



## WORKERS' COMPENSATION - WRITTEN NOTICE TO NEW EMPLOYEES

This notice includes some of your rights, benefits and obligations under the workers' compensation law.

### EVENTS, INJURIES AND ILLNESSES COVERED BY WORKERS' COMPENSATION

You may be entitled to workers' compensation benefits if you are injured or become ill because of your job. 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). You may not be entitled to workers' compensation benefits for any injury that arises from your voluntary participation in any off-duty, recreational, social or athletic activity that is not part of your work-related duties.

### RIGHTS AND BENEFITS

You may have the right to the following:

- o Medical Care Benefits which include: Doctor visits, hospital services, physical therapy, lab tests, x-rays, and medicines as reasonably necessary to treat your injury.
- o Temporary Disability (TD) Benefits: Payments if you lose wages while recovering. For most injuries that occur on or after Jan 1, 2008, temporary disability (TD) benefits may not extend for more than 104 compensable weeks within five years from the date of injury. For a few long term injuries, such as severe burns or chronic lung disease, benefits may not extend for more than 240 weeks within five years from the date of injury. Filing a timely Employment Development Department claim may result in additional state disability benefits when TD benefits terminate.
- o Permanent Disability (PD) Benefits: Payments if your injury causes a permanent disability.
- o Vocational Rehabilitation: Service and payment if your injury prevents you from returning to your usual job or occupation. This benefit applies to injuries that occurred prior to 1/1/04.
- o Supplemental Job Displacement Benefits: A nontransferable voucher payable to a state approved school if you are injured on or after 1/1/04, the injury results in a permanent disability, you don't return to work within 60 days after TD ends, and your employer does not offer modified or alternative work.
- o Death Benefits: Paid to dependents of a worker who dies from a work-related injury or illness.

Temporary disability, permanent disability, vocational rehabilitation maintenance allowance and death benefits are all payable based on 2/3 of your average weekly wage subject to state minimum and maximum rates in effect on your date of injury. Your benefits are paid every two weeks while you are eligible.

### CHOOSING YOUR OWN DOCTOR

You may be able to choose the doctor who will treat you for a job injury or illness during the first 30 days after the injury. If eligible, you must tell your employer, in writing, the name and address of your personal physician **before** you are injured. You may be treated for such injury or illness by your personal medical doctor (M.D.), doctor of osteopathic medicine (D.O.) or medical group if:

- o your employer offers group health coverage;
- o the doctor is your regular physician, who shall be either a physician who has limited his or her practice of medicine to general practice or who is a board-certified or board-eligible internist, pediatrician, obstetrician-gynecologist, or family practitioner, and has previously directed your medical treatment, and retains your medical records;
- o your "personal physician" may be a medical group if it is a single corporation or partnership composed of licensed doctors of medicine or osteopathy, which operates an integrated multispecialty medical group providing comprehensive medical services predominantly for nonoccupational illnesses and injuries;
- o **prior** to the injury your doctor agrees to treat you for work injuries or illnesses;
- o **prior** to the injury you provided your employer the following in writing: (1) notice that you want your personal doctor to treat you for a work-related injury or illness, and (2) your personal doctor's name and business address.

**Pages 3 and 4 of this notice are forms which can be used for this purpose.**

If you do not choose a doctor, your employer has the right to select the physician who will treat you for the first 30 days. You may be able to switch to a doctor of your choice after 30 days, which may include your personal chiropractor or personal acupuncturist. Special rules apply if your employer offers a Health Care Organization (HCO) or after 1/1/05, has a medical provider network (MPN).

Contact your employer for more information.

**ROLE OF THE PRIMARY TREATING PHYSICIAN**

Your Primary Treating Physician will decide what type of medical care you will receive for your injury or illness, determine when you can return to work, help identify the kinds of work you can do safely while recovering, refer you to specialists, if necessary, and write medical reports that will affect the benefits you receive. It is important to get good medical care to help you recover. You should be treated by a doctor who understands your particular type of injury or illness. Tell the doctor about your symptoms and the events at work that you believe caused them. Also, describe your job and your work environment.

**IF YOU GET HURT – GET MEDICAL CARE.** If you need first aid, contact your employer. If you need emergency medical treatment, call 911 or one of the numbers listed below. Tell the health care provide who treats you that your injury or illness is job related.

Ambulance \_\_\_\_\_  
Fire Dept. \_\_\_\_\_  
Police \_\_\_\_\_  
Doctor \_\_\_\_\_  
Hospital \_\_\_\_\_

**REPORT YOUR INJURY OR ILLNESS**

Report the injury immediately to your supervisor or to:

Employer Representative \_\_\_\_\_  
Phone Number \_\_\_\_\_

Tell your supervisor right away. If your injury or illness developed gradually, report it as soon as you learn it was caused by your job. Reporting promptly helps prevent problems and delays in receiving benefits, including medical care you may need to avoid further injury. If your employer does not learn of your injury within 30 days, you could lose your right to receive workers' compensation benefits.

Your employer is required to provide you a claim form within one working day after learning about your injury. Within one working day after an employee files a

**False Claims and False Denials.** Any person who makes or causes to be made any knowingly false of fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payment is guilty of a felony and may be fined and imprisoned.

claim form, the employer shall authorize the provision of all treatment, consistent with the applicable treating guidelines, for the alleged injury and shall continue to provide treatment until the date that liability for the claim is accepted or rejected. Until the date the claim is accepted or rejected, liability for medical treatment shall be limited to ten thousand dollars (\$10,000).

**ADDITIONAL INFORMATION**

You can get free information from a State of Workers' Compensation Information & Assistance Officer. To hear recorded information including a list of local offices, call toll-free (800) 736-7401. Learn more online: <http://www.dir.ca.gov>

The nearest Information & Assistance Officer is at:  
Address \_\_\_\_\_  
City \_\_\_\_\_  
Phone \_\_\_\_\_

Your employer's compensation carrier at the time of your hire is:

\_\_\_\_\_

**DISCRIMINATION**

It is illegal for your employer 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 the limits set by the state.

## PREDESIGNATION OF PERSONAL PHYSICIAN

In the event you sustain an injury or illness related to your employment, you may be treated for such injury or illness by your personal medical doctor (M.D.) or doctor of osteopathic medicine (D.O.) or medical group if:

- o your employer offers group health coverage;
- o the doctor is your regular physician, who shall be either a physician who has limited his or her practice of medicine to general practice or who is a board-certified or board-eligible internist, pediatrician, obstetrician-gynecologist, or family practitioner, and has previously directed your medical treatment, and retains your medical records;
- o your "personal physician" may be a medical group if it is a single corporation or partnership composed of licensed doctors of medicine or osteopathy, which operates an integrated multispecialty medical group providing comprehensive medical services predominantly for nonoccupational illnesses and injuries;
- o prior to the injury your doctor agrees to treat you for work injuries or illnesses;
- o prior to the injury you provided your employer the following in writing: (1) notice that you want your personal doctor to treat you for a work-related injury or illness, and (2) your personal doctor's name and business address.

You may use this form to notify your employer if you wish to have your personal medical doctor or a doctor of osteopathic medicine treat you for a work – related injury or illness and the above requirements are met.

### NOTICE OF PREDESIGNATION OF PERSONAL PHYSICIAN

**Employee: Complete this section.**

To: \_\_\_\_\_ (name of employer). If I have a work-related injury or illness, I choose to be treated by:

\_\_\_\_\_  
(name of doctor)(M.D., D.O., or medical group)

\_\_\_\_\_  
(street address, city, state, ZIP)

\_\_\_\_\_  
(telephone number)

Employee Name (please print):

\_\_\_\_\_  
Employee's Address:

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date:

**Physician: I agree to this Predesignation:**

Signature

Date:

: \_\_\_\_\_

(Physician or Designated Employee of the Physician or Medical Group)

The physician is not required to sign this form, however, if the physician or designated employee of the physician or medical group does not sign, other 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).

Title 8, California Code of Regulations, section 9783.

(Optional DWC Form 9783 March 1, 2007)

Form WC 88 04 05 B Printed in U.S.A.

**NOTICE OF PERSONAL CHIROPRACTOR OR PERSONAL ACUPUNCTURIST**

If your employer or your employer's insurer does not have a Medical Provider Network, you may be able to change your treating physician to your personal chiropractor or acupuncturist following a work-related injury or illness. In order to be eligible to make this change, you must give your employer the name and business address of a personal chiropractor or acupuncturist in writing prior to the injury or illness. Your claims administrator generally has the right to select your treating physician within first 30 days after your employer knows of your injury or illness. After your claims administrator has initiated your treatment with another doctor during this period, you may then, upon request, have your treatment transferred to your personal chiropractor or acupuncturist.

You may use this form to notify your employer of your personal chiropractor or acupuncturist.

**Your Chiropractor or Acupuncturist's Information:**

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**(name of chiropractor or acupuncturist)**

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**(street address, city, state, zip code)**

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**(telephone number)**

Employee Name **(Please Print):**

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Employee's address:

Employee's  
Signature \_\_\_\_\_

Date: \_\_\_\_\_