad permanente, como una extremidad amputada, se determinará después de que usted vuelva a trabajar o que termine el período de recuperación. (Ver "How Is Compensation Paid?" [Cómo se paga la compensación] y "What Compensation Is Paid For Permanent Disability?" [Qué compensación se paga por incapacidad permanente])
- Es importante que haga todo esfuerzo posible por regresar a trabajar, con restricciones médicas, lo antes posible después de una lesión. Su empleador y su profesional médico deben acordar que usted regrese a algún tipo de trabajo; es importante que hable con ellos sobre volver. Si no puede volver para nada debido a su lesión, pueden haber otras opciones disponibles. (Ver "What If I Can't Return To My Job?" [Qué sucede si no puedo volver a mi trabajo])

¿Qué sucede si se disputa mi reclamo?

Si hay una disputa entre usted y el empleador o la aseguradora que no se puede resolver, puede hacer un pedido a la División para que se haga una audiencia ante el Juez de derecho administrativo para resolverla.

Puede presentar una solicitud de audiencia si su empleador no reporta su accidente o si cree que puede demostrar que no recibió todos los beneficios. Debe tener pruebas médicas de su reclamo. La prueba es la opinión escrita de un médico, quiropráctico, psicólogo, dentista, asistente de médico, enfermera de practica avanzada que receta, podólogo o cirujano. Un dentista, asistente de médico o enfermera de práctica avanzada que receta puede dar opiniones sobre diagnósticos y necesidad de tratamiento pero no sobre si su lesión está relacionada con el trabajo o qué tan incapacitado está debido a la lesión. El informe médico que apoya su reclamo debería presentarse junto con la solicitud de audiencia.

Debería comunicarse con su empleador y su aseguradora antes de solicitar una audiencia para determinar exactamente qué se disputa.

Puede pedir los formularios para solicitar una audiencia comunicándose con la División de Compensación al Trabajador o con cualquiera de las oficinas de audiencias de compensación al trabajador (Office of Worker's Compensation Hearings). Sírvase ingresar a dwd.wisconsin.gov/wc para obtener las ubicaciones de estas oficinas. También recibirá información adicional por escrito que explica el proceso de audiencias.



Getting Back to Work after a Job-Related Injury in Wisconsin

Research indicates that most workers want to return to work as soon as possible after an injury. The longer you remain off the job, the less likely you will be able to return to suitable employment.

If you have been injured at work, and now have a permanent disability or work restriction that keeps you from returning to your former job, you may be eligible for vocational rehabilitation services. The purpose of vocational rehabilitation is to provide comprehensive, coordinated, effective, efficient and accountable programs to provide services that attempt to restore you, as nearly as possible to your pre-injury earning capacity. The State of Wisconsin, Department of Workforce Development (DWD) provides these vocational rehabilitation services.

Questions about Worker's Compensation should be directed to:

Wisconsin Department of Workforce
Development Worker's Compensation Division
Room C100
201 E. Washington Avenue
P.O. Box 7901
Madison, WI 53707

(608) 266-1340

Website: dwd.wisconsin.gov/wc

DWD is an equal opportunity employer and service provider. If you have a disability and need assistance with this information, please dial 7-1-1 for Wisconsin Relay Service. Please contact the Worker's Compensation Division at (608) 266-1340 to request information in an alternate format, including translated to another language.

Wisconsin Worker's Compensation Law

GETTING BACK TO WORK

STATE OF WISCONSIN
 **DWD**
Department of Workforce Development

Worker's Compensation



Individualized Plan for Employment

A vocational counselor in the DWD's Division of Vocational Rehabilitation (DVR) will perform an assessment to determine your eligibility for services. If you qualify, your DVR counselor will develop an individualized plan for employment (IPE) that helps you return to gainful employment. The IPE may include job placement assistance, on-the-job-training, education, retraining, and follow-up services. If you do not qualify for a program through DVR, you might still be eligible for vocational rehabilitation services through a certified private vocational rehabilitation counselor. Your DVR or private vocational counselor will take your strengths, resources, priorities, concerns, interests and abilities into consideration as your IPE is developed.



If your IPE recommends retraining, a specialist in the DWD Worker's Compensation Division (WCD) will help to determine if your program can be covered by your employer's worker's compensation insurance carrier. If you qualify, the covered benefit will typically cover tuition, fees, books, travel and meal expenses, and a maintenance benefit which pays you at your temporary total disability rate during your retraining program. The WCD specialist will oversee the process to ensure that required payments are made to you. If the worker's compensation insurance carrier or self-insured employer denies payment for vocational services or recommended training, you may contest their denial by filing an application for hearing with the WCD. Please contact the WCD to obtain an application.

To learn more about DVR or to apply for services, visit:

dwd.wisconsin.gov/dvr/locations

or call DVR's Administrative Office:

DWD - Division of Vocational Rehabilitation – Administrative Office

201 East Washington Avenue

P.O. Box 7852

Madison, WI 53707

(608) 261-0050

(800) 442-3477 (toll free)



Unemployment Benefits

If your worker's compensation benefits are suspended during your job search and/or retraining period, you may be eligible for unemployment benefits. You should contact the DWD Unemployment Insurance Division (UI) to determine if you qualify for benefits. For more information about UI, please visit:

dwd.wisconsin.gov/ui



Cómo regresar al trabajo después de una lesión relacionada con el trabajo en Wisconsin

Las investigaciones demuestran que la mayoría de los trabajadores quieren regresar al trabajo lo antes posible después de una lesión. Mientras más tiempo permanezca fuera del trabajo, menos probable será que pueda regresar a un empleo satisfactorio.

Si sufrió una lesión en el trabajo y ahora tiene una discapacidad permanente o algún tipo de restricción laboral que le impida volver a su trabajo anterior, es posible que cumpla los requisitos para recibir servicios de rehabilitación vocacional. El propósito de la rehabilitación vocacional es ofrecer programas integrales, coordinados, eficientes, eficaces y responsables para brindar servicios que intenten devolverlo a un punto lo más cerca posible de su capacidad remunerativa previa a la lesión. El Department of Workforce Development (DWD) del estado de Wisconsin presta estos servicios de rehabilitación vocacional.

Las preguntas sobre la compensación al trabajador deben dirigirse a:

Wisconsin Department of Workforce Development
Worker's Compensation Division
Room C100
201 E. Washington Avenue
P.O. Box 7901
Madison, WI 53707

(608) 266-1340

Website: dwd.wisconsin.gov/wc

DWD es un empleador y proveedor de servicios que ofrece igualdad de oportunidades. Si tiene una discapacidad y necesita ayuda con esta información, marque 7-1-1 para comunicarse con el Wisconsin Relay Service (Servicio de Retransmisión de Wisconsin). Comuníquese con la División de Compensación al Trabajador al (608) 266-1340 para pedir información en un formato alternativo, incluida la traducción a otro idioma.

Ley de compensación al trabajador de Wisconsin PARA REGRESAR AL TRABAJO

STATE OF WISCONSIN



Department of Workforce Development

Worker's Compensation



Plan individualizado de empleo

Un consejero vocacional de la Division of Vocational Rehabilitation (DVR) del DWD realizará una evaluación para determinar su aptitud para recibir los servicios. Si cumple los requisitos, su consejero de la DVR elaborará un plan individualizado de empleo (IPE) que lo ayude a regresar a un empleo remunerado. El IPE podrá incluir asistencia de colocación laboral, capacitación en el trabajo, instrucción, recapitación profesional y servicios de seguimiento.

Si no cumple los requisitos para un programa de la DVR, podría de todos modos ser apto para los servicios de un consejero de rehabilitación vocacional certificado privado. Su consejero vocacional privado o de la DVR tomará en cuenta sus fortalezas, recursos, prioridades, inquietudes, intereses y habilidades a medida que desarrolla su IPE.



Si su IPE recomienda recapitación profesional, un especialista de la Worker's Compensation Division (WCD) de la DWD lo ayudará a determinar si puede cubrir su programa la compañía de seguros de compensación al trabajador de su empleador. Si cumple los requisitos, el beneficio cubierto generalmente cubrirá gastos de matrícula, cuotas, libros, gastos de viaje y comidas, y un beneficio de mantenimiento que paga a su tasa de invalidez total temporal durante su programa de recapitación profesional. El especialista de la WCD supervisará el proceso para asegurar que se realicen los pagos requeridos. Si la compañía de seguros de compensación al trabajador o el empleador autoasegurado niega el pago de los servicios vocacionales o la capacitación recomendada, puede impugnar el rechazo presentando una solicitud de audiencia ante la WCD. Póngase en contacto con la WCD para obtener una solicitud.

Para obtener más información sobre la DVR o para solicitar servicios, visite:

dwd.wisconsin.gov/dvr/locations

o llame a la Oficina Administrativa de la DVR:

DWD - Division of Vocational Rehabilitation – Administrative Office

201 East Washington Avenue

P.O. Box 7852

Madison, WI 53707

(608) 261-0050

(800) 442-3477 (línea de llamada gratuita)



Beneficios de desempleo

Si le suspenden los beneficios de compensación al trabajador durante su búsqueda de empleo o período de recapitación profesional, puede ser apto para recibir beneficios de desempleo. Debe comunicarse con la Unemployment Insurance Division (UI) de la DWD para determinar si cumple los requisitos para recibir beneficios. Para obtener más información sobre la UI, visite:

dwd.wisconsin.gov/ui



PRACTITIONER'S REPORT ON ACCIDENT OR INDUSTRIAL DISEASE IN LIEU OF TESTIMONY

Department of Workforce Development
Worker's Compensation Division
 201 E. Washington Ave., Rm. C100
 P.O. Box 7901
 Madison, WI 53707
 Telephone: (608) 266-1340
 Fax: (608) 267-0394
<https://dwd.wisconsin.gov/wc>
 e-mail: DWDDWC@dwd.wisconsin.gov

FILED ON BEHALF OF: **EMPLOYEE** **EMPLOYER OR INSURANCE CARRIER**

*Provision of your Social Security Number (SSN) is voluntary. Failure to provide it may result in an information processing delay. The Department of Workforce Development (DWD) administers the Worker's Compensation Act, Chapter 102 Wis. Stats. The purpose of this form is to assist with the procurement of information related to or required by Chapter 102. Completion of this form is voluntary and failure to complete said form may result in a delay in the administration of Chapter 102. DWD may use the personally identifiable information (PII) it obtains from you on this form for purposes other than those for which it is being collected.

1. WC Claim Number	Employee Name	
Employee Social Security Number*	Employee Address	
2. Employer Name		3. Date of Traumatic Event
Employer Address		Worker's Compensation Insurance Carrier
4. Describe the accidental event or work exposure to which the patient attributes his/her condition. (A copy of medical history or notes containing this information will suffice if complete.)		
5. Give a complete description of physical or mental disability and diagnosis. (A copy of the medical history or notes containing this information will suffice if complete and limited to the work injury.)		
6. Did you treat the patient? If so, between what dates? <input type="checkbox"/> Yes <input type="checkbox"/> No and	7. Date of last examination or evaluation	8. Date disability from work began
9. Date injured was or will be able to return to a limited type of work: State any temporary limitations.		
10. Date injured was or will be able to return to full time work subject only to permanent limitations: State any permanent limitations.		
11. In your opinion, is it probable that the event in Item 4 directly caused the disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	12. If not directly, is it probable that the event described in Item 4 caused the disability by precipitation, aggravation and acceleration of a pre-existing progressively deteriorating or degenerative condition beyond normal progression? <input type="checkbox"/> Yes <input type="checkbox"/> No	
13. If the patient suffers from a condition caused by an appreciable period of work place exposure (from Item 4), was that exposure either the sole cause of the condition, or at least a material contributory causative factor in the condition's onset or progression? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, give date disability from work began:

14. Has accident or industrial disease resulted in any permanent disability? Yes No

15. Estimate percentage of permanent disability to the member, eye or ear involved, or compare to permanent total disability if injury is to torso or head, caused by the accident or work exposure described in Item 4.

16. What elements constitute permanent disability (such as limitation of motion, deformity, weakness, pain, lack of endurance or components of illness, e.g., isoiconias, photo toxicity, liver disease)? If limitation of motion, describe nature and percentage of limitation of each part of each member affected. (Make estimates on voluntary, not passive motions.) If amputation, state exact point bone was amputated and whether stump is tender or hardy.

17. What is the prognosis of this disability? If guarded, please explain:

18. Do you expect that any further treatment will be necessary for this condition?

Yes No If Yes, explain:

19. Prior to this accident or illness, did employee have any permanent disability?

Yes No If Yes, explain:

20. I am a practitioner licensed in and practicing in Wisconsin.

CERTIFICATION

Practitioner Typed or Printed Name:

I certify, subject to the penalty of fine and/or imprisonment, as provided in Sec. 943.39 of the Wisconsin Statutes, that the above report truly and correctly sets forth the history, my findings, diagnosis and opinion.

Practitioner Address (Street or P.O. Box):

Practitioner Address (City, State and Zip Code):

Practitioner Phone Number:

() -

College:

Signature of Practitioner

Date Signed

If not licensed and practicing in Wisconsin, state where practitioner is licensed and practicing:

IMPORTANT: Section 102.17(1)(d) of the Wisconsin Statutes provides that the contents of certified medical and surgical reports presented by parties shall constitute prima facie evidence as to the matter contained therein. Reports must be filed with the department and the other parties fifteen days prior to the date of hearing to be acceptable as evidence. If not so filed, it will be necessary to produce the doctor to give oral testimony at the time of hearing.

WAGE INFORMATION SUPPLEMENT*

***Use this form (WKC-13-A1-E) only for injuries occurring on or after April 10, 2022.**
 Insurers, including self-insured employers, must submit this form with the first **WKC-13 report** for each claim where TTD is less than the maximum rate in the year the injury occurred.

Read instructions on reverse carefully before completing.

*Provision of your Social Security Number (SSN) is voluntary. Failure to provide it may result in an information processing delay.

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m), Wisconsin Statutes].

**Department of Workforce Development
 Worker's Compensation Division**
 201 E. Washington Ave., Rm. C100
 P.O. Box 7901
 Madison, WI 53707
 Imaging Server Fax: (608) 260-2503
 Telephone: (608) 266-1340
 Fax: (608) 267-0394
 https://dwd.wisconsin.gov
 e-mail: DWDDWC@dwd.wisconsin.gov

Employee Name	Employee Social Security Number*	Date of Injury
Employer Name		
Name of Insurance Company or Self-Insured Employer (do not list adjusting company)		
Claims Handling Address (number, city, state, zip code)		
P.O. BOX 89453, CLEVELAND, OH 44101		

Complete Section 4 for part-time employees (include anyone working less than 35 hours per week) before completing Sections 1 and 2.)

1. Hourly Wage Multiply Equals Add Equals

a. Hourly rate at time of injury: <input type="checkbox"/> Standard Base \$ _____ <input type="checkbox"/> Piece Rate (if higher than the standard rate) <input type="checkbox"/> Standard base rate plus tips Tip Rate only: \$ _____ Base + Tip \$ _____	x	b. Hours per week: (fill in "usual scheduled hours," check the box you use to set the wages) <input type="checkbox"/> Normal scheduled hours: _____ Includes those hours paid at time-and-a-half: (See Instructions) _____ <input type="checkbox"/> Actually Worked: (use with piece rate, or tips in Section 1a.) _____ <input type="checkbox"/> Expand to Normal Full-time: _____ <input type="checkbox"/> Average weekly hours (see sec 4c) _____ <input type="checkbox"/> Seasonal: (See instructions) _____ 44	=	c. Base weekly rate: (See reverse for computing rates for time and a half employees) \$ _____	+	d. Additional weekly compensation from Section 3 below: (exclude tips) \$ _____	=	e. Average weekly earnings: (hourly) \$ _____
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2. Gross Wage Divide Equals Add Equals

a. Gross taxable wages in 52-week period prior to date of injury: (Exclude tips) \$ _____	÷	b. Number of weeks worked in 52-week period prior to injury: _____	=	c. Base Gross Wage: \$ _____	+	d. Additional weekly compensation from Section 3 below: \$ _____	=	e. Actual average weekly earnings: \$ _____
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3. Additions to Cash Wage Received by Employee Per Week (Mark any that apply)

<input type="checkbox"/> Free meals (Number/week) _____ Weekly Amount \$ _____	<input type="checkbox"/> Fuel Weekly Amount \$ _____
<input type="checkbox"/> Room (Number of days/wk) _____ Weekly Amount \$ _____	<input type="checkbox"/> Lights Weekly Amount \$ _____
<input type="checkbox"/> Tips Amount/Week \$ _____ (Add only to Section 2d., not 1d.)	<input type="checkbox"/> Other Weekly Amount \$ _____
<input type="checkbox"/> House or Apartment Weekly Amt \$ _____ <input type="checkbox"/> Check if this is continued during disability	Total Weekly Value: \$ _____

4. Part-Time Employment (Worked less than 35 hrs/wk)

a. Does the claimant have employment outside of the employer at which the injury occurred? <input type="checkbox"/> Yes <input type="checkbox"/> No	b. Did the claimant work less than full-time for less than 12 months prior to the injury? <input type="checkbox"/> Yes <input type="checkbox"/> No	c. Average weekly hours worked in the 52 weeks prior to the injury _____	d. Does the employee restrict availability to less than full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No
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5. Weekly Wage and TTD Rate Computation Multiply Equals

a. Weekly Wage (Greater of #1 or #2 above) \$ _____	x	b. <input type="checkbox"/> 66.67% OR <input type="checkbox"/> 100% (use for non-expanded part-time employee)	=	c. Weekly TTD Rate: \$ _____
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Insurance Claim Representative	Telephone Number ()
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Instructions for Completing the Wage Information Supplement, Form WKC-13-A

These instructions will help you complete the WKC-13-A and compute the TTD rate correctly. If more help is needed, please contact a wage specialist at (608) 266-1340 or send an e-mail to wcpendrpt@dwd.wisconsin.gov. Section DWD 80.02(2)(c) of the Wis. Admin. Code requires insurers, including self-insured employers, to submit this form within 30 days after the injury. It must be submitted for every claim where the TTD rate is less than the maximum rate for the year the injury occurred. For a reference to the maximum rates, see our website at: <https://dwd.wisconsin.gov/dwd/publications/wc/WKC-9572-P.pdf>

Section 1a- Hourly Rate at Time of Injury: Enter the standard base rate at the time of injury. Include in the hourly rate any additional hourly amounts which the employee received at the time of injury, e.g., shift differentials. For employees receiving time-and-a-half, enter the standard base rate, not time and a half rate. If this employee did not have an hourly rate but had a weekly, bi-weekly or monthly salary and has scheduled hours of work, divide the salary by the number of hours worked in the pay period to arrive at the hourly rate. If an employee is paid solely by commission or by mileage or some other method where scheduled hours are not used, the TTD rate will be based only on gross earnings. In such a case, enter "NA" in Section 1 and go on to Section 2. For employees paid on a piece work basis, compute the hourly piece work rate by dividing the earnings from piece work by the number of hours actually worked while on piece rate. Exclude time and a half earnings and hours in this computation. Use the piece rate amount only if the resulting rate is higher than the standard hourly rate. If the employee received tips, compute the additional hourly amount of tips. Enter that amount next to "tip rate" and add the hourly tip rate to the standard hourly rate to get the "standard base rate plus tips". Compute the tip rate by dividing total tip earnings (only the earnings received in tips) by total hours actually worked on a tip basis. The total hourly rate must be at least the legal minimum hourly wage.

Section 1b- Hours Per Week: Enter the normal number of hours scheduled (regular fixed schedule) at the time of injury). Include the number of hours the employee is paid at the time and a half rate. If the employee does not have regular scheduled hours, enter the number of hours which full-time employees normally work for the employer in this occupation. Include scheduled hours paid at a time-and-a-half rate in the number of "normally scheduled hours". If scheduled hours vary by more than 5 hours from week to week during the 90-day period immediately preceding the injury, use the number of hours that is normal for full time employees for this occupation. Check the box "Actually Worked" in Section 1b and enter the hours actually worked if the hourly rate in Section 1a is piece rate or includes tips. Check the "seasonal" box with 44 hours entered for employees who meet the definition of "seasonal" employees in s.102.11(1)(b) Wis. Stats. Seasonal employment cannot exceed 14 weeks. For part time employees, follow the instructions in Section 4.

Section 1c- Base Weekly Rate: Multiply the hourly rate in Section 1a times the hours used in Section 1b. For employees who worked a time and a half schedule at the time of injury and at least 13 consecutive weeks immediately prior to the injury, use the following formula: multiply the standard rate times the normal scheduled hours excluding those hours paid at the time-and-a-half rate; then multiply the time and a half rate times the time and a half hours, and add the two results to get the Base Weekly Rate.

Sections 1d & 1e- Hourly Wages/Additions to Base Average Weekly Wages and Average Weekly Earnings: Enter here and in Section 2d (except for tips) the weekly value of any other type of compensation the employee received, as shown in Section 3.

Section 2a-e Gross Wages and Average Weekly Earnings Enter the gross wages and the number of weeks the employee worked on that job (same type of work) in the 52-week period prior to the date of injury. When counting weeks for Section 2b, do not include the week of injury in the 52-week period. Count partial weeks as whole weeks. Include tips and additions to wages from Section 3 in section 2e. For employees who worked less than 6 weeks, TTD will be determined solely by the hourly rate in Section 1 or, if the employee does not have an hourly rate, by wages paid in a "same or similar" occupation. Enter "same or similar" wages in Section 2e and skip 2a, 2c and 2d. Complete the computations in Sections 2c, d and e for all others.

Section 3- Additions to Cash Wages: Enter the weekly value of any additional compensation paid to the employee. This value is added to the computations in Sections 1 and 2. The standard value of "meals" and "room" is set in Wis. Admin. Code DWD 80.29 and DWD 272. The value of all other items is set by common marketplace value to the employee.

Section 4a-d- Part-Time Employment: If a part-time employee has additional employment outside of the employer at which the injury occurred, check "yes" in Section 4a; their Average Weekly Wage will be calculated as if they are a full-time employee. Check the box "Expand to Normal Full-time" in Section 1 and enter the normal full-full time hours for the employer. If the answer in Section 4a is "no" move on to Section 4b and answer the question. Enter the average weekly hours for the 52 weeks prior to the injury in Section 4c, do not include any weeks in which no work was performed. If the answer to Section 4a is "no", check the box for "Average Weekly Hours Worked" in Section 1b and put this number in the space. In claims where the employee restrict availability to less than full-time work answer "yes" to Section 4d and attach a self-restriction statement or other evidence of the employee's choice to work less than full-time.

Section 5-- Wage and Rate Computation: Enter the wage used to compute the TTD rate (the higher amount from Section 1e or 2e). The rate in Section 5c is computed by multiplying the wage by either 66.67% or by 100% (used for non-expanded part-time employees).

Exception to using 100% in Section 5b: If using 100% in Section 5b exceeds 66.67% of the wages of a full-time employee doing this job, use 66.67% of wages (higher of 1e or 2e) after expanding the hours in Section 1b to full-time.

Exception Note: If this employee's employment situation is unique and you cannot use the computation formulas in Sections 1 and 2, indicate the wage and TTD rate in Section 5, and attach an explanation of how you computed the wage and TTD rate to this request.

WAGE INFORMATION SUPPLEMENT*

***Use this form (WKC-13-A-E) only for injuries occurring before April 10, 2022.**

Insurers, including self-insured employers, must submit this form with the first **WKC-13 report** for each claim where TTD is less than the maximum rate in the year the injury occurred.

Read instructions on reverse carefully before completing.

*Provision of your Social Security Number (SSN) is voluntary. Failure to provide it may result in an information processing delay.

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m), Wisconsin Statutes].

**Department of Workforce Development
Worker's Compensation Division**
201 E. Washington Ave., Rm. C100
P.O. Box 7901
Madison, WI 53707
Imaging Server Fax: (608) 260-2503
Telephone: (608) 266-1340
Fax: (608) 267-0394
https://dwd.wisconsin/wc
e-mail: DWDDWC@dwd.wisconsin.gov

Employee Name	Employee Social Security Number*	Date of Injury
Employer Name		
Name of Insurance Company or Self-Insured Employer (do not list adjusting company)		
Claims Handling Address (number, city, state, zip code)		

Complete Section 4 for part-time employees (include anyone working less than 35 hours per week) before completing Sections 1 and 2.

<p>1. Hourly Wage Multiply</p> <p>a. Hourly rate at time of injury:</p> <input type="checkbox"/> Standard Base \$ _____ <input type="checkbox"/> Piece Rate (if higher than the standard rate) <input type="checkbox"/> Standard base rate plus tips Tip Rate only: \$ _____ Base + Tip \$ _____	<p>b. Hours per week: (fill in "usual scheduled hours," check the box you use to set the wages)</p> <input type="checkbox"/> Normal scheduled hours: _____ Includes those hours paid at time-and-a-half: (See Instructions) _____ <input type="checkbox"/> Actually Worked: (use with piece rate, or tips in Section 1a.) _____ <input type="checkbox"/> Expand to: (See Section 4) <u>24</u> <input type="checkbox"/> Expand to Normal Full-time: _____ <input type="checkbox"/> Seasonal: (See instructions) <u>44</u>	<p>c. Base weekly rate: (See reverse for computing rates for time and a half employees)</p> <p>\$ _____</p>	<p>d. Additional weekly compensation from Section 3 below: (exclude tips)</p> <p>\$ _____</p>	<p>e. Average weekly earnings: (hourly)</p> <p>\$ _____</p>
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<p>2. Gross Wage Divide</p> <p>a. Gross taxable wages in 52-week period prior to date of injury: (Exclude tips)</p> <p>\$ _____</p>	<p>b. Number of weeks worked in 52-week period prior to injury:</p> <p>_____</p>	<p>c. Base Gross Wage:</p> <p>\$ _____</p>	<p>d. Additional weekly compensation from Section 3 below:</p> <p>\$ _____</p>	<p>e. Actual average weekly earnings:</p> <p>\$ _____</p>
---	--	--	--	---

3. Additions to Cash Wage Received by Employee Per Week (Mark any that apply)

<input type="checkbox"/> Free meals (Number/week) _____ Weekly Amount \$ _____	<input type="checkbox"/> Fuel Weekly Amount \$ _____
<input type="checkbox"/> Room (Number of days/wk) _____ Weekly Amount \$ _____	<input type="checkbox"/> Lights Weekly Amount \$ _____
<input type="checkbox"/> Tips Amount/Week \$ _____ (Add only to Section 2d., not 1d.)	<input type="checkbox"/> Other Weekly Amount \$ _____
<input type="checkbox"/> House or Apartment Weekly Amt \$ _____	<input type="checkbox"/> Check if this is continued during disability
Total Weekly Value: \$ _____	

4. Part-Time Employment (Worked less than 35 hrs/wk)

Part of Class Determination (What percentage of the workforce is part-time employees)	1. Normal number of hours scheduled per week: _____	2. Number of part-time employees doing same work on same schedule: _____	3. Number of full-time employees doing the same type of work: _____	4. _____% Divide 2 by (2 + 3) <input type="checkbox"/> No, not part of class (If #4 quotient is less than 10%) <input type="checkbox"/> Yes, part of class (If #4 quotient is more than 10%)
---	---	--	---	--

(Choose a, b or c that applies)

a Employee worked **less than 24 hrs/wk, is part of a class and does not restrict** availability for work. Check the box listed as "expand to" in Section 1b above with number of scheduled hours shown as 24.

b Employee worked less than 35 hours/wk, but **is not part of a class and does not restrict** availability for work. Check the box in Section 1b listed as "Expand to Normal full-time" and enter the number of hours which full-time employees normally work for the employer in this occupation.

c Employee works less than 27 hrs/wk., **and restricts availability** for work. Check the box in Section 1b listed as "Normal Scheduled Hours" and enter the number of normal scheduled hours. If the employee does not have "normal scheduled hours", leave Section 1b blank and complete all parts of Sections 2 and 5 using the 100% option of the result in Section 2e in Section 5b. **Attach the self-restriction statement.** See instructions on reverse for an **exception to using 100% in Section 5b.**

Important: These options are the only circumstances for which you will use a number other than the "normal hours scheduled" to compute weekly hourly wages. Use normal hours scheduled or actual hours worked (piece rate, time and 1/2 or tip rate) in Section 1b unless 4a, 4b or 4c applies.

5. Weekly Wage and TTD Rate Computation Multiply Equals

a. Weekly Wage (Greater of #1 or #2 above) \$ _____	X	b. <input type="checkbox"/> 66.67% OR <input type="checkbox"/> 100% (see 4.c)	=	c. Weekly TTD Rate: \$ _____
Insurance Claim Representative		Telephone Number ()		

Instructions for Completing the Wage Information Supplement, Form WKC-13-A

These instructions will help you complete the WKC-13-A and compute the TTD rate correctly. If more help is needed, please contact a wage specialist at (608) 266-1340 or send an e-mail to wcpendrpt@dwd.wisconsin.gov. Section DWD 80.02(2)(c) of the Wis. Admin. Code requires insurers, including self-insured employers, to submit this form within 30 days after the injury. It must be submitted for every claim where the TTD rate is less than the maximum rate for the year the injury occurred. For a reference to the maximum rates, see our website at: <https://dwd.wisconsin.gov/dwd/publications/wc/WKC-9572-P.pdf>

Section 1a- Hourly Rate at Time of Injury: Enter the standard base rate at the time of injury. Include in the hourly rate any additional hourly amounts which the employee received at the time of injury, e.g., shift differentials. For employees receiving time-and-a-half, enter the standard base rate, not time and a half rate. If this employee did not have an hourly rate but had a weekly, bi-weekly or monthly salary and has scheduled hours of work, divide the salary by the number of hours worked in the pay period to arrive at the hourly rate. If an employee is paid solely by commission or by mileage or some other method where scheduled hours are not used, the TTD rate will be based only on gross earnings. In such a case, enter "NA" in Section 1 and go on to Section 2. For employees paid on a piece work basis, compute the hourly piece work rate by dividing the earnings from piece work by the number of hours actually worked while on piece rate. Exclude time and a half earnings and hours in this computation. Use the piece rate amount only if the resulting rate is higher than the standard hourly rate. If the employee received tips, compute the additional hourly amount of tips. Enter that amount next to "tip rate" and add the hourly tip rate to the standard hourly rate to get the "standard base rate plus tips". Compute the tip rate by dividing total tip earnings (only the earnings received in tips) by total hours actually worked on a tip basis. The total hourly rate must be at least the legal minimum hourly wage.

Section 1b- Hours Per Week: Enter the normal number of hours scheduled (regular fixed schedule) at the time of injury). Include the number of hours the employee is paid at the time and a half rate. If the employee does not have regular scheduled hours, enter the number of hours which full-time employees normally work for the employer in this occupation. Include scheduled hours paid at a time-and-a-half rate in the number of "normally scheduled hours". If scheduled hours vary by more than 5 hours from week to week during the 90-day period immediately preceding the injury, use the number of hours that is normal for full time employees for this occupation. Check the box "Actually Worked" in Section 1b and enter the hours actually worked if the hourly rate in Section 1a is piece rate or includes tips. Check the "seasonal" box with 44 hours entered for employees who meet the definition of "seasonal" employees in s.102.11(1)(b) Wis. Stats. Seasonal employment cannot exceed 14 weeks. For part time employees, follow the instructions in Section 4.

Section 1c- Base Weekly Rate: Multiply the hourly rate in Section 1a times the hours used in Section 1b. For employees who worked a time and a half schedule at the time of injury and at least 13 consecutive weeks immediately prior to the injury, use the following formula: multiply the standard rate times the normal scheduled hours excluding those hours paid at the time-and-a-half rate; then multiply the time and a half rate times the time and a half hours, and add the two results to get the Base Weekly Rate.

Sections 1d & 1e- Hourly Wages/Additions to Base Average Weekly Wages and Average Weekly Earnings: Enter here and in Section 2d (except for tips) the weekly value of any other type of compensation the employee received, as shown in Section 3.

Section 2a-e Gross Wages and Average Weekly Earnings Enter the gross wages and the number of weeks the employee worked on that job (same type of work) in the 52-week period prior to the date of injury. When counting weeks for Section 2b, do not include the week of injury in the 52-week period. Count partial weeks as whole weeks. Include tips and additions to wages from Section 3 in section 2e. For employees who worked less than 6 weeks, TTD will be determined solely by the hourly rate in Section 1 or, if the employee does not have an hourly rate, by wages paid in a "same or similar" occupation. Enter "same or similar" wages in Section 2e and skip 2a, 2c and 2d. Complete the computations in Sections 2c, d and e for all others.

Section 3- Additions to Cash Wages: Enter the weekly value of any additional compensation paid to the employee. This value is added to the computations in Sections 1 and 2. The standard value of "meals" and "room" is set in Wis. Admin. Code DWD 80.29 and DWD 272. The value of all other items is set by common marketplace value to the employee.

Section 4- Part-Time Employment: Complete this Section for all workers at less than the maximum TTD rate if they were scheduled to work less than 35 hours per week at the time of injury.

Part of Class Determination: Complete this part before choosing and checking the applicable Section 4a, 4b or 4c. If the employee's regular work schedule varies by more than 5 hours per week during the 90-day period immediately preceding the injury, always consider the employee as "not part of class". Choose Section 4a, 4b or 4c that applies to the employee before doing the computations in Sections 1 or 2 to set the wage for the employee. If you check Section 4b, you will need to check the box in Section 1b "expand to normal full-time" and enter the number of normal full-time hours there for this occupation. Use the number of hours that are normally considered as full-time for that employer for that occupation to compute the wage.

Self Restriction: An employee "self restricts" employment if he/she limits his/her availability on the labor market to part-time work only and was not employed elsewhere. If you indicate that the worker self-restricts in Section 4c and wages are set at 100%, you must attach a copy of a self-restriction statement signed by the employee, stating the limitation to part-time and that he/she was not working elsewhere at the time of injury. A sample statement can be found at <https://dwd.wisconsin.gov/dwd/forms/WKC/wkc-12698-e.htm>

Section 5-- Wage and Rate Computation: Enter the wage used to compute the TTD rate (the higher amount from Section 1e or 2e). The rate in Section 5c is computed by multiplying the wage by either 66.67% or by 100% (see Section 4c).

Exception to using 100% in Sections 4c and 5b: If using 100% in Section 4c exceeds 66.67% of the wages of a full-time employee doing this job, use 66.67% of wages (higher of 1e or 2e) after expanding the hours in Section 1b to full-time.

Exception Note: If this employee's employment situation is unique and you cannot use the computation formulas in Sections 1 and 2, indicate the wage and TTD rate in Section 5, and attach an explanation of how you computed the wage and TTD rate to this request.

**STATE OF WISCONSIN
LABOR AND INDUSTRY REVIEW COMMISSION**

PETITION FOR REVIEW OF FINDINGS AND ORDER OF ADMINISTRATIVE LAW JUDGE (DHA-OWCH)

_____, Applicant

vs.

_____, Respondent

_____, Insurance Carrier

TO THE OFFICE OF WORKER'S COMPENSATION HEARINGS, MADISON, WISCONSIN

The undersigned petitions for a review of the law judge's findings issued on (mo/day/year)

The specific finding(s) which the petitioner claims are in error are as follows for the reasons stated:

Petitioner Signature	Date Signed
Petitioner Street Address	City, State, Zip Code

NOTE: You must provide a copy of the petition to the opposing party.

SEE REVERSE SIDE FOR FILING INSTRUCTIONS.

FILING INSTRUCTIONS

A petition must be filed within 21 days from the date of mailing of the findings and decision or order. For worker's compensation claims, petitions for review may be filed electronically through the internet website of the commission at the page found at http://lirc.wisconsin.gov/wc_appeal.htm. Petitions for review may be filed by mail or personal delivery. A petition filed by mail or personal delivery is deemed filed only when it is actually received by the commission or by the department to which the petition is mailed.

The petition may be filed at the office of the **Labor and Industry Review Commission**, 3319 West Beltline Highway, P. O. Box 8126, Madison WI 53708 (FAX: 608-267-4409); or at any of the following **Office of Worker's Compensation Hearings' locations**: 4822 Madison Yards Way, Fifth Floor, P.O. Box 7922, Madison WI 53707 (FAX: 608-266-0018); 819 North Sixth Street, Milwaukee WI 53203 (FAX: 414-227-4012); or 54 Park Place, Suite 900, Appleton WI 54914 (FAX: 920-832-5355).

Petitions for review may be filed by facsimile transmission. A petition for review transmitted by facsimile is not deemed filed unless and until the petition is received and printed at the recipient facsimile machine of the commission or of the department to which the petition is being transmitted.

For more information about appealing a Worker's Compensation Decision to LIRC, visit the website at http://lirc.wisconsin.gov/workers_compensation.htm.

**Department of Workforce Development
Worker's Compensation Division**

Dear Employee:

You have requested an advancement of your permanent disability benefit or from a restricted account. Although payments are to be paid monthly, in emergency situations advances may be approved. The Worker's Compensation Act allows advancements of these benefits only when it can be determined that this payment would be in the best interest of the injured worker and his or her dependents. To assist us in making this determination, **you must provide us with all of the information requested on the financial statement on the back of this letter.**

In most cases, you can expect to receive a decision regarding your advance request within 10 days after we receive your completed financial statement.

It is important for you to know that in all cases where monthly unaccrued permanent disability benefits are being advanced by an insurance carrier or self-insured employer, there will be a 5% interest credit allowed. This interest, compounded annually on the unaccrued benefits, **will reduce the total compensation payable to you.** Advancement checks will be made out in joint draft to you and the party to whom you are indebted.

Advance requests and disputes over any decisions regarding these requests **must be submitted in writing.**

Not all advance requests will be approved. No advancements will be granted on such items as credit card bills or personal loans.

Under the Worker's Compensation Act, you are limited to three advance payments in a calendar year.

Please send your completed financial statement to:

Department of Workforce Development
Worker's Compensation Division
P.O. Box 7901
Madison, WI 53707

ADVANCEMENT OR LUMP SUM REQUEST

*Provision of your Social Security Number (SSN) is voluntary. Failure to provide it may result in an information processing delay.

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m), Wisconsin Statutes].

WC Claim Number	Employee Name	Social Security Number*
Date of Injury	Requester Name (if other than employee)	Requesting as Beneficiary due to work related fatality? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (Number, Street, City, State and Zip Code)	Date of Birth	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" Start Date: _____		
Employer Name	Employer Phone Number	
Employer Address (Number, Street, City, State, Zip Code)		
Your gross salary or wages \$ _____ per _____ Hours Per Week: _____		

Present income of injured (all sources) _____ Social Security Benefits _____ If spouse employed, enter gross wages: \$ _____ per _____

Number of dependents under 18 years of age: _____ Child Support Obligation: _____ Savings: _____

Property owned (personal and real estate) _____ Estimated Value _____ Amount of money owed on property _____

To expedite our response, please give the amount and reason why advancement is requested. Be specific. Provide current copies of bills that are in arrears.

Certified as correct by: (signature of injured employee)

Signature

Date Signed

Telephone Number: _____

Under the Worker's Compensation Act, you are limited to three advance payments in a calendar year.
Return completed form to: Worker's Compensation Division, P.O. Box 7901, Madison, WI 53707

MEDICAL TREATMENT STATEMENT

SUPPLIES AND MEDICATIONS

Complete this form before the prehearing conference (if one is scheduled) and update it before the formal hearing. Bring this form to both the conference and hearing.

NOTE: An itemized statement for each expense claimed must be attached to this form and provided to the Worker's Compensation Division and other parties to this case at least 15 days before the hearing, according to section 102.17(8) of the statutes.

*Provision of your Social Security Number (SSN) is voluntary. Failure to provide it may result in an information processing delay. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m), Wisconsin Statutes].

WC Claim Number	Employee Name
Employee Social Security Number*	Employer Name
Injury Date	Insurance Company Name
Have You Applied For Or Are You Receiving Social Security Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have You Applied For Or Are You Covered Under Medicare? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Medicare Claim Number:

Names of Providers of Treatment, Medication, or Supplies	Total Charges	Amount Paid By Applicant	Amount Paid By Other Insurance Carriers <i>(Give Carriers' Names)</i>	Unpaid Balance
TOTAL:				