

*Local Lodge 743 IAMAW*

## **Workers Compensation packet**



# **Local 743**

**MEMBERS HELPING MEMBERS**

# Workers' Compensation Act

ALL EMPLOYEES, WHETHER PART-TIME OR FULL-TIME, ARE COVERED UNDER THE WORKERS' COMPENSATION ACT FROM THE FIRST DAY OF THEIR EMPLOYMENT

## What is Workers' Compensation?

The basic purpose of the Workers' Compensation Act is to provide wage replacement benefits and medical treatment for employees who have been injured or become ill due to a work-related injury or illness. **Workers' Compensation is the exclusive remedy. You may NOT sue the employer for any other benefits.**

Workers' Compensation is a NO-FAULT system of insurance with the benefits paid by the employer's workers' compensation insurance coverage.

It is important for you to know that, **as an injured or ill employee, it is essential that you understand your rights and responsibilities in the workers' compensation system.** Even if you have a workers compensation representative or attorney representing you, the more you know about the workers compensation system and about the facts of your individual case, the better and more easily you will be able to get through your situation and return to your normal work and life.

**The information you will need to claim your benefits and get a basic understanding of the workers compensation system is presented here in a short series.**

**If you are injured on the job, follow the proper procedures to protect your rights!**

## **First:**

Report your injury immediately to your employer, who **must** then provide you with proper medical attention. Do not delay in reporting workplace injuries. Many claimants are initially denied benefits because they did not report their injuries immediately.

## **Second:**

File a proper written notice of claim—a 30C Form—as soon as possible! This is YOUR RESPONSIBILITY! A 30C Form has been included in this packet for your convenience. Mail the form by certified or registered mail (Return Receipt Requested)

## **Third:**

Ask your employer for the name of their worker's compensation company. (A Posting Notice, usually yellow, is visible). This notice will show the name of the employer's insurance company, district office and district phone number.

## **Written notice of claim 30C**

Filing a "written notice of claim 30C" gets your claim on record even if you do not lose time from work. "It ensures your rights under the act".

If you have any questions or need assistance in completing the 30C form, contact your Local 743 IAMAW, (860)292-8577. We will provide you with all necessary assistance in filing your claim or contact Workers Compensation Commission directly through their toll-free number in Connecticut at 1-800-223-WORK (9675) or call 860-493-1500 and ask to speak to an Education Coordinator.

The statute of limitations for filing a compensation claim for an accidental injury is one year from the date of the injury, while for an occupational disease is three years from the first manifestation of a symptom.

The **30C Form** must be sent by registered or certified mail to **both** your employer and the Workers' Compensation Commission District Office which has jurisdiction over the city or town in which you were injured or became ill; NOT the town in which you live. You must ask for a return receipt from the Post Office as proof of the date that it was received. You may also deliver it in person. If you do, you must have your employer sign and date the form as proof of their receipt.

If your employer wants to dispute your claim, you must receive official written notice of denial, (form 43), describing the reasons for being denied, or your employer must begin making workers compensation payments "without prejudice" within 28 calendar days.

## **NOTE:**

An official claim for workers compensation benefits that **YOU** file is not the same as the "Employer's First Report of Occupational Injury or Illness" form that your employer must file.

To ensure that you have met the statute of limitations for filing your claim, and to put your claim on record permanently to safeguard your eligibility for benefits, **YOU** must file an official claim and **NOT** rely on your employer's accident report.

## **You should file a 30C Claim Form because:**

1. It is the best way to insure that you have met the statute of limitations for filing a workers' compensation claim.
2. A simple "accident report" filed with your employer is NOT an official claim for workers' compensation benefits.
3. Your claim will be more likely to receive prompt attention from your employer or insurance carrier.
4. Once your employer receives an official claim, it has only 28 calendar days in which to either deny your claim or to begin making workers' compensation benefit payments "without prejudice." If an official denial is not issued within 28 calendar days or if benefit payments are not initiated within 28 calendar days, your employer **MUST** accept the compensability of your claim.

## Medical Treatment for Employees with Work-Related Injuries or Illnesses

### Initial Medical Treatment [Sec. 31-294d]

When an injury occurs, a claimant is entitled to receive all necessary and appropriate medical treatment. The employer is responsible for furnishing the **initial** medical treatment at an employer-designated office or facility. After this initial treatment, the employee may choose an attending physician.

If the claimant refuses the **initial** employer-provided medical care and fails to obtain treatment, they may risk their entitlement to Workers' Compensation benefits.

### Choice of Physician [Sec. 31-294d]

A claimant may choose an attending physician AFTER the initial visit with an employer-designated medical practitioner.

If the employer **does not** participate in an approved medical care plan, the claimant may choose *any* medical practitioner who is licensed to practice in Connecticut, including practitioners of chiropractic, medicine, naturopathy, osteopathy, and podiatry.

A claimant whose employer **does** participate in an approved medical care plan **must** choose a physician from the list of doctors included in that plan. If the employee chooses a physician "outside" the plan, a Workers' Compensation Commissioner may suspend all rights to workers' compensation benefits.

In either case, it is the *injured worker* who has the right to choose.

### Change of Physician [Sec. 31-294d]

A claimant may change their attending physician, if dissatisfied with the medical treatment being rendered. There are three ways in which a claimant may effect a change of physician:

- (1) Get a referral from the present attending physician,
- (2) Obtain approval to change physicians from the workers' compensation insurance carrier involved (or the employer, if it is self-insured),

OR

- (3) Write to the Workers' Compensation Commissioner in the District Office having jurisdiction. Indicate the name, address, and medical specialty of the present physician, as well as the name, address, and medical specialty of the "new" physician, and the reason(s) for requesting a change. In this case, the commissioner could reply by mail or set up an informal hearing.

[NOTE: If the claimant is covered by an approved employer medical care plan, the "new" physician **MUST** also be a participating practitioner in the plan.]

If a claimant does not have an attending physician's referral to another medical practitioner, or permission to change physicians from the insurer, self-insured employer, or Commissioner, they will most likely be liable to pay for any "unauthorized" medical bills which may arise.

**Out-of-State Physicians** [Sec. 31-294d]

A claimant **MUST** receive all necessary medical care for the injury or illness from medical practitioners licensed to practice in Connecticut. If, for any number of reasons, the employee requires treatment with a doctor **outside** of the state, the employer/insurer *could* grant permission or the claimant would have to request permission from a Workers' Compensation Commissioner who *may* or *may not* authorize out-of-state treatment.

If the claimant *resides* in another state, a Workers' Compensation Commissioner may authorize medical care by a physician in that state.

**Travel Expenses for Medical Services** [Sec. 31-312]

The employer must furnish, or pay for, transportation for an injured employee to go to and from medical examination, treatment, or testing. If medically necessary, this includes transportation by ambulance or taxi. If the claimant uses a private vehicle to travel to and from medical services, they must be reimbursed for expenses at the federal mileage reimbursement rate, currently 51.0 cents per mile. In practice, most employees keep a record of their travel with each visit's date, location, and mileage, and send a copy of this record to the workers' compensation insurer or self-insured employer periodically or at the end of treatment. The insurer or employer should send the claimant a check for the expenses within a reasonable period of time. (See the *Forms* section beginning on page 24 for a mileage form you may use for this purpose.)

## **For additional information of Workers Compensation:**

Visit: <http://wcc.state.ct.us/>

or

Information 1.800.223.9675



State of Connecticut  
Workers' Compensation Commission

Please TYPE or PRINT IN INK

Rev. 8-23-2010

30C

WCC File #

Date filed in District

(for WCC use only)

# Notice of Claim for Compensation

(Employee to Commissioner and to Employer)

*This form prepared by the WCC is proper for ordinary use and is recommended, but any other notice complying with Section 31-294c shall be deemed sufficient.*

Notice is hereby given that the injured worker, while in the employ of the employer, sustained injuries arising out of and in the course of his/her employment as follows, and makes claim for compensation benefits.

### INJURED WORKER

Name \_\_\_\_\_  
(first) (middle) (last)

D.O.B. (required) \_\_\_\_\_

Check, if a Minor  (under 18 yrs. of age)

Address \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Tel.# \_\_\_\_\_

### INJURY

Date of Injury \_\_\_\_\_

Town of Injury \_\_\_\_\_

Body Part(s) \_\_\_\_\_

Describe Injury and How It Happened:

Check, if an Occupational Disease or a Repetitive Trauma

Check, if you have MORE THAN ONE Employer

### EMPLOYER

Employer \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Tel.# \_\_\_\_\_

Was Injury ON Premises of Employer?  YES  NO

If NO, where? \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Tel.# \_\_\_\_\_

### SIGNATURE OF INJURED WORKER OR REPRESENTATIVE

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print name & address below, if other than injured worker:

Name \_\_\_\_\_

Name of Firm \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Tel.# \_\_\_\_\_

**This notice must be served upon the Commissioner and \*Employer by personal presentation or by registered or certified mail. For the protection of both parties, the employer should note the date when this notice was received and the claimant should keep a copy of this notice with the date it was served.**

*\* Persons employed by the State of Connecticut must also serve the employer by serving this notice upon the Commissioner of Administrative Services, 165 Capitol Avenue, Hartford, CT 06106.*

**WARNING:** If an employer does not file a notice contesting liability (e.g. Form 43) for this claim OR begin making workers' compensation benefit payments "without prejudice" within 28 calendar days from the date when this claim is received by personal delivery or by registered or certified mail, **COMPENSABILITY SHALL BE PRESUMED** and cannot thereafter be contested. If an employer chooses to begin making workers' compensation benefit payments "without prejudice" within 28 calendar days from the date of receipt of this claim and still wishes to contest this claim, it must do so by filing a notice contesting liability for this claim within one year from receipt of this claim. [See Sec. 31-294c(b).]

A 30C Form should be filed promptly after a work-related injury or illness takes place. There is a statute of limitation for filing workers' compensation claims: within one year of the date of an accidental injury or within three years from the first manifestation of a symptom of an occupational disease. [NOTE: If, within the applicable time period described above, (1) there has been a hearing or a written request for a hearing or an assignment for a hearing or (2) your employer's insurance carrier has already signed a Voluntary Agreement, you do NOT need to file a 30C Form for the injury or illness it covers.]

#### **You Should File A 30C Form Because . . .**

- There will be no doubt that you are claiming that you have a work-related injury or occupational disease.
- It is the best way to insure that you have met the statute of limitations for filing a workers' compensation claim.
- A simple "accident report" filed with the employer is not an official claim for workers' compensation.
- Your claim will be more likely to receive prompt attention from your employer or insurance carrier.
- Once your employer receives an official claim, they have only 28 calendar days in which to either deny your claim or to begin making workers' compensation benefit payments "without prejudice." If an official denial is not issued within 28 calendar days or if benefit payments are not initiated within 28 calendar days, your employer must accept the compensability of your claim.

---

## **Directions for Completing the 30C Claim Form**

Please pay close attention to these directions.  
When filling out a 30C Form, remember to Type or Print Neatly In Ink (except for signatures).

#### **In filling out the 30C Form, please note the following:**

1. In the "INJURED WORKER" box at the upper left side of the form, **type or neatly print the name of the injured worker (If YOU are the injured worker, print YOUR name here).** Also fill in the injured worker's D.O.B. (date of birth), put a check in the box, if the worker is a minor (under the age of 18) and fill in the injured worker's street address, town, state, zip code, and telephone number.
2. In the "EMPLOYER" box at the lower left side of the form, **type or neatly print the name of the employer ("Name of employer" means the name of the organization for which you work, NOT your boss or supervisor.) and its street address, town, state, zip code, and telephone number.** Next indicate (YES or NO) whether the injured worker's injury occurred at the employer's location just listed; **if the injury took place at a location other than that listed, fill in the location, street address, town, state, zip code, and telephone number where the injury actually occurred.**
3. In the "INJURY" box at the upper right side of the form, **type or neatly print the date of the injured worker's injury and the town in which the injury occurred** (Note the city or town in which the injury actually occurred. This will not necessarily be the same location as the employer's business address!). Next indicate the **part(s) of the worker's body injured and how the injury occurred** (In the blank space describe your injury in simple terms. Indicate the part(s) of your body affected and the type(s) of injury. For example: "sprain to the right shoulder", "amputation of the left thumb", "fracture of the right ankle", "severe strain to lower back", etc.). Lastly, indicate (YES or NO) whether the injury is an occupational disease or a repetitive trauma, and check the appropriate box, if you have more than one employer.
4. In the "SIGNATURE OF INJURED WORKER OR REPRESENTATIVE" box at the lower right side of the form, **sign your name and fill in the date of your signature, if you are the injured worker. If you are NOT the injured worker, then sign your name, fill in the date of your signature, and then type or neatly print your name, the name (if any) of your firm, your street address, town, state, zip code, and your telephone number.**
5. In the "WCC File #" box at the upper right side of the form (just below the "30C" number with the black background), **type or neatly print the WCC File Number, ONLY IF YOU KNOW IT.** In most instances, this number will be assigned to your claim by the Workers' Compensation Commission only after you send the 30C Form in, so it is okay to leave this one area of the form blank, if you are not absolutely sure of the number.

#### **Once you have completed the 30C Form, follow these procedures:**

6. **Make two (2) extra copies of your completed 30C Form** (this can be done at many quick-copy printers).
7. **Send the original 30C to your employer** by Certified or Registered mail, return receipt requested. The claim may also be delivered in person but if so, have the employer acknowledge in writing the receipt of the claim. State employees' work-related injuries and illnesses are reported on Form PER-WC 207, entitled "Report of Occupational Injury or Disease to an Employee". If a State employee elects to file a 30C Form, then he or she must send the 30C Form to the Commissioner of Administrative Services, 165 Capitol Avenue, Hartford, CT 06106, NOT to the particular office where employed. (The Form PER-WC 207 is ONLY an accident report and is NOT the official claim form for workers' compensation benefits — State employees, like any other employees, must file a 30C Form in order to file an official workers' compensation claim.)
8. **Send a copy of the 30C to the appropriate Workers' Compensation Commission District Office** by Certified or Registered mail, return receipt requested, or deliver by personal presentation. Addresses for all Workers' Compensation Commission District Offices may be found in this packet of material. The "District Office" refers to the number given to the District Workers' Compensation Commission Office for the town in which you were injured. Refer to the Connecticut map provided with the Form 30C for the number of the Compensation District for the town in which you were injured.
9. **Keep the remaining copy of the 30C for your own file.**