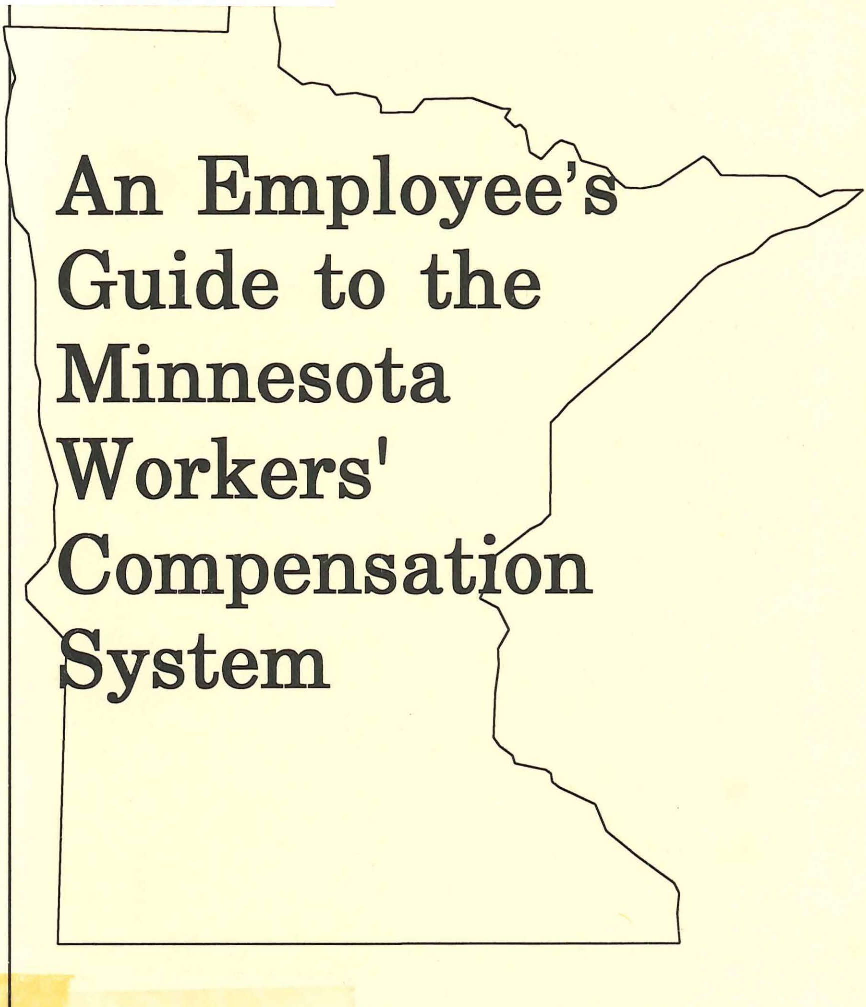

An Employee's Guide to the Minnesota Workers' Compensation System

Published by the
Minnesota Department of Labor and Industry

This booklet briefly tells how the Minnesota Workers' Compensation Law applies to work-related injuries or illnesses that happen on or after October 1, 1995. *This is not a complete description of the workers' compensation system.*

Helpful Hints for Injured Workers

- ✔ Read and save this booklet.
- ✔ Save copies of all letters, forms, compensation checks, and medical bills.
- ✔ Keep track of your mileage for vocational rehabilitation and medical visits.
- ✔ Save notes of phone conversations.
- ✔ Put your social security number and date of injury on all papers and forms sent to the Department of Labor and Industry.
- ✔ Stay in touch with your employer about your progress and plans to return to work.

In This Book

1996

Important Information

You may want to put names and telephone numbers here and keep this booklet in a handy place. **Department of Labor and Industry phone numbers are printed at the bottom of each page and on the inside of the back cover.**

Your social security number ____-____-____

Date of the injury ______________________

Your supervisor at work ______________________

Employer telephone number (____)______________________

Insurance company name ______________________

Claim adjuster name ______________________

Claim adjuster's phone number ______________________

Your insurance claim number ______________________

Doctor's name ______________________

Doctor's phone number ______________________

Other names and phone numbers

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What Is the Purpose of Workers' Compensation?

The workers' compensation system provides benefits if you become injured or ill from your job. Workers' compensation covers injuries or illnesses caused or made worse by work or the workplace. Workers' compensation does not cover self-inflicted injuries or injuries resulting from intoxication. You do not have to prove that the accident or illness was your employer's fault or that it was not your fault.

Workers' compensation:

- Helps you return to work as soon as reasonably possible.
- Returns you, as close as possible, to the income you had before the injury.
- Provides compensation for permanent loss of function or the inability to earn an income.
- Pays part of your wage loss.
- Pays for all reasonable medical and vocational rehabilitation costs related to the injury.
- Pays benefits to dependents for a work-related death.

Who Pays the Workers' Compensation Benefits?

Insurance companies pay wage-loss and disability benefits to injured workers and pay the medical and vocational rehabilitation costs to the providers. Most employers purchase workers' compensation policies from insurance companies. Some employers are self-insured; they pay all the benefits themselves.

State law sets the benefit levels. Based on the forms filed, the Department of Labor and Industry checks the benefits paid by the insurance company or the self-insured employer.

Who is the Workers' Compensation Insurer?

Employers must display the "Employee Rights and Responsibilities" poster which includes the name of the workers' compensation insurance company. The poster is shown on the next page.

If you cannot find the poster or if the insurance company name is not on it, ask your employer. You can also call the Department of Labor and Industry's Insurance Verification Unit (612-296-2170) or the toll-free number (1-800-342-5354) and ask for the Insurance Verification Unit.

What About the Worker's Rights?

State law backs your right to file for workers' compensation benefits. State law requires employers to have workers' compensation insurance and to pay all workers' compensation premiums. You do not have to pay for any workers' compensation benefits.

Your employer cannot:

- Take the cost of workers' compensation insurance from your wages.
- Prevent you from filing for workers' compensation benefits.
- Threaten you or take action against you for filing for workers' compensation benefits.

Note to Union Members

Some unions and employers, especially in the construction industry, may have negotiated different methods for providing some benefits. Contact your union representative for further information.

Minnesota Workers' Compensation
Employee's Rights and Responsibilities

Almost All Employees Are Covered:

Full or part-time, temporary or seasonal, new workers or minors who have a work-related injury or disease are covered under Minnesota Workers' Compensation.

If You Are Injured:

Report any injury to your supervisor as soon as possible, no matter how minor it appears. Provide all information so that a proper injury report can be filed. Get necessary medical treatment as soon as possible.

Under Minnesota Workers' Compensation, You Are Entitled To:

- **Compensation for lost wages.**
- **Medical treatment expenses, including transportation.**
- **Compensation for permanent disability.**
- **Rehabilitation services, if necessary.**
- **Death benefits for dependents.**

Benefits Due You Will Be Paid By:

If You Have Any Questions Or Problems Concerning:

- **Reporting claims — see your supervisor.**
- **Benefits payments — contact the party listed above.**
- **General workers' compensation information — call or write one of the offices listed below and request the "Employee's Quick Reference Guide to the Minnesota Workers' Compensation System".**

Notice To Employer

Minn. Stat. § 176.139 (Notice of Rights Posted)

Subdivision 1. (Posting Requirement.) All employers required or electing to carry workers' compensation coverage in the State of Minnesota shall post and display in a conspicuous location a notice, in a form approved by the Commissioner, advising employees of their rights and obligations under this chapter, assistance available to them, and the operation of the workers' compensation system, the name and address of the workers' compensation carrier insuring them or the fact that the employer is self-insured.

The notice shall be displayed at all locations where the employer is engaged in business.

Subdivision 2. (Failure To Post; Penalty.) The Commissioner may assess a penalty of $300 against the employer payable to the Assigned Risk Safety Account if, after notice from the Commissioner, the employer violates the posting requirement of this section.

Note:

Minn. Stat. § 176.231, subd. 2, requires that the employee must be provided with a copy of the first report of injury, where an injury occurs which wholly or partly incapacitates the employee from performing labor or services for more than three calendar days.

Minn. Stat. § 176.232 Safety Committees
Every public or private employer of more than 25 employees shall establish and administer a joint labor-management safety committee.

What the Insurance Company Must Do

- Investigate the claim promptly to determine whether it is work-related and whether benefits are due.
- Make timely payments of all benefits due the employee or service providers.
- Send notices to the employee as required by law.

Employee Responsibilities

What the Employee Must Do

- Cooperate with requests for information pertaining to a workers' compensation claim.
- Notify the employer/insurer of any changes in a work-related disability. Notify them that you are working or that you can work.

Anyone receiving benefits to which they are not entitled through fraud or mistake in fact, may be required to pay restitution.

Fraud

Minn. Stat. § 176.178, 176.86, 609.52, subds. 2 & 3 and Minn. Rules 5228.0100.

Fraudulently collecting workers' compensation benefits that you are not entitled to is theft. (Any theft over $500 is a felony.)

Workers' compensation theft includes:

- Fraudulently collecting benefits for a non-work-related injury as a workplace or work-related injury.
- Receiving workers' compensation benefits from another source without informing the current employer and insurer.
- Knowingly and with the intent to defraud, submitting a workers' compensation claim that contains any false, incomplete or misleading information.
- Collecting benefits to which the employee knows he or she is not, for any reason, entitled.

A suspected fraud can be reported by anyone. If you have reason to suspect someone is committing workers' compensation fraud, call 1-800-D-I-A-L-D-L-I. All violations will be investigated.

For More Information Contact:

Workers' Compensation Main Office
Department of Labor and Industry
443 Lafayette Road
St. Paul, Minnesota 55155

Phone: (612) 296-2432
TDD: (612) 297-4198

Workers' Compensation Duluth Office
11 Buchanan Street
Canal Park
Duluth, Minnesota 55802

Phone: (218) 723-4670
or 1-800-365-4584

Outside the Twin Cities Area

Phone: 1-800-D•I•A•L-D•L•I
(1-800-342-5354)

What Should I Do When I am Injured?

- **Do not wait**. Report your injury to your supervisor as soon as possible.
- Get prompt medical care. Read "Who Chooses My Doctor" on page 9.
- Inform your employer about your medical condition and when you can return to work.
- Call the Department of Labor and Industry if you have questions or problems with your claim.

What Does the Employer Do?

- Your employer fills out the First Report of Injury form.
- Your employer sends the completed First Report of Injury to the insurance company, unless your employer is self-insured.

What Does the Insurance Company Do?

The insurance company or the self-insured employer makes all benefit payments. The Department of Labor and Industry does not pay benefits unless your employer is uninsured.

After you have reported the injury to your employer, the insurance company or the self-insured employer investigates the injury report, and initially decides whether the injury is work-related.

If you are unable to work more than three days because of the injury, the insurance company or self-insured employer has to:
- Send a copy of the First Report of Injury to you and file it with the Department of Labor and Industry.
- Start paying or deny workers' compensation benefits within14 days after your employer knows about your lost work time injury.
- Pay other benefits in a timely manner.

You should contact your employer or its insurance company if:
- After two weeks you have not received a check for lost wages or a Notice of Insurer's Primary Liability Determination from the insurance company or self-insured employer saying it is denying workers' compensation benefits.
- Your medical bills are not paid within one month after the doctor submits them to the insurer or self-insured employer.

What If My Claim Is Denied?

If the insurance company or self-insured employer refuses to pay your claim, you will receive a Notice of Insurer's Primary Liability Determination. The notice must give the reason and facts explaining why your claim was denied.

If you disagree with the denial, you should first talk with the claim adjuster. The claim adjuster is the person at the insurance company or self-insured employer who handles your claim. Read the section "Problems With My Claim" on page 12.

You may need help returning to work even if your claim for benefits has been denied. Call the Department of Labor and Industry's Vocational Rehabilitation Unit to request a rehabilitation consultation. You can call the Twin Cities number directly at (612) 297-1114, or call the toll-free number, 1-800-342-5354, and ask for the Vocational Rehabilitation Unit.

What Benefits Do I Get?

...If You Are Temporarily Unable To Work

You will receive wage-loss benefits if you are unable to work more than three days because of your injury. The benefit is called Temporary Total Disability (TTD). TTD replaces two-thirds of the before-tax weekly wages at the time of the injury. The box below shows the upper and lower benefit limits.

At first, TTD is not paid for the first three days you are unable to work. TTD is paid for the first three days if you cannot work and it has been ten or more days from the first day of lost time. The insurer or self-insured employer must send your benefit checks at the same time you were normally paid.

For Injuries That Occur On or After October 1, 1995

Gross Weekly Wage:	Weekly Workers' Compensation Rate:
$922.50 or more	$615.00
$156.00 to $922.50	2/3 of wage
$104.00 to $156.00	$104.00
Less than $104.00	total wage

If your wages changed weekly before you were injured, call the claim adjuster for how to compute your average wage. Your employer may need to send weekly wage information to the insurer.

TTD is paid for up to 104 weeks until one of the following occurs:

- You return to work.
- You have been released to work without any physical restrictions from the work injury.
- You retire for reasons other than your injury.
- 90 days have passed after you reach Maximum Medical Improvement (MMI) or the end of an approved retraining program. MMI is the date when your injury has improved as much as a doctor says it can.
- Other events occur that can be legal reasons for stopping your benefits.

The insurer or self-insured employer must send you a Notice of Intent to Discontinue Benefits before stopping your ongoing benefits. In some legal instances your benefits can start again.

This is a short explanation of TTD benefit payments. Call the Department of Labor and Industry for information about how the law applies to your claim.

...If You Return to Work at a Lower Wage

If you return to work and, because of the injury, you earn less than before your injury, you may be able to get Temporary Partial Disability (TPD) benefits. TPD pays two-thirds of the difference between your old wage and your new wage. A maximum of 225 weeks of TPD can be paid for the period up to 450 weeks after the date of injury.

...If Your Injury Is Permanent

Some injuries are permanent. For example, you may have lost a part of a finger or your back will never function as it did before the injury. If you have a permanent injury, you get Permanent Partial Disability (PPD) benefits. The level of disability sets the amount of PPD benefits paid. PPD is paid in weekly amounts after temporary total disability benefits end.

...If You Never Return to Work

Sometimes a work injury or illness prevents you from returning to any type of work. Then you may be eligible for Permanent Total Disability (PTD) benefits. PTD benefits are two-thirds of your before-tax weekly wages with a minimum of 65% of the statewide average weekly wage. PTD benefits have the same upper dollar limit as temporary total disability, with an annual cost-of-living increase starting four years after the injury date. Call the Department of Labor and Industry for the details.

...Death Benefits

Dependents of a worker who dies because of a work-related accident or disease may be eligible for dependents' benefits. The weekly benefits are based on the number of dependents and the worker's wage.

...Medical Benefits

Your workers' compensation insurer pays **all** reasonable medical bills for your work-related injury. This includes chiropractic and physical therapy sessions. The insurer will also pay for medical tests, prescriptions, and mileage to medical appointments.

The Medical Fee Schedule limits the amount that insurers pay for treatments. The Department of Labor and Industry has developed treatment standards to help determine if treatment is reasonable.

The doctor is not allowed to ask you to pay additional fees or to pay for unnecessary treatments. The insurer will not pay for treatments unrelated to the workers' compensation injury.

Make sure your doctor is regularly sending all bills and other medical information to the insurer. The insurance company may refuse to pay bills if the doctor has not sent information that explains the services provided.

Who Chooses My Doctor?

If there is a Certified Managed Care Plan:
Your employer must tell you if you are covered by a certified managed care plan. The employer must post a notice which shows the name and phone number of a contact person who can answer questions about managed care. The notice must also have a 24-hour phone number that explains the services.

When you report an injury, your employer must tell you how to get treatment from a doctor in the managed care plan. You may ask the employer, the insurer, or the managed care plan for a list of the doctors in the plan.

You must go to a doctor in the plan unless:

- You need emergency medical care.
- You have a history of treating with another doctor and you want to continue to see that doctor.
- You live or work too far from a doctor in the plan. There is a 30-mile limit in the seven-county Twin Cities area and a 50-mile limit in all other areas of Minnesota.

If there is not a Certified Managed Care Plan:
If your employer does not have a certified managed care plan, you may choose any doctor. Your employer may also ask its own doctor to examine you.

Some employers who do not have a certified managed care plan have a group of doctors to provide treatment for workers' compensation injuries. You are not required to go to a doctor in this group for treatment of your work-related injury.

What If I Need Surgery?

If your doctor says you need surgery, you might want to talk with the claim adjuster. A second opinion may be needed unless it is an emergency or you and the insurer agree that a second opinion is not necessary. The treatment standards contain information on surgery that will be approved. If you do not want to have surgery, you cannot be forced to have surgery.

Going Back to Work

You may be able to return to work before you have fully recovered from your injury. You may be able to return to the job you had before your injury, to a similar job, or to a different job.

Discuss your job duties and your activity level with your doctor. Based on your medical condition, your doctor may set work restrictions. Ask your doctor for a written statement of your work restrictions or a copy of a "Report of Work Ability". Give this to your employer as soon as possible.

Your employer must try to provide work that you can do within your restrictions. The work should pay as close as possible to your old income. Many employers have modified work that injured workers can do while they are recovering from their injuries. Employers with more than 15 workers can be penalized if they do not offer work.

If you feel that the job offered is not appropriate given your work restrictions, tell your employer, the insurer, and your doctor. If this does not correct the problem, you should call the Department of Labor and Industry.

Your temporary total disability benefits may be permanently discontinued if:

- You refuse a job consistent with an approved vocational rehabilitation plan, or,
- A vocational rehabilitation plan has not been filed and you refuse an offer of gainful employment within your physical condition.

If you have permanent limitations, your employer might not have work you can do. Then you may be eligible for vocational rehabilitation. Read "What If I Need Help Returning to Work" on page 11.

What If I Need Help Returning to Work?

Talk with your employer and your treating doctor about going back to work. Your employer may provide services to help you return to work. If you cannot return to your employer because of your injury, vocational rehabilitation services may help you find work with a new employer. Vocational rehabilitation might not begin unless requested by you, your employer or the insurer.

What Are Vocational Rehabilitation Services?

These services help injured workers return to suitable work. They include help:

- changing job duties to fit abilities,
- finding work with a different employer, and,
- training for a new job.

A **Qualified Rehabilitation Consultant** (QRC) coordinates vocational rehabilitation services. The QRC works with you, your health care provider, your employer, and the insurance company to help you return to work.

How Do I Ask for Vocational Rehabilitation?

You, your employer or the insurance company may ask for vocational rehabilitation at any time. To ask for a vocational rehabilitation consultation, you should notify the insurance company in writing. Your employer or the insurance company might provide a QRC. You may select a QRC.

The next step is to meet with the QRC to learn if vocational rehabilitation will help you return to work. If you are eligible for vocational rehabilitation, the QRC will help plan the services you need.

You have your choice of QRC to work with until 60 days after the QRC files a rehabilitation service plan. After that time, you and the insurer have to agree on any QRC change. If you and the insurer cannot agree, you can file a request for dispute resolution services at the Department of Labor and Industry.

How Do I Get More Information?

Call the Department of Labor and Industry for more information on vocational rehabilitation or how to find a QRC. A vocational rehabilitation information pamphlet can be mailed to you.

Problems With My Claim

Most workers' compensation claims are paid without any problems. But if you think the insurance company is not paying you correctly or if your medical bills are not being paid, you should follow these steps:

1. Call the claim adjuster. Write down the date, time, and adjuster's name for your records. Explain the problem and try to work it out. Many problems are fixed with a telephone call.

2. Make sure that the insurance company really must pay for what you want. For example, although the insurance company must pay for your medical care, it does not usually have to pay for household services that are not medically prescribed. Call the Department of Labor and Industry to see if the law allows the benefit you think you should have.

3. Discuss your problem with a specialist at the Department of Labor and Industry. The specialist will help you resolve the dispute or help arrange for an informal conference. Most disputes can be avoided if you and the claim adjuster are willing to reach an agreement.

4. If the problem has not been resolved, the Department of Labor and Industry specialist can explain the dispute resolution options and help you decide what is best for your problem. You may need to ask for a formal hearing before a compensation judge by filing a Claim Petition form. The specialist can send you any forms you need to start the process.

Fraud Warning

It is a crime to lie or give false information to an insurance company to receive workers' compensation benefits. The law states that: "Any person who, with intent to defraud, receives workers' compensation benefits to which the person is not entitled by knowingly misrepresenting, misstating, or failing to disclose any material fact is guilty of theft and shall be sentenced pursuant to section 609.52, subdivision 3."

Employers and other parties who lie or give false information to gain at the expense of others are also subject to prosecution for fraud. Information about workers' compensation fraud should be sent to the Investigative Services Unit at (612) 297-5797 or 1-888-FRAUD-MN (1-888-372-8366).

Who Can Answer My Questions?

Your employer or its insurance company can answer most questions about your claim. If you need more help, contact the Department of Labor and Industry.

Call the Department for Information on These Topics:

• *monetary benefits* • *calculating benefits* • *late payments*

• *when benefits start* • *when benefits stop* • *medical bills*

• *changing doctors* • *rehabilitation assistance*

• *permanent partial disability*

TWIN CITIES AREA AND SOUTHERN MINNESOTA:

Minnesota Department of Labor and Industry
443 Lafayette Road North
St. Paul, Minnesota 55155

(612) 296-2432 or
1-800-342-5354

DULUTH AND NORTHERN MINNESOTA:

Minnesota Department of Labor and Industry
11 Buchanan Street
Canal Park
Duluth, Minnesota 55802

(218) 723-4670 or
1-800-365-4584

This material can be given to you in different forms, like large print, Braille or on audio tape, by calling the numbers printed above for voice or TTY at (612) 297-4198.

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