

**IOWA WORKERS' COMPENSATION INSURANCE PROGRAM
IMPORTANT NOTICE**

POLICY HOLDERS NOTICE OF LOSS CONTROL SERVICES

In compliance with the Iowa Workers' Compensation Insurance plan, we provide for our policyholders a broad range of Loss Control Services. When requested, our Loss Control Department is prepared to provide, at no additional charge, the following services:

1. Consultative services pertaining to the safety performance of your business and operations.
2. An appraisal of the various mechanical hazards, material handling methods, chemical and ergonomic exposures that may exist at your business.
3. Advice and assistance in the recognition, evaluation and control of occupational safety and health hazards.
4. Advice and assistance in coordinating and implementing employee safety and health programs.
5. Recommendations for corrective actions to address workplace hazards identified in conjunction with other services provided.
6. Assistance in developing a comprehensive safety and health program for your business, including the following elements:
 - Safety Policy
 - Safety Rules
 - Safety Inspections, both Regular and Periodic
 - Preventative Maintenance Programs
 - Safety and Health Training Programs
 - First Aid Programs
 - Accident Investigation Programs
 - Recordkeeping

(Note: Our representatives are ethically and legally required to submit recommendations for discrepancies and deficiencies discovered in the course of their consultations with you. Mandatory compliance may be required.)

Contact Us

If you wish to have the Loss Control Department provide any of these services for your business:

Telephone: (678) 258-8151

Toll-Free: 1-888-239-3909

(please ask for the Loss Control Department)

e-mail: ARlosscontrol@amtrustgroup.com

Or detach the coupon below and mail to:

Amtrust North America

Attn. Gina Forstman

P.O. Box 5446

Cleveland, OH 44101-0446



Yes, we are interested in Loss Control Assistance.

Company Name: _____ **Policy Number:** _____

Address: _____

Telephone Number: _____ **Person to Contact:** _____

Position/Title: _____

Workers' Compensation Quick Reference Guide

Carrier: Technology Insurance Company

Claim Administrator: Amtrust North America
P.O. Box 5446
Cleveland, OH 44101-0446
678-258-8000 Fax - 678-258-8399
Toll Free: 888-239-3909

CONTACTS

Claims Analyst: John Walters 770-369-9898
Policy Svcs/Loss Control: Gina Forstman 678-258-8105
Customer Service: 877-882-1305

YOUR DUTIES UNDER THE WCIP

1. Pay all premiums promptly and timely
2. Advise us or your agent of any material change in your corporate entity, location of business or a change in the nature of your business.
3. All claims must be reported timely.
4. Payroll and overtime records must be available at all times.
5. Allow reasonable access to your workplace for safety inspections during business hours.
6. Loss Control recommendations must be complied within specified time frames.

Lack of cooperation in any of these areas could result in cancellation.

YOUR RESPONSIBILITIES BEFORE & AFTER AN INJURY

1. **Report all injuries immediately on the proper State Board forms.**
2. Emergency Situations:
In case of emergency send the injured employee to the closest emergency facility.
3. Assist injured employees in getting appropriate medical care.

Technology Insurance Company

For Worker's Compensation Claims

24/7 Toll Free Claim Reporting for All States



(888)239-3909



WorkersCompClaimReport@AmTrustgroup.com



www.amtrustfinancial.com

When a work injury is reported to you, simply email the claim report to the email address stated above. The state law **requires the employer to timely and fully complete the State specific First Report of Injury form.** You must have the following information available when you complete the claim form:

Information Required for All Claims Reported



1. Name of employer (name as it appears on the policy is preferred).
2. Policy Number, if known.
3. Injured employees': Name, Address, Phone, Social Security Number, Date of Hire and Date of Birth.
4. Date, Time & Place of Incident
5. Description of accident or incident
6. Nature of Injury
7. Name & phone for initial medical provider, if known.
8. Wage Information



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

OPTUM[®]

WORKERS' COMPENSATION PRESCRIPTION DRUG PROGRAM

AmTrust North America
 CARRIER/TPA EMPLOYER

INJURED WORKER NAME

Please provide directly to Pharmacist

SOCIAL SECURITY NUMBER DATE OF INJURY (YYMMDD)

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

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

Tmesys is the designated PBM for this patient.

Tmesys Pharmacy Help Desk
1-800-964-2531

	<u>NDC</u>	or	<u>Envoy</u>
RxBIN	004261	or	002538
RxPCN	CAL	or	Envoy Acct. #
GROUP	<u>FF</u>		

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



Employer:

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

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



HACEMOS MÁS SENCILLO...

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

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

Empleado lesionado:



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



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




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

**¿Tiene alguna pregunta?
 ¿Necesita ayuda?**



1-866-599-5426



WORKERS' COMPENSATION PRESCRIPTION DRUG PROGRAM

AmTrust North America
 PORTADORA EMPLEADOR

 NOMBRE DEL TRABAJADOR LESIONADO

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

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

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

Tmesys is the designated PBM for this patient.

**Tmesys Pharmacy Help Desk
 1-800-964-2531**

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

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



Empleador:

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

RETURN-TO-WORK; A GREAT IDEA

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

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

Some Return-to Work Benefits Include:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

YOUR BUSINESS AND UNINSURED SUBCONTRACTORS

Many otherwise knowledgeable business owners utilize uninsured subcontractors for various services; unaware of the risks they are incurring for their businesses. An uninsured subcontractor is typically a business that does not provide workers compensation insurance for its employees. This may be because the business is a “one-man shop”, and believes he wants to personally assume the risk of financial loss in the event of injury; in other cases it may be ignorance of the law; or an effort to avoid the cost of workers’ compensation insurance. Uninsured subcontractors often appear as construction tradespeople, service firms (especially small operators), and others.

In truth, there are no uninsured subcontractors. When an “uninsured subcontractor” employee, (including a one-man business) is injured while working on your behalf, the courts have repeatedly held that it is in the public interest that you, the beneficiary of the sub’s work, provide workers’ compensation coverage for these “uninsured employees.” You cannot opt out of this duty. No one can sign a document of any kind and relieve you of this responsibility. You are carrying these employees on your workers’ compensation policy whether you want to or not, whether you even realize it or not. Because of this “involuntary coverage”, when an insurance company auditor finds payment to uninsured subcontractors, he will treat this payment as your payroll, and you will receive a bill for additional premium. With high-hazard occupations, such as steel erectors, roofers, and others, you may be shocked to find that one or two uninsured subs have more than doubled your workers compensation premium! Some businesses, aware of this problem, use “hold-backs”, “retainages” or “backcharges” of a set percentage of job cost, often 10% or 15% to try and offset the additional premiums they know they’ll have to pay for using uninsured subcontractors. The problem with this is that each of the trades carries different rates, according to the relative hazard of the trade. Rates are expressed in dollars per hundred dollars of payroll, so there’s an easy-to-see correlation in percentages. Rates not only vary by trade, but they can fluctuate from state-

to state, they can vary according to the rate filings of different companies, and they go up and down according to actuarial loss experience. Trying to obtain and keep up with this many rates is a time-consuming and unproductive task, well beyond the capabilities of most businesses.

You’re probably aware that safety pays, and you make certain efforts to be sure your direct employees do not take unnecessary risks, do not work with unnecessarily dangerous or broken tools and equipment, and are protected from toxic materials. But a subcontractor might not take these precautions. And if his carelessness leads to employee injury, your claim history will be damaged.

RECOMMENDATIONS—

- 1.) Avoid using any uninsured subs, but especially high-hazard occupations such as roofing, carpenters, and painters. It is false economy to use uninsured businessmen who seem to offer lower costs. They may be operating outside the law, and in fact, are transferring the costs of their risk, and potential economic devastation, to you.
- 2.) Obtain current certificates of workers compensation (and other applicable coverage) from the sub's insurance agent or insurance carrier. Implement a hard and fast rule—"No insurance certificate—no check on Friday".
- 3.) You can easily keep copies of all certificates in a notebook, and check the expiration dates before giving work to a particular subcontractor. Copies of all certificates should be retained.

YOUR INSURANCE AUDIT –

At the end of your policy period, we will conduct an audit. In addition to tax documents, the auditor will ask for documentation of all wages paid to both employees and subcontractors. The auditor will also ask to see the certificates of insurance for each insured subcontractor. If you have a valid certificate that covers the time period that your sub was paid, this payment will not be charged to your work comp policy.

The auditor will ask for the first and last date that each sub was paid during your policy period. We are looking for the time range that each subcontractor was paid, so that we can ensure that this subcontractor had his own coverage during the time he worked for you.

If you take time throughout the year to request certificates and organize them, you will find it very beneficial at the time of audit.

Iowa Workers' Compensation – FIRST REPORT OF INJURY OR ILLNESS

Jurisdiction Code _____

Jurisdiction Claim Number _____

CLAIM ADMIN	Claim Administrator Name:		Claim Representative Business Phone Number:		Insurer Name (if different than claim administrator):	
	Mailing Address, City, State, & Postal Code:		Claim Administrator Claim Number:		Insurer FEIN:	
EMPLOYER	Employer Name:		Employer FEIN:		Insured Report Number:	
	Physical Address, City, State, & Postal Code:		Mailing Address, City, State, & Postal Code:		Industry Code:	
	Nature of Business:		Employer Contact Name and Business Phone Number:		Employer Type Code: ___ Employer (E) ___ Lessor (L)	
					Insured Location Number: Employer UI Number:	
POLICY	Insured Name (parent company if different than employer):		Insured FEIN:		Insured Postal Code:	
					Policy/Contract Number:	
EMPLOYEE	Employee Name (First, Middle, Last, & Suffix):		Date of Birth:		Gender:	
	Mailing Address, City, State, & Postal Code:		Date of Hire:		Tax Filing Status (check one): ___ Single (A) ___ Married/Filing Joint (C) ___ Single/Head of Household (B) ___ Married/Filing Separate(D)	
	Phone Number (include area code):		Employment Status (check one): ___ Piece Worker ___ Volunteer ___ Seasonal ___ Apprenticeship/Full-Time ___ Apprenticeship/Part-Time ___ Regular Employee/Full-Time ___ Part-Time ___ Other		Educational Level (grade completed): _____ (GED = 12)	
	Occupation Description:		Employee ID Number (check one): ID # _____ ___ Social Security Number ___ Employment VISA Number ___ Passport Number ___ Green Card ___ Employee ID Assigned by Jurisdiction		Marital Status: (check one) ___ Unmarried (U) ___ Married (M) ___ Separated (S)	
	Manual Classification Code:				Employee's Authorization to Release the Following: Medical Records ___ yes ___ no Social Security Number ___ yes ___ no	
	Department Where Regularly Worked:					
WAGE	Average Wage \$ _____ (check one): ___ hourly ___ daily ___ semi-monthly ___ monthly ___ bi-weekly ___ annual ___ weekly		Salary Continued In Lieu of Compensation: ___ yes ___ no		Employee Number of Dependents: _____	
	Number of Days Regularly Worked Per Week: _____		Full Wages Paid for Date of Injury: ___ yes ___ no		Employee Number of Exemptions: _____ (check one) ___ Entitled ___ Withholding	
			Discontinued Fringe Benefits: \$ _____			
ACCIDENT/INJURY	Date of Injury Date Employer Had Knowledge of the Injury Date Claim Administrator Had Knowledge of the Injury Initial Date Last Day Worked Initial Return to Work Date (if applicable) Employee Date of Death (if applicable)		Describe the nature of the injury. (ex. amputation, burn, cut, fracture):			
	Time of Injury Time Employee Began Work		Part(s) of body directly affected by the injury or illness. (ex. hand, arm, circulatory system):			
	Pre-Existing Disability Code: ___ Yes ___ No ___ Unknown		Describe the events that caused the injury. (ex. fell, operating machinery, chemical exposure):			
	Accident Premises Code: ___ Employer (E) ___ Lessee (L) ___ Other (X)		Name the object or substance that directly injured the employee. (ex. knife, floor, acid, oil):			
	Accident Site Organization Name:					
	Accident Site Street, City, State, & Postal Code:					
	Accident Location Narrative (if no street address):		Specify activity the employee was engaged in when the event occurred. (ex. cutting metal plate for flooring) Indicate if activity was part of normal duties:			
	Accident Site County/Parish:		Witness Name & Business Phone Number:			
MEDICAL	Initial Treatment Code (check one): ___ no medical treatment (0) ___ minor/on-site treatment (1) ___ clinic/hospital visit (2) ___ emergency care (3) ___ hospitalization > 24 hours (4) ___ future medical treatment/lost time anticipated (5)		Initial Medical Provider Name:		Managed Care Organization Name or ID Number:	
			Initial Medical Provider Physical Address, City, State, & Postal Code:		ICD Primary Diagnostic Code (if known):	
Preparer's Name & Title:		Preparer's Company Name:		Phone Number:		
				Date:		

First Report of Injury or Illness Requirement

A First Report of Injury or Illness (First Report) must be filed by an employer or the employer's insurance carrier in case of occupational

- fatality,
- permanent disability; or,
- temporary disability lasting more than three days.

A First Report must be electronically filed within four days of the incident. An employer or insurance carrier must file a First Report if the employee says the disability is caused by work even if the employer disagrees.

For more information on these and other requirements, please call 515-281-5387 or visit <http://www.iowaworkforce.org/wc/>.

The Iowa Workers' Compensation Act RECORDS AND REPORTS

Every employer shall keep a record of all injuries sustained by employees in the course of their employment resulting in incapacity for longer than one day. An employer with notice or knowledge of an injury which temporarily disables an employee for more than three days or results in permanent total disability, permanent partial disability or death is required to electronically file a report with the Workers' Compensation Commissioner within four days from such event when such injury is alleged by the employee to have been sustained in the course of employment.

All books, records, and payrolls of an employer are required to be open for inspection by the Workers' Compensation Commissioner for purposes of administration of the Iowa Workers' Compensation Act.

The Workers' Compensation Commissioner may require an employer to appear and show why the employer should not be subject to a civil penalty of \$1,000.00 per occurrence for failure to comply with the reporting or inspection requirements. Upon hearing, if the facts indicate, the commissioner may enter an order requiring payment of such penalty. Unless voluntarily paid, the commissioner may petition the district court for entry of judgment on the order. The employer's insurance carrier shall be responsible in the same manner and to the same extent as the employer when a report of injury has been submitted to the employer's insurance carrier and not filed by them with the Workers' Compensation Commissioner.

The employer is required to furnish to an employee, on request, one statement of earnings, wages, or salary for the year preceding the injury. An employer may be subject to a civil penalty of \$1000.00 per offense for refusal to furnish such wage statement.

Additional Iowa OSHA Reporting Requirements

Additional reporting and recordkeeping requirements may apply to the incident described on the First Report. An employer must:

- Report a workplace fatality to Iowa OSHA within 8 hours. You may report by calling 877-242-6742 or visit www.iowaosha.gov for a form and instructions.
- Report a hospitalization, the loss of any eye, or an amputation to Iowa OSHA within 24 hours. You may report by calling 877-242-6742 or visit www.iowaosha.gov for a form and instructions.
- Complete an OSHA Form 301 or equivalent for recordable, work-related incidents within seven days and retain the completed form on site. The First Report is equivalent to the OSHA Form 301 if the case number from the OSHA 300 log is added. Visit www.osha.gov/recordkeeping for more information.
- Make an entry in your Log of Work-Related Injuries and Illnesses, OSHA Form 300, for recordable cases within seven days and retain the completed form on site. Some industries are exempt from this requirement. Visit www.osha.gov/recordkeeping for more information.

For more information on these and other OSHA requirements, please visit www.iowaosha.gov or call 515-242-5870.



Iowa Workers' Compensation – FIRST REPORT OF INJURY OR ILLNESS

Jurisdiction Code _____

Jurisdiction Claim Number _____

CLAIM ADMIN	Claim Administrator Name:		Claim Representative Business Phone Number:		Insurer Name (if different than claim administrator):	
	Mailing Address, City, State, & Postal Code:		Claim Administrator Claim Number:		Insurer FEIN:	
EMPLOYER	Employer Name:		Employer FEIN:		Insured Report Number:	
	Physical Address, City, State, & Postal Code:		Mailing Address, City, State, & Postal Code:		Industry Code:	
	Nature of Business:		Employer Contact Name and Business Phone Number:		Employer Type Code: ___ Employer (E) ___ Lessor (L)	
					Insured Location Number: Employer UI Number:	
POLICY	Insured Name (parent company if different than employer):		Insured FEIN:		Insured Postal Code:	
					Policy/Contract Number:	
EMPLOYEE	Employee Name (First, Middle, Last, & Suffix):		Date of Birth:		Gender:	
	Mailing Address, City, State, & Postal Code:		Date of Hire:		Tax Filing Status (check one): ___ Single (A) ___ Married/Filing Joint (C) ___ Single/Head of Household (B) ___ Married/Filing Separate(D)	
	Phone Number (include area code):		Employment Status (check one): ___ Piece Worker ___ Volunteer ___ Seasonal ___ Apprenticeship/Full-Time ___ Apprenticeship/Part-Time ___ Regular Employee/Full-Time ___ Part-Time ___ Other		Educational Level (grade completed): _____ (GED = 12)	
	Occupation Description:		Employee ID Number (check one): ID # _____ ___ Social Security Number ___ Employment VISA Number ___ Passport Number ___ Green Card ___ Employee ID Assigned by Jurisdiction		Marital Status: (check one) ___ Unmarried (U) ___ Married (M) ___ Separated (S)	
	Manual Classification Code:				Employee's Authorization to Release the Following: Medical Records ___ yes ___ no Social Security Number ___ yes ___ no	
	Department Where Regularly Worked:					
WAGE	Average Wage \$ _____ (check one): ___ hourly ___ daily ___ semi-monthly ___ monthly ___ bi-weekly ___ annual ___ weekly		Salary Continued In Lieu of Compensation: ___ yes ___ no		Employee Number of Dependents: _____	
	Number of Days Regularly Worked Per Week: _____		Full Wages Paid for Date of Injury: ___ yes ___ no		Employee Number of Exemptions: _____ (check one) ___ Entitled ___ Withholding	
			Discontinued Fringe Benefits: \$ _____			
ACCIDENT/INJURY	Date of Injury Date Employer Had Knowledge of the Injury Date Claim Administrator Had Knowledge of the Injury Initial Date Last Day Worked Initial Return to Work Date (if applicable) Employee Date of Death (if applicable)		Describe the nature of the injury. (ex. amputation, burn, cut, fracture):			
	Time of Injury Time Employee Began Work		Part(s) of body directly affected by the injury or illness. (ex. hand, arm, circulatory system):			
	Pre-Existing Disability Code: ___ Yes ___ No ___ Unknown		Describe the events that caused the injury. (ex. fell, operating machinery, chemical exposure):			
	Accident Premises Code: ___ Employer (E) ___ Lessee (L) ___ Other (X)		Name the object or substance that directly injured the employee. (ex. knife, floor, acid, oil):			
	Accident Site Organization Name:					
	Accident Site Street, City, State, & Postal Code:					
	Accident Location Narrative (if no street address):		Specify activity the employee was engaged in when the event occurred. (ex. cutting metal plate for flooring) Indicate if activity was part of normal duties:			
	Accident Site County/Parish:		Witness Name & Business Phone Number:			
MEDICAL	Initial Treatment Code (check one): ___ no medical treatment (0) ___ minor/on-site treatment (1) ___ clinic/hospital visit (2) ___ emergency care (3) ___ hospitalization > 24 hours (4) ___ future medical treatment/lost time anticipated (5)		Initial Medical Provider Name:		Managed Care Organization Name or ID Number:	
			Initial Medical Provider Physical Address, City, State, & Postal Code:		ICD Primary Diagnostic Code (if known):	
Preparer's Name & Title:		Preparer's Company Name:		Phone Number:		
				Date:		

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- fatality,
- permanent disability; or,
- temporary disability lasting more than three days.

A First Report must be electronically filed within four days of the incident. An employer or insurance carrier must file a First Report if the employee says the disability is caused by work even if the employer disagrees.

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All books, records, and payrolls of an employer are required to be open for inspection by the Workers' Compensation Commissioner for purposes of administration of the Iowa Workers' Compensation Act.

The Workers' Compensation Commissioner may require an employer to appear and show why the employer should not be subject to a civil penalty of \$1,000.00 per occurrence for failure to comply with the reporting or inspection requirements. Upon hearing, if the facts indicate, the commissioner may enter an order requiring payment of such penalty. Unless voluntarily paid, the commissioner may petition the district court for entry of judgment on the order. The employer's insurance carrier shall be responsible in the same manner and to the same extent as the employer when a report of injury has been submitted to the employer's insurance carrier and not filed by them with the Workers' Compensation Commissioner.

The employer is required to furnish to an employee, on request, one statement of earnings, wages, or salary for the year preceding the injury. An employer may be subject to a civil penalty of \$1000.00 per offense for refusal to furnish such wage statement.

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- Complete an OSHA Form 301 or equivalent for recordable, work-related incidents within seven days and retain the completed form on site. The First Report is equivalent to the OSHA Form 301 if the case number from the OSHA 300 log is added. Visit www.osha.gov/recordkeeping for more information.
- Make an entry in your Log of Work-Related Injuries and Illnesses, OSHA Form 300, for recordable cases within seven days and retain the completed form on site. Some industries are exempt from this requirement. Visit www.osha.gov/recordkeeping for more information.

For more information on these and other OSHA requirements, please visit www.iowaosha.gov or call 515-242-5870.





WORKERS' COMPENSATION LAW FOR INJURED WORKERS

- QUESTIONS AND ANSWERS -

EFFECTIVE JULY 1, 2014 - JUNE 30, 2015

Appendix A contains the number of weeks of benefits payable for 100% loss, or loss of use, of the body member. If the PPD rating is less than 100%, the percentage rating is multiplied by the number of weeks shown. For example, a 20% loss, or loss of use, of a thumb would be computed as 20% of 60 weeks, or 12 weeks of PPD benefits.

APPENDIX A

	Weeks
Loss of thumb	60
Loss of first finger	35
Loss of second finger	30
Loss of third finger	25
Loss of fourth finger	20
Loss of hand	190
Loss of arm	250
Loss of great toe	40
Loss of any other toe	15
Loss of foot	150
Loss of leg	220
Loss of eye	140
Loss of hearing in one ear	50
Loss of hearing in both ears	175
Permanent disfigurement, face or head	150
Body as a whole/industrial disability	500

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Iowa Workforce Development
Division of Workers' Compensation
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Monday - Friday 8:00 AM - 4:30 PM

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This brochure answers questions injured workers commonly ask about workers' compensation. You may check Iowa Code chapters 85 through 87 and 17A, as well as Iowa Administrative Code chapter 876, for detailed information. References to Iowa Code sections and Iowa Administrative Rules appear in parentheses.

WHAT IS WORKERS' COMPENSATION?

The Iowa Workers' Compensation law requires most employers to provide wage loss and medical benefits to employees who are injured while working. [85.61(7)]

TYPES OF INJURIES COVERED

In Iowa, an injury may include any health condition caused by work activities other than the normal building up and tearing down of body tissues. Diseases and hearing losses caused by work activities or exposures are also injuries. (85A, 85B)

Preexisting health conditions are not considered injuries unless work aggravates or worsens them.

ELIGIBILITY FOR WORKERS' COMPENSATION BENEFITS

Most employees who are injured in Iowa while working in Iowa are eligible for benefits. Employees hired in Iowa or whose employment is principally in Iowa may be eligible for benefits even if they are injured outside of the state. (85.71)

The law exempts a few types of employees, however. If you are uncertain as to whether employees in your job classification are eligible for benefits, consult with a Workers' Compensation Compliance Administrator with the Division of Workers' Compensation.

Proprietors (independent contractors), limited liability company members and partners are not considered employees. These individuals may be eligible for benefits if they purchase a workers' compensation insurance policy that specifically includes them. [85.1A, 85.61(13)]

CHOOSING THE MEDICAL CARE

The employer has the right to choose the medical care and must provide medical care reasonably suited to treat your injury. If you are dissatisfied with that care, you should discuss the problem with your employer (or its insurance carrier). You can request alternate care, and if your employer (or its carrier) does not allow that care, you may file a petition for alternate medical care before the Iowa Workers' Compensation Commissioner. (85.27)

If an employer-retained physician gives a rating of permanent impairment that you feel is too low, you may have another examination by a doctor of your choice at your employer's expense. (85.39)

HOW ARE DISPUTES HANDLED?

When you and your employer (and its insurance carrier) work together and openly communicate, the majority of workers' compensation claim disputes can be resolved. You have a right to know why your employer (and its carrier) has taken any action and the relevant evidence supporting the action.

When a dispute cannot be resolved among the parties, you are encouraged to contact a Workers' Compensation Compliance Administrator in the Iowa Workers' Compensation Commissioner's Office to discuss the situation. If the dispute cannot then be resolved, you may file a contested case proceeding before the Iowa Workers' Compensation Commissioner. While the commissioner does not require it, most

employees are represented by legal counsel in a contested case proceeding.

WHO OVERSEES DISPUTES?

The Iowa Workers' Compensation Commissioner is the head of the Division of Workers' Compensation which is part of Iowa Workforce Development. The commissioner is responsible for administering, regulating and enforcing the workers' compensation laws. By law, the Division of Workers' Compensation cannot represent the interest of any party. The Division does provide information regarding the workers' compensation law, the rights of the parties and the procedures the parties can follow to resolve their disputes.

WHO PAYS THE BENEFITS?

Employers subject to the law must either purchase insurance through a private insurance company or qualify as a self-insurer. (85.3, 87.1, 87.11)

If the employer provides coverage by purchasing an insurance policy, the insurance company (or a claim administrator) pays the injured worker the workers' compensation benefits. If the employer is self-insured, the employer (or a claim administrator) pays the injured worker the workers' compensation benefits.

If an employer fails to provide insurance coverage as the law provides, the employee may choose to either file a contested case proceeding before the Workers' Compensation Commissioner or to bring a civil action for damages in the appropriate district court. (87.21)

An employer must either obtain workers' compensation insurance coverage or obtain relief from insurance or furnish a bond before engaging in business. An employer who willfully and knowingly engages in business before doing any of these is guilty of a class "D" felony. (87.14A)

WHEN ARE THE BENEFITS TO BE PAID?

The law encourages prompt payment of weekly and medical benefits so that injured workers will not suffer undue hardship. Most insurance carriers or self-insured employers require a written report of injury (usually from the employer) and medical evidence of the injury before beginning payments. Weekly payments of disability benefits are to begin on the eleventh day of disability. If benefits are not paid when due, you may be entitled to interest on late payments. If benefits are unreasonably delayed or denied, you may be entitled to penalty benefits. (85.30, 86.13)

Once benefits start, payments can only stop when you have returned to work or after your employer (or its carrier) has given you thirty days notice that payments are stopping. The notice must tell you why payments are stopping and advise you that you may file a claim with the Workers' Compensation Commissioner. (86.13)



TYPES OF BENEFITS

Medical Benefits

Your employer must pay for all reasonable and necessary medical care required to treat your injury. This includes reasonable and necessary travel expenses for treatment. Mileage for use of a private car is reimbursed at 56 cents per mile. (85.27)

Under certain circumstances, if you are required to leave work for medical treatment, you may receive payment of lost wages. (85.27)

A medical care provider cannot seek payment of charges for treatment from you while a contested case proceeding or a dispute as to the reasonableness of a medical treatment fee is pending before the Workers' Compensation Commissioner. (85.27)

Disability Benefits

Your total weekly compensation benefit may not be greater than 80 percent of your spendable earnings. The law defines "spendable earnings" as the amount remaining after payroll taxes are deducted from gross weekly earnings.

Your average gross weekly earnings, number of income tax exemptions and marital status determine your weekly disability benefit amount.

- The weekly benefit amount is based on a seven day calendar week
- The maximum weekly disability benefit rate for PPD is \$1447.00
- The maximum weekly disability benefit rate of TTD, HP, PT, and death benefits is \$1572.00

Types of Disability Benefits

Temporary Total Disability (TTD) [85.32, 85.33(1)]

When you are off work more than three calendar days on account of injury, you may be entitled to TTD benefits beginning on the fourth day and continuing until you return to work or are medically recovered enough to return to similar work, whichever happens first. If you are off work for more than 14 calendar days, you may be entitled to payment for the three-day waiting period

Temporary Partial Disability (TPD) [85.33(2-5)]

If you return to work at a lesser paying job because of the injury, you may be entitled to benefits. The benefit amount is 66 2/3 percent of the difference between your average gross weekly earnings when injured and your actual earnings while temporarily working at the lesser paying job. The three-day waiting period (explained above) also applies to temporary partial disability.



Healing Period (HP) [85.34(1)]

You may be entitled to HP benefits while recovering from an injury which produces a permanent impairment. No waiting period applies to HP benefits. These benefits begin on the first calendar day after the date of injury and continue until the first of the following occurs:

- You return to work
- You have recovered as much as anticipated from the injury
- You are medically capable of returning to the same kind of work you did when injured

Permanent Partial Disability (PPD) [85.34(2)]

When your work injury results in either permanent functional impairment to your body or in your inability to earn wages similar to those you earned before your injury, you may be entitled to PPD benefits. PPD benefits are in addition to healing period benefits and begin when the healing period ends.



Scheduled Member Disabilities

If your injury is to a scheduled member your PPD benefits are based on functional impairment. Appendix A gives a list of the scheduled body members (i.e. arm, leg, etc.) along with the number of weeks of benefits you would receive for the full loss of each member. If your impairment is less than a full loss, the number of weeks of PPD benefits you may receive is a percentage of loss or loss of use multiplied by the full number of weeks for the member

Body As A Whole Disabilities

When your work injury results in permanent disability to a part of the body not included as a scheduled member, the disability is considered industrial and is determined by assessing the difference between what you were able to earn prior to the injury and what you are able to earn after the injury. A variety of factors influence the assessment of lost earning capacity. These include the medical condition before the injury, immediately after the injury and now; the part of the body injured; how long you needed to recover from the injury; your work experience and your qualifications intellectually, emotionally, and physically to learn to perform other work; your earnings before and after the injury; your age; education; motivation; functional impairment related to the injury, and loss of ability to do your old job; or loss of earnings because of the injury

No specific guidelines advise how any factor is to be considered in a particular case. Each industrial disability case must be decided on its facts. Industrial disability is calculated on a 500 week basis with the percentage rating multiplied by 500 weeks.

Permanent Total Disability (PTD) [85.34(3)]

If your work related injury leaves you incapable of returning to any type of wage earning employment, you may be entitled to permanent total disability benefits during that time when you cannot return to any gainful work

Other Benefits

Second Injury Fund Benefits (85.63-85.69)

If you have had a permanent disability to a hand, arm, foot, leg or eye and then have a job related injury that results in permanent partial disability to another hand, arm, foot, leg or eye, you may be entitled to "Second Injury Fund" benefits. These benefits are paid for any amount that industrial disability is greater than the combined scheduled member disability from both the first and second disabled member. These benefits are only paid after your employer or its insurance carrier has paid all scheduled member permanent partial disability benefits due on account of the second injury.

If you believe you are entitled to benefits from this Fund, contact the State of Iowa Treasurer's Office to obtain a claim form.

Vocational Rehabilitation Benefits (85.70)

You may be entitled to payment of \$100.00 per week for up to 13 weeks if you are actively participating in a vocational rehabilitation program in order to make it possible for you to return to gainful employment after your injury. If you continue in vocational rehabilitation, the workers' compensation commissioner may extend the \$100.00 for an additional 13 weeks.

Iowa Vocational Rehabilitation Services (IVRS) assists persons with disabilities to prepare, obtain and maintain employment.

Iowa Vocational Rehabilitation Services
510 East 12th Street · Des Moines, IA 50319
1-800-532-1486 or 515-281-4211

Death Benefits (85.28, 85.31, 85.42, 85.43, 85.44)

If you were dependent on someone who died as a result of an on the job injury, you may be eligible to receive death benefits. A surviving spouse may receive death benefits for life or until remarriage. Dependent children are entitled to death benefits until age 18 or, if actually dependent, age 25. Other persons may qualify for death benefits if they were actually dependent upon the deceased worker. If a surviving spouse remarries and the deceased worker has no dependent children at the time of the remarriage, the surviving spouse is entitled to a two-year lump sum settlement. In addition to the weekly death benefits, the deceased worker's employer (or its insurance carrier) must pay reasonable burial expenses not to exceed twelve times the statewide average weekly wage in effect at the time of death.

TYPES OF SETTLEMENTS

The Workers' Compensation Commissioner must approve all settlements involving work injuries. The law allows four different types of settlements:

Full Commutation (85.45, 85.47)

A full commutation pays all remaining future benefits in one lump sum. Because an approved full commutation ends all rights to additional weekly or medical benefits, it must show that you have a specific need for the full benefit payment now, such that the lump sum payment is in your best interest.

Partial Commutation (85.45, 85.47, 85.48)

A partial commutation pays a part of remaining future weekly benefits in a lump sum. An approved partial commutation contains you and your employer's (and its carrier's) agreement

that you are entitled to disability benefits. It does not end your right to future weekly or medical benefits.

Agreement for Settlement (85.35, 86.13)

An agreement for settlement is a voluntary agreement between you and your employer (and its carrier) as to the amount and type of compensation payments you are currently due. The Workers' Compensation Commissioner's approval of the agreement does not end your future rights to additional weekly benefits or additional medical benefits.



Compromise Settlement (85.35)

A compromise settlement is possible when you and your employer (and its carrier) disagree as to whether you are entitled to receive workers' compensation benefits. An approved compromise settlement ends any rights to future weekly or medical benefits for the settled injury.

TIME LIMITATIONS

Notice of Injury (85.23)

Unless your employer has notice or knowledge of your asserted injury within 90 days of its occurrence, you may be denied benefits. The 90-day period begins to run when you knew or should have known that your injurious condition related to your work. When an employee reports a work related injury, the employer must file a first report of injury if the employee loses more than three days of work, or sustains permanent injury or death on account of the injury. The employer (or its carrier) must file the first report within four days of notice or knowledge of the alleged injury with the Workers' Compensation Commissioner.

Two-Year Statute of Limitation (85.26)

You must receive Iowa weekly workers' compensation benefits or file an application for arbitration within two years of your alleged injury or benefits may be denied.

Three-Year Statute of Limitation (85.26)

If you have received Iowa weekly workers' compensation benefits, you have three years from the last payment of those weekly benefits to receive additional benefits voluntarily, or to file a contested case proceeding for benefits. If you do not file within the three-year period you may be denied additional weekly benefits. (You can file a contested case proceeding or voluntarily receive medical benefits reasonable and necessary to treat your injury throughout your lifetime.)

MEDICAL INFORMATION

Any party making or defending a claim for benefits agrees to release all information concerning the employee's physical or mental condition relative to the claim and waives any privilege for the release of such information. The information shall be made available to any party or the party's representative upon request. (85.27)

