

# NEW HIRE WORKERS' COMPENSATION NOTICE

## WORKERS' COMPENSATION COVERAGE

You may be entitled to workers' compensation benefits if you are injured or become ill due to your employment with SMCCCD. Workers' compensation covers most work-related physical or mental injuries and illnesses. An injury or illness can be caused by one event (such as hurting your back in a fall) or by repeated exposures such as hurting your wrist from doing the same motion over and over).

## BENEFITS

Workers' compensation benefits include: Medical care, temporary disability, permanent disability, supplemental job displacement voucher, and death benefits.

## MEDICAL CARE

You are entitled to medical care that is reasonably required to cure or relieve you from the effects of your work-related injury. Medical care may include doctor visits, hospital services, physical therapy, lab tests, x-rays, and medicines that are reasonably necessary to treat your injury. Providers should never bill you directly for work-related injuries. There is a limit on some medical services.

SMCCCD is required to provide you with a claim form within one (1) business day of learning about your injury. It is extremely important that you complete the "Employee" section of the claim form as SMCCCD is required to authorize medical care within one (1) working day after you file the form. If additional care is necessary after the initial treatment, Sedgwick CMS may authorize care that is appropriate for your injury, including the referral to a specialist.

SMCCCD has [designated facilities](#) near the work premises to treat injuries/illnesses that occur out of your employment with SMCCCD where medical treatment is provided.

## YOUR PRIMARY TREATING PHYSICIAN (PTP)

This is the physician with the overall responsibility for treating your injury or illness. The primary treating physician determines what type of treatment you need and when you may return to work. A multispecialty medical group of licensed doctors and osteopathy can be designated as personal physicians. You may request to change your

treating physician to your personal chiropractor or acupuncturist following a work-related injury or illness to Sedgwick CMS. If specialists, diagnostics, etc. are needed in your case, this physician will be responsible for making the referrals. If you name your [personal physician](#) before your injury, you may be treated by him or her for work related injuries/illnesses. Otherwise, SMCCCD has the right to select the physician who will treat you for the first 30 days. You may be able to switch to a physician of your choice after 30 days.

## YOUR PERSONAL PHYSICIAN CARE

You may be treated by your personal physician if you notify SMCCCD prior to your injury. A personal physician includes a medical group of licensed doctors of medicine or osteopathy. Please have your physician complete a [pre-designate personal physician form](#) available at our District Portal website: <http://smccd.edu/portal>. The following requirements must be met:

1. Your personal physician must agree in advance to treat you for any work injuries or illnesses.
2. Your personal physician must be your regular physician (general/family practitioner, board certified internist, board certified pediatrician, board certified obstetrician/gynecologist).
3. Your physician has previously directed your medical treatment and retains your records, including your medical history.

## EMERGENCY MEDICAL CARE

If you need emergency care, call 911 immediately for the hospital, ambulance, fire department or police department. You may also contact our [college nurse or our campus college safety department](#).

## FIRST AID

If you need [first aid treatment](#), contact your college nurse or Human Resources.

An [incident report form](#) needs to be completed by the employee and supervisor for an acknowledgment that an incident has occurred where no medical care beyond first aid is needed and no loss time has occurred.

## REPORT YOUR INJURY

Report a work related injury or illness immediately to your supervisor/administrator or Human Resources at (650) 358-6724. You may download the [new hire injury/illness reporting packet](#) from our District portal website.

Don't delay. There are time limits. If you wait too long, you may lose your right to benefits. SMCCCD is required to provide you with a claim form within one working day after learning about your injury. Until the date the claim is accepted or rejected, liability for medical treatment shall be limited to ten thousand dollars (\$ 10,000) within one working day after you file a claim form. If your claim is denied, you have the right to appeal the decision within one year of the date of injury.

## TEMPORARY DISABILITY BENEFITS (TD)

You may be entitled to payments if you lose wages while recovering. Your temporary disability rate is calculated by multiplying your average weekly wage by two thirds. The first 3 days of disability are not payable under California law unless there is hospitalization at the time of injury or the disability exceeds 14 days. If your physician returns you to work on a modified basis, you may be entitled to wage loss. This is generally calculated by multiplying the difference between your average weekly wage and your earnings during modified duties times two thirds. This is subject to the benefit minimums and maximums set by the California Legislature. Temporary disability benefits are payable within 14 days of the date of injury or knowledge of the injury. Subsequent payments are due every 14 days. For injuries occurring on or after 1/1/08, no more than 104 weeks of temporary disability are payable within 5 years from the date of injury. For longer term conditions (hepatitis B & C, amputations, severe burns, HIV, high velocity eye injuries, chemical burns to the eyes, pulmonary fibrosis, and chronic lung disease) no more than 240 weeks within five years from the date of injury are payable. You may be eligible for state disability benefits from the Employment Development Department (EDD) if TD benefits are stopped, delayed, or denied. There are time limits so contact EDD for more

information. This is applicable if you currently pay for state disability insurance through another employer.

### **PERMANENT DISABILITY BENEFITS (PD)**

You may be entitled to payments if your physician says your injury has limited your ability to work. The permanent disability rate is calculated by multiplying your average weekly wage by two thirds, subject to statutory minimums and maximums. The amount of permanent disability or impairment may depend on your doctor's opinion, as well as your age, occupation type of injury and date of injury. If you have permanent disability or your claims examiner suspects you have permanent disability, a letter will be sent to you explaining your benefits, including the estimate or total value of permanent disability, weekly payment amount, how the benefit was calculated, and all of your related rights under the California Labor Code, including your right to object to the report upon which the determination is being based. Permanent Disability benefits are payable within 14 days of the last payment of temporary disability benefits or after your physician indicates there is permanent disability. The benefit is payable every fourteen days. Permanent Disability Benefits are not payable until your claim is finalized if the District offers a job upon termination of temporary disability benefits.

### **SUPPLEMENTAL JOB DISPLACEMENT BENEFITS**

You may be entitled to a nontransferable voucher payable to a state approved school. To qualify, your injury must result in a permanent impairment and the District is unable to offer modified or alternative work within 60 days of receipt of a report asserting that all medical conditions have reached maximum medical improvement. If the District does not offer a modified or alternative job within 60 days of termination of maximum medical improvement, you may choose to receive a non-transferable voucher to use at a state accredited school for education related retraining or skill replacement benefit, your claims examiner will provide a voucher for up to \$6,000.

### **RETURN TO WORK FUND**

If your injury results in permanent impairment and it is determined that the amount awarded is disproportionately low in comparison to your loss of earnings, you may be

entitled to additional compensation. A fund was established to supplement permanent impairment benefits under specific circumstances. This fund is administered by the Division of Workers Compensation. Your examiner can assist in directly in to the correct resource to determine eligibility.

### **DEATH BENEFITS**

Death benefits are paid to dependents of a worker who dies from a work-related injury or illness. The benefit is calculated and paid in the same manner as temporary disability. This benefit is paid at a minimum rate of \$224 per week. The death benefit rates are set by state law and the amount depends upon the number of dependents. If dependent minor children are involved, death benefits are payable at least until the youngest child reaches majority age. Burial expenses are also provided under this benefit.

### **AVAILABLE FORMS**

Forms are available through our District Portal Web Site at: <http://www.smccd.edu/portal> click downloads, human resources folder, worker's compensation folder. You will find our designated facility panel listing for medical care. You will also find the pre-designated personal physician form to designate prior to your injury/illness at any time throughout your employment with SMCCCD. You may also find the worker's compensation new injury reporting packet. The packet provides forms to be completed by the injurer, your supervisor and information sheets related to benefits that you may be eligible.

For [District Vehicle accidents Reporting](#), please complete additional forms.

Please visit [Frequent Asked Questions](#) regarding Worker's Compensation.

### **CLAIMS ADMINISTRATOR**

**Sedgwick Claims Management Services, MCU WC**

P.O. Box 14479, Lexington, KY 40512-4479

Telephone: (877) 809-9478

You may contact an information and assistance officer at the State Division of Workers' Compensation, toll free (800)

736-7401, visit <http://www.dir.ca.gov>, San Francisco Office (415) 703-5020 San Jose Office (408) 277-1292.

### **EMPLOYER DISPUTES YOUR INJURY**

State law requires SMCCCD to authorize medical care within one working day of receiving a DWC 1 claim form. Your employer may be liable for as much as \$10,000 in medical care until your claim is accepted or denied.

### **QUESTIONS**

If you have questions, you may contact Human Resources at (650) 358-6724.

You may consult an attorney. Most attorneys offer one free consultation. If you decide to hire an attorney, his or her fee will be taken out of some of your benefits. For names of workers' compensation attorneys, call the State Bar of California at (415) 538-2120.

### **DISCRIMINATION**

It is illegal for SMCCCD to punish or fire you for having a work injury or illness, for filing a claim, or testifying in another person's workers' compensation case. If proven, you may receive lost wages, job reinstatement, increased benefits, and costs and expenses up to limits set by the state.

### **FALSE CLAIMS AND FALSE DENIALS**

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony and may be fined and imprisoned. (Insurance Code 1871.4)

SMCCCD may not be liable for the payment of workers' compensation benefits for any injury/illness that arises from your voluntary participation in any off-duty recreational, social, or athletic activity that is not part of your work-related duties.

Revised May 2015

# San Mateo County Community College District

## workers' compensation: Pre-Designation of Personal Physician

If your employer offers group health insurance and you are injured on the job you have the right to be treated immediately by your personal physician (M.D., D.O) if you notify your employer, in writing, prior to the injury. Per Labor Code 4600 to qualify as the your predesignated, personal physician, the physician must agree, in writing, to treat you for a work related injury, must have previously directed your medical care and must retain your medical history and records. Your predesignated physician must be a general practitioner, family practitioner, board certified or board eligible internist, pediatrician or obstetrician-gynecologist.

This is an optional form that can be used to notify your employer of your personal physician. You may choose to use another form, as long as you notify your employer in writing prior to being injured on the job and provide written verification that your personal physician meets the above requirements and agrees to be predesignated. Otherwise, you will be treated by one of your employers' designated worker's compensation medical providers.

**VOLUNTEER NAME:** \_\_\_\_\_

- I acknowledge receipt of this form and elect not to predesignate my personal physician at this time. I understand that I will receive medical treatment from my employer's medical provider. I understand that, at any time in the future, I can change my mind and provide written notification of my personal physician. I understand that the written notification must be on file prior to an industrial injury.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- If I am injured on the job, I wish to be treated by my personal physician\*:

Name of Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Physician Address \_\_\_\_\_

\*This physician is my personal physician who has previously directed my medical care and retains my medical history and records.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***A Personal Physician must be willing to be predesignated and treat you for a worker's compensation injury. The remainder of this form is to be completed by your physician and returned to your Employer.***

### **PERSONAL PHYSICIAN ACKNOWLEDGEMENT**

Per Labor Code 4600 to qualify you must meet the criteria outlined above. You are not required to sign this form, however, if you or your designated employee, does not sign, other written documentation of the physician's agreement to be predesignated will be required pursuant to Title 8, California Code of Regulations, section 9780.1(a)(3).

PERSONAL PHYSICIAN NAME: \_\_\_\_\_

- I agree to treat*** the above named employee in the event of an industrial accident or injury. I meet the criteria outlined above. I agree to adhere to the Administrative Director's Rules and Regulations, Section 9785, regarding the duties of the employee-designated physician.
- I do not agree to treat*** the above employee in the event of an industrial accident or injury.
- I do not qualify*** as the employees' personal physician. I am not an M.D. or D.O. or do not meet the criteria outlined above.

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

**Please return completed form to:**

**Human Resources, SMCCCD, 3401 CSM Dr., San Mateo, CA 94402 Fax: (650) 574-6574**