

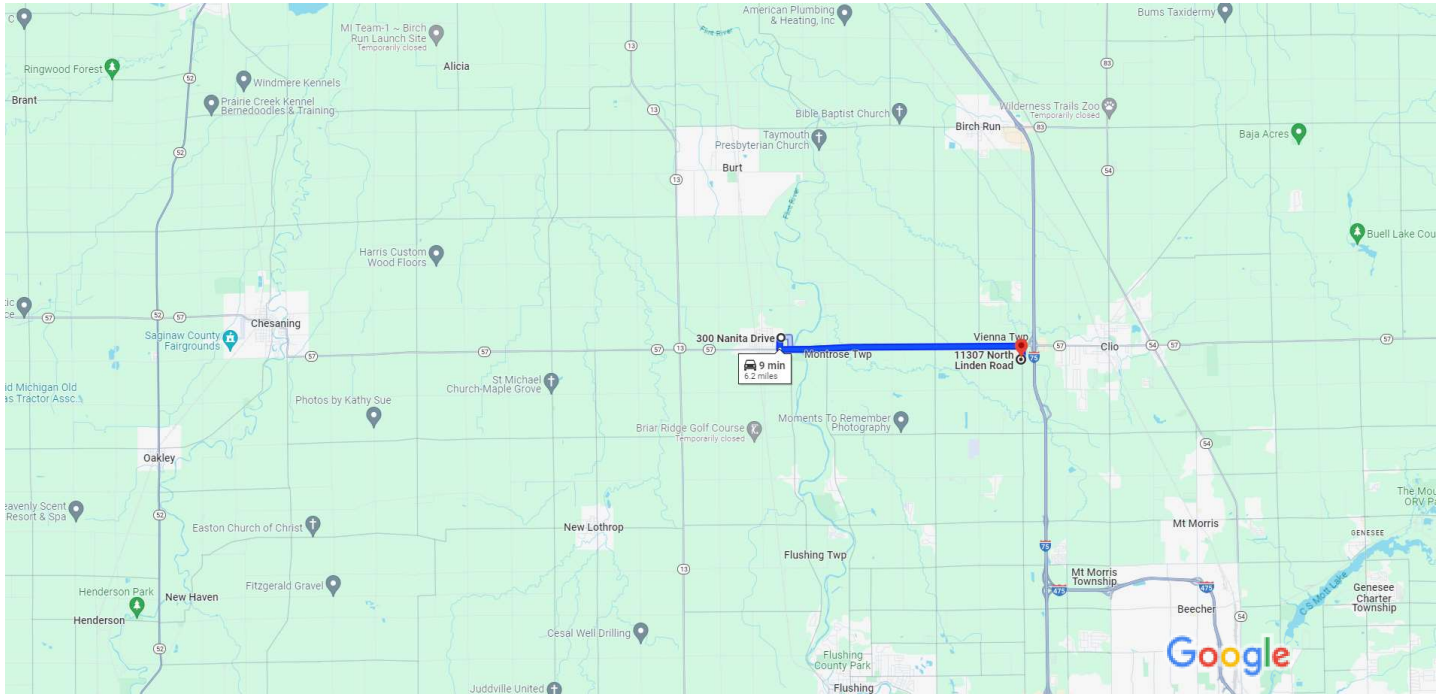
1. **Contact your supervisor immediately.**
2. **Contact MaryAnne Kilbourne** at 810.591.8816 if between the hours of 6:00 a.m. and 2:30 p.m. **If after 2:30 p.m., contact Dr.Linden Moore at 810.397.4454**
3. Fill out the attached **Employer's Basic Report of Injury** form (Sections I and III).
4. **If medical attention is needed**, you will need to go to the AMD Urgent Care. SEE HOURS BELOW. This is a walk in facility. If you are unable to drive yourself, please get with your supervisor for transportation. If you choose to go to your own doctor you will be responsible for the cost of the office call.
5. **If it is after 9:00 p.m., on a weekend, or outside the Urgent Care Center hours**, you will need to go to Genesys Medical Center Emergency Room (One Genesys Parkway, Grand Blanc, MI). **Should the treatment facility require a verbal approval, please have them contact Dr. Linden Moore at 810.397.4454.**
6. If you do not want a medical exam, please fill out the attached **Refusal of Treatment Report**. You must complete the **Employer's Basic Report of Injury** form and return it to MaryAnne Kilbourn as soon as possible.
7. These documents are available in your break rooms, school offices, as well as the administration office.
8. All reports must be turned in to MaryAnne Kilbourn no later than one day after the incident. Any reports after the next day are subject to denial.
9. Please make sure the procedure is followed exactly or the claim will be denied.
10. Please make sure you fill in your name on the attached letter and also present it to the doctor's office at the time of the visit.



<p>AMD Urgent Care 11307 N. Linden Rd, Suite B Clio, MI 48420 Phone: 810.564.7995 Opt.2 <b><u>Office Hours:</u></b> Monday-Friday 10:00a.m. – 10:00 p.m.</p>	<p>Ascension Genesys Hospital Emergency Room 1 Genesys Parkway - Suite 1620 Grand Blanc, MI 48439 Phone: 810.606.5957</p>
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300 Nanita Dr, Montrose, MI 48457 to 11307 N Linden Rd, Clio, MI 48420 Drive 6.2 miles, 9 min



Map data ©2024 2 mi

300 Nanita Dr  
Montrose, MI 48457

- ↑ 1. Head south on Nanita Dr toward Leroy St  
0.3 mi
- ↶ 2. Turn left onto M-57 E/E State St/Vienna Rd  
Continue to follow M-57 E/Vienna Rd  
5.6 mi
- ↷ 3. Turn right onto N Linden Rd  
Destination will be on the right  
0.3 mi

11307 N Linden Rd  
Clio, MI 48420



**AUTHORIZATION FOR EXAM OR TREATMENT**

EMPLOYEE/APPLICANT NAME: \_\_\_\_\_

**\*\*MINORS MUST BE ACCOMPANIED BY A PARENT OR LEGAL GUARDIAN\*\***

**AUTHORIZING COMPANY**

COMPANY: \_\_\_\_\_ PHONE: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_ DATE: \_\_\_\_\_

CONTACT: \_\_\_\_\_ TEMP AGENCY (IF APPLICABLE): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**WHO IS TO BE CHARGED FOR SERVICES?**

COMPANY \_\_\_\_\_ EMPLOYEE \_\_\_\_\_

**SERVICES AUTHORIZED**

**INJURY TREATMENT**

TREATMENT OF WORK-RELATED INJURY/ILLNESS  POST-INJURY/POST-ACCIDENT (PLEASE INDICATE TESTS BELOW)

DATE & TIME OF INJURY: \_\_\_\_\_  DRUG SCREEN SPECIFY \_\_\_DOT \_\_\_NON-DOT

BREATH ALCOHOL

NEEDLE POKE-  HEPATITIS TESTING  HIV TESTING PRESCRIPTION (WILL BE REFERRED)

IS IT KNOWN WHO THE NEEDLE BELONGED TO?  YES  NO IF YES-IS BLOOD SAMPLE AVAILABLE?  YES  NO

**DRUG/ALCOHOL TESTS**

*\*PATIENT INSTRUCTIONS: DO NOT URINATE JUST PRIOR TO ARRIVING & HAVE A VALID PHOTO ID FOR PHOTOCOPYING*

PURPOSE OF TESTING:  PRE-EMPLOYMENT  POST-ACCIDENT  REASONABLE SUSPICION

RANDOM  RETURN TO DUTY  FOLLOW-UP

DOT TESTING AUTHORITY:  FMCSA  FAA  FRA  FTA  PHMSA  USCG

BREATH ALCOHOL:  BREATH ALCOHOL TEST  DOT BREATH ALCOHOL TEST

DRUG SCREEN:  5 PANEL URINE  10 PANEL URINE  DOT URINE  OTHER: \_\_\_\_\_

**PHYSICAL EXAMS**

JOB TITLE: \_\_\_\_\_  PRE-EMPLOYMENT

DOT (SPECIFY): \_\_\_ ANNUAL \_\_\_ RECERTIFICATION  POST-OFFER  RESPIRATOR  OTHER: \_\_\_\_\_

**ADDITIONAL SERVICES**

HEPATITIS B TITER  EKG  PFT  FLU SHOT  OTHER: \_\_\_\_\_

TB PPD MANTOUX SKIN TEST (SPECIFY): \_ 1 STEP \_ 2 STEP  COVID-19 Nasopharyngeal Swab  COVID-19 Rapid Antibody

**\*PATIENT MUST RETURN TO CLINIC FOR READ IN 48-72HRS**

**ADDITIONAL COMMENTS:** \_\_\_\_\_



11307 N. Linden Rd, Suite B  
Clio, MI 48420  
810-564-7995, opt.2  
Fax 810-640-5110

7070 Miller Rd, Suite A  
Swartz Creek, MI 48473  
810-564-7995, opt.3  
Fax 810-221-1340

1477 S. State Rd  
Davison MI, 48423  
810-564-7995 opt. 5  
Fax: 810-221-1340

1451 N Leroy St  
Fenton, MI 48430  
810-564-7995 opt 6  
Fax: 810-221-1340

Montrose Community Schools

**Contact Information for anyone making referral or able to access information:**

**Mary Anne Kilbourn, Payroll and Benefits Coordinator**  
810-591-8816  
mkilbourn@montroseschools.org

**Billing Information including contact for workers' compensation:**

**Montrose Community Schools, PO BOX 3129, Montrose, MI 48457**

**Address for any paper results to be mailed:**

Montrose Community Schools, PO BOX 3129, Montrose, MI 48457

**Secure fax number (if you choose to utilize fax) for results/medical information:**

**810-591-7268**

**Any other instructions or comments:**

CM 9/18/23

**EMPLOYER'S BASIC REPORT OF INJURY**  
Michigan Department of Licensing and Regulatory Affairs  
Workers' Compensation Agency  
PO Box 30016, Lansing, MI 48909

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

**I. EMPLOYEE DATA**

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

**II. EMPLOYER/CARRIER DATA**

13. Employer name		14. Federal ID Number		
15. Injury location code	16. Mailing location code	17. UI number	18. Type of business (SIC/NAICS)	
19. Employer street address		20. City	21. State	22. ZIP code
23. Insurance company name (if employer not self-insured)			24. Insurance company telephone number (if known)	

**III. INJURY/MEDICAL DATA**

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

**IV. OCCUPATION AND WAGE DATA**

45. Date hired	46. Total gross weekly wage (highest 39 of 52)	47. Number of weeks used	48. Value of discontinued fringes
49. Occupation (Be specific)	50. Was employee a volunteer worker? <input type="checkbox"/> Yes <input type="checkbox"/> No	51. Was employee certified as vocationally handicapped? <input type="checkbox"/> Yes <input type="checkbox"/> No	
52. Date employer notified by employee		53. If temporary service agency, provide name/address of employer where injury occurred.	

**V. PREPARER DATA**

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

<b>Making a false or fraudulent statement for the purpose of obtaining or denying benefits can result in criminal or civil prosecution, or both, and denial of benefits.</b>			
54. Preparer's name (Please print or type)	55. Preparer's signature	56. Telephone number	57. Date prepared

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

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

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

## Section A

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

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

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

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## Section B

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

Authority: Workers' Disability Compensation Act, 408.31(1)(3) Completion: Mandatory Penalty: Workers' Disability Compensation Act, 418.631	LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
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**MONTROSE**  
COMMUNITY SCHOOLS



EMPLOYEE INJURY  
**REFUSAL OF TREATMENT REPORT**

<b>EMPLOYEE NAME:</b>	
<b>POSITION:</b>	
<b>DATE OF INJURY:</b>	
<b>DESCRIPTION OF INCIDENT THAT CAUSED INJURY:</b>	
<b>REPORTED TO:</b>	
<b>SIGNATURES</b>	
<b>EMPLOYEE:</b>	<b>DATE:</b>
<b>SUPERVISOR:</b>	<b>DATE:</b>

**RETURN THIS COMPLETED FORM TO  
MaryAnne Kilbourn  
AS SOON AS POSSIBLE**

# MONTROSE COMMUNITY SCHOOLS



To Whom It May Concern:

\_\_\_\_\_, an employee of Montrose Community Schools, has been injured at work. It is requested they be given a medical examination to determine treatment of this possible work related injury.

All work related injuries will be billed to our Workman's Compensation Insurance as shown below:

<p style="text-align: center;"><b>CCMSI</b> 2455 Woodlake Circle Okemos, MI 48864 517.347.2340 Fax: 217.477.5943</p>
--

Please direct all inquiries to MaryAnne Kilbourn with Montrose Community Schools at 810.591.8816 between 6:00 a.m. and 2:30 p.m.

Thank you

MaryAnne Kilbourn  
Payroll & Benefits Coordinator  
mkilbourn@montroseschools.org



## ***Employees -- Know Your Rights!***

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

- **Medical Care**

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

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

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

- **Wage Loss Benefits**

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

- **Vocational Rehabilitation**

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

*To be completed by the employer*

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

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

Additional information is on the agency's website at [www.michigan.gov/wca](http://www.michigan.gov/wca).

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

**WORKERS'  
COMPENSATION  
AGENCY**

# Workers' Compensation in Michigan

## What is Workers' Compensation?

Workers' compensation is the system that provides wage replacement, medical and rehabilitation benefits to workers who are injured on the job.

It is essentially a no-fault system that requires an employer to compensate a worker for any injury suffered in the course of the worker's employment, regardless of who was at fault. Under the state's Workers' Disability Compensation Act, however, the amount that a worker can recover is limited. In most cases, a worker who is injured receives medical treatment, and the employer or its insurance carrier voluntarily pays workers' compensation benefits. In time, the worker is "rehabilitated" by returning to his or her former job or to another one with the same employer.

Injured workers are entitled to only: (1) certain benefits to make up for the loss of wages suffered by the injured worker (limited by annually adjusted caps); (2) the cost of medical treatment (subject to cost containment rules); and (3) vocational rehabilitation services (limited to 104 weeks). Vocational rehabilitation can include changing the worker's job station or working with the employer and worker to aid in the person's return to work at the same or similar job or working with an agency to help the worker find a job with another employer.

## How are workers' compensation benefits paid for?

Employees do not pay for workers' compensation; there are no deductions from their paychecks for workers' compensation; nor do they pay into a workers' compensation fund. Michigan law requires all employers to arrange for the payment of workers' compensation benefits by purchasing insurance from a commercial insurance carrier or by obtaining state-approved self-insured status. By being self-insured, the employer maintains its own fund from which it pays workers' compensation or the employer participates with other employers from the same industry to pool their resources to fund their workers' compensation coverage.

## What happens if a worker is injured on the job?

A worker should notify the employer of a work-related injury or illness as soon as he/she is aware of the injury or illness. The employer may direct the injured worker to a treating physician or medical facility of the employer's choice for the first 28 days of care following the injury or illness. After the first 28 days of medical care, injured workers may choose their own treating physician, but they must notify the employer with the name of the chosen health care provider.

Once notified of the injury or illness, the insured employer is responsible for promptly:

- Filing the "Employer's Basic Report of Injury" (form 100) with Michigan's Workers' Compensation Agency (WCA) for all wage loss cases.
- Notifying its insurer of the medical-only cases.
- Informing the provider of the name and address of its insurer or the designated agent of the insurer to whom health care bills should be sent.
- Forwarding any medical bills and documentation received for medical services to the insurer.

If the employer will not report the injury to the WCA, injured workers should contact the agency for instructions on how they may report their own claims. **Injured workers may call 1-888-396-5041 or 517-322-1980 for information.**

Fact Sheet

### **How are workers' compensation benefits paid?**

A worker must have a wage loss of at least one week in order to receive any workers' compensation wage loss benefits. The payments are made to the injured worker by the self-insured employer or the insurance carrier. Payments for medical treatment are ordinarily made directly by the employer or its insurance company to the medical service provider.

### **How much is paid in workers' compensation?**

Generally, workers receive 80% of the after-tax value of their wage loss. A determination is made about the worker's "average weekly wage" before the injury. The worker would then be entitled to 80% of the after-tax value of that average weekly wage. The average weekly wage is based on the highest 39 weeks of wages during the 52 weeks immediately prior to the injury. Under certain circumstances, the value of fringe benefits may be included in determining the average weekly wage.

The maximum weekly wage benefit rate is 90% of the state average weekly wage for the year prior to the injury. Wage loss and medical benefits can be lifetime benefits, depending upon the severity of the injury and loss of wages.

### **Can workers' compensation cases be appealed?**

Most workers' compensation cases are amicably resolved. In fact, about two out of every three cases are voluntarily paid. However, if a claim is disputed by the employer/insurance carrier or injured worker, a claim can be filed with the WCA. The case is then assigned for hearing, but about 75% of these cases never go to trial. If a case is adjudicated by a magistrate, either party may appeal the decision to the Michigan Compensation Appellate Commission (MCAC). If the employer or injured worker disagrees with the MCAC decision, they can appeal to the Court of Appeals and then to the Supreme Court.

### **Questions?**

If you have questions about Michigan's Workers' Compensation program, please visit the WCA's website for information, publications, rate calculation and forms at [www.michigan.gov/wca](http://www.michigan.gov/wca) or call the agency at **1-888-396-5041**.



Michigan Department of Licensing and Regulatory Affairs  
Workers' Compensation Agency

## ADDITIONAL INFORMATION

### ■ Wage Earning Capacity

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

### ■ Lump Sum Advance and Redemption Settlement

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

### ■ Retired Persons

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

### ■ Unemployment Compensation

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

### ■ Returning To Work

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

### ■ Can I File My Own Claim

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

### ■ How Long Do I Have To File A Claim

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

## YOUR RESPONSIBILITIES

You must:

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

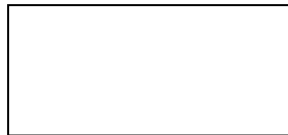
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Department of Licensing and Regulatory Affairs  
Workers' Compensation Agency  
P.O. Box 30016  
Lansing, MI 48909

[www.michigan.gov/wca](http://www.michigan.gov/wca)

Toll Free (888) 396-5041

Authority: PA 317 of 1969, as amended.



# A Summary of Your Rights and Responsibilities Under Michigan Workers' Compensation



LARA is an equal opportunity employer/program.

**W**orkers' Compensation is an employee benefit established in 1912 by the Michigan Legislature. It is administered by the Michigan Department of Licensing and Regulatory Affairs, Workers' Compensation Agency and covers most employees.

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

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

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

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

## YOUR RIGHTS

### ■ Medical Care

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

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

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

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

### ■ Wage Loss Benefits

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

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

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

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

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

### ■ Prompt Payment

Prompt payment of benefits is required by law. The first payment is due on the 14<sup>th</sup> day after your employer has notice or knowledge of a disability or death, and all compensation

accrued should be paid weekly. However, a benefit check is not considered late until 30 days after the due date.

### ■ Coordination of Benefits

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

### ■ More Than One Employer

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

### ■ Vocational Rehabilitation

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

### ■ Vocational Rehabilitation Hearings

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

### ■ Hearings/Mediation

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

Your case will be scheduled for mediation if:

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

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