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If you have further questions, please contact the Minnesota Department of Labor and Industry:

TWIN CITIES/SOUTHERN MINNESOTA
Department of Labor & Industry
443 Lafayette Road
St. Paul, MN 55155
1-800-342-5354 (DIAL-DLI)
612-296-2432
612-297-4198 (TTY)

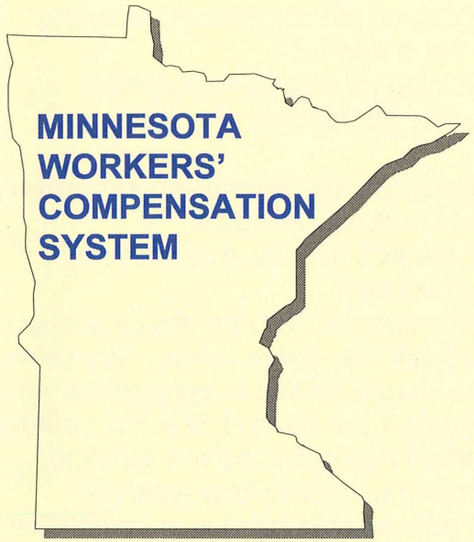
DULUTH/NORTHERN MINNESOTA
Department of Labor & Industry
11 Buchanan Street
Canal Park
Duluth, MN 55802
1-800-365-4584
218-723-4670

Please visit our Web Site:
WWW.DOLI.STATE.MN

This information can made available in alternative formats by calling the department at 1-800-342-5354 or TTY at 612-297-4198.

Quick

Reference Guide



This brochure offers a BRIEF OVERVIEW of Minnesota Workers' Compensation Law for injuries occurring on or after October 1, 1995.

Please refer to the text of the law or call Labor & Industry (see back panel) for detailed information.

Minnesota Department of Labor and Industry

L&I Minnesota Department of Labor & Industry

What is Workers' Compensation?
Workers' compensation provides benefits to employees who have injuries or illnesses caused or made worse by their work or workplace. These benefits include wage replacement, payments for loss of use or function, medical treatment, vocational rehabilitation and dependent's benefits.

WHAT TO DO IF AN INJURY OCCURS...

Injured worker:
- Report your injury or illness to a supervisor as soon as possible.
- If two weeks have passed and you haven't received benefits or a denial notice, contact your employer and its insurance company.
- If your claim was denied, the insurer must send you a Notice of Insurer's Primary Liability Determination and explain why your claim was denied.
- Call your claims adjuster with questions about benefits, etc.
- Inform your employer about your medical condition and when you can return to work.

Employer:
- Promptly notify your insurance company (unless you are self-insured) of the injury or illness.
- If the employee sustains a disability for more than three calendar days, you must notify your insurance company within 10 days of the injury or your knowledge of illness, using the First Report of Injury form. Failure to send the First Report in a timely manner may result in a penalty.
- Stay in contact with the injured employee. When appropriate, discuss opportunities for returning to work.

Insurer or self-insured employer:
- If the worker sustains a disability for more than three calendar days, you must file the completed First Report of Injury with the department within 14 days of the injury and send a copy to the injured worker.
- Wage replacement benefits must begin or the worker must be given a written notice of denial of liability within 14 days after the employer knows about the lost time injury.
- Monitor worker status to determine continued eligibility for benefits.
- Before 80 weeks of wage-replacement benefits are paid, notify the worker of the right to retraining.
- Include the worker's name and Social Security number, the date of injury, the employer's name and the insurer's name, on all claim correspondence and on all department forms.

Some Valid Defenses Against Claims:
- No connection to work;
- Worker is exempt;
- Injury was intentionally self-inflicted;
- Injury was from intoxication;
- Injury was from a nonrequired recreational program.

If the employer feels a claim should be denied, the employer must still report the injury to the insurer and inform the insurer why the claim should be denied.

WAGE-REPLACEMENT BENEFITS

Temporary Total Disability (TTD)

- Paid if the employee is unable to work for more than three calendar days because of the injury.
- Equal to 2/3 of the worker's gross weekly wage at the time of injury (with maximum and minimum levels).
- Paid for up to 104 weeks, but only until the employee returns to work or another event stopping TTD occurs.
- Paid at the same intervals as wages were paid before the injury.

Temporary Partial Disability (TPD)

- Paid if the employee returns to work at a lower weekly wage.
- Usually equal to 2/3 of the difference in current gross weekly wage and pre-injury gross weekly wage (with a maximum level).
- Payable for no more than 225 weeks (except during a retraining period).

Permanent Total Disability (PTD)

- Paid as a result of a significant listed injury (please call DLI for a definition).
- Equal to 2/3 of the worker's gross weekly wage at the time of injury (with maximum and minimum levels).
- Continues until age 67, when a worker is presumed retired, unless the worker demonstrates he or she is not retired.

NON WAGE-REPLACEMENT BENEFITS

Permanent Partial Disability (PPD)

- Compensates for permanent loss of or damage to a body part.
- Paid after Temporary Total Disability (TTD) at the same rate and intervals.

Medical Benefits

- Workers' compensation pays all reasonable health care expenses related to the work injury. This includes medical treatment, tests, prescriptions, supplies, equipment and mileage to appointments. It also includes chiropractic and prescribed physical therapy sessions.
- A fee schedule limits payments for services. Health care providers cannot ask employers or workers to pay any excess charges.
- Employers may provide workers' compensation medical care through a Certified Managed Care Organization (CMCO). A CMCO operates under contract with an insurer. If the employer has a CMCO:

  - The employer must post a notice informing workers about the CMCO including the name and phone number of a contact person and a 24-hour number explaining the services;
  - When the employee reports an injury, the employer must tell him or her how to obtain treatment through the CMCO;
  - With certain exceptions, and after proper notification, the employee is required to seek treatment through the CMCO.

AFSCME / EQUAL OPP. EMPL.

COUNCIL 6 AFSCME UNION LABEL

Vocational Rehabilitation Benefits

Vocational rehabilitation benefits are available to help eligible injured workers return to work. A worker qualifies for vocational rehabilitation if he or she is unable to return to the pre-injury job or to a suitable gainful job with the pre-injury employer and rehabilitation is likely to result in a return to such work.

Services include:

> changing job activities or retraining for a new job
> working for a different employer
> on-the-job training

Reasons for Discontinuing Temporary Total Disability Benefits

TTD benefits may be suspended or discontinued if:

- 104 weeks of TTD benefits have been paid and the worker is not in retraining;
- The worker returns to appropriate work;
- 90 days have passed after the worker is notified that he or she has reached maximum medical improvement;
- 90 days have passed after completion of an approved retraining plan;
- The worker does not cooperate with an approved rehabilitation plan;
- The worker refuses gainful work within the his or her physical restrictions;
- The worker is able to work with restrictions but fails to diligently search for appropriate work;
- The worker withdraws from the labor market.

Procedure for Discontinuing Wage-Replacement Benefits

Notice. Employer or insurer must provide the worker with a written notice of its intentions and file a copy with the department. The notice must indicate the proposed date of discontinuance and clearly indicate the reason, with all documentation of supporting facts attached.

Objection. If the employee objects to the proposed action, he or she may talk to the insurer, contact the department, request a conference (usually within 12 days of the notice), or start an objection procedure. If a conference is requested, benefits usually continue until a final decision allowing discontinuance.

Refusing to Offer Continued Employment

Employers with more than 15 full-time employees are liable for failure to offer an injured employee continued employment without reasonable cause. The employer is liable for one year's wages for the employee during this period, up to a maximum of $15,000. This liability is not insurable by workers' compensation.

FRAUD WARNING

It is a crime under Minnesota law for anyone to give false information to achieve financial gain. Suspected fraud should be reported to DLI's Investigative Services Unit, 1-888-FRAUD-MN (1-888-372-8366).